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England

# Seeing Falls Differently: Inspiration, ideas and resources to improve vision assessment

**Falls Awareness Week**

**19<sup>th</sup> Sept 2024**

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Medical Specialties / Older People.  
National Patient Safety Team, NHS England.

# Vision as we age

Visual impairment increases with age, especially for women<sup>1</sup>

Age Related Macular Degeneration (ARMD) 53%,  
Cataract 36%,  
Glaucoma 12%<sup>2</sup>

88% people with cataract and ARMD were not in touch with any hospital eye services<sup>2</sup>



*Evans et al, 2002 <sup>1</sup>2004<sup>2</sup>  
Slide contents curtesy of D.Skelton*

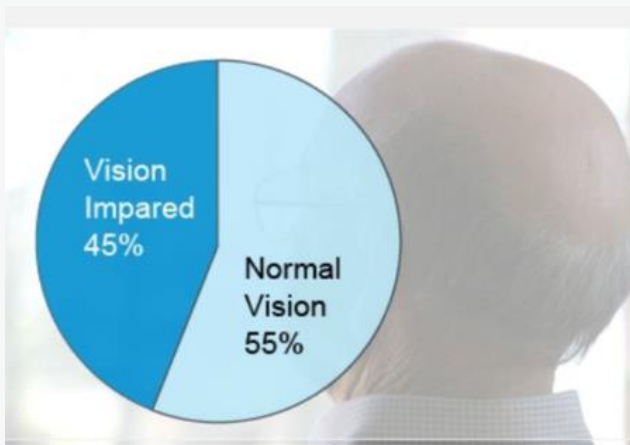
# The impact of visual impairment (VI)



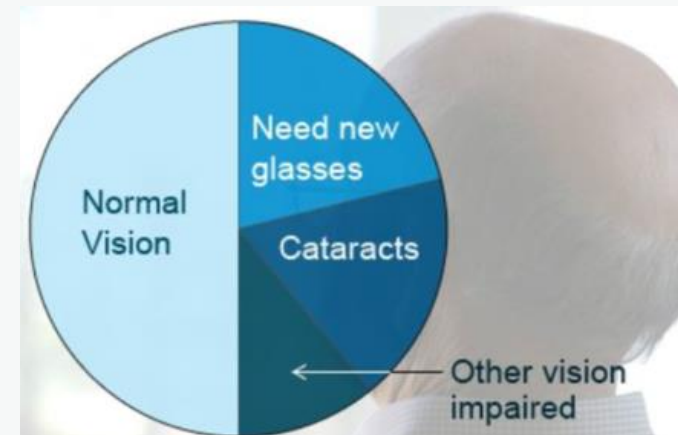
Increases falls risk



Increases hip fracture risk



Following hip fracture nearly half the patients had moderate to severe VI



In this study of acute medical wards half had impaired vision, nearly half needed new glasses and a third had cataracts

# Guidance

## NICE Falls Guidelines 2013

Multifactorial assessment includes vision impairment

### Interventions

- Vision assessment and referral

## WORLD Falls Guidelines 2022

Vision impairment as part of a MFFRA, measure visual acuity and examine for other visual impairments such as hemianopia and neglect where appropriate

### Interventions:

- Cataract Surgery
- Single lens glasses instead of multi-focal lenses
- Avoid multifocal lenses when outdoors
- Advice on short term falls risk with new prescriptions and lenses

# How are we doing?

## Falls Clinics

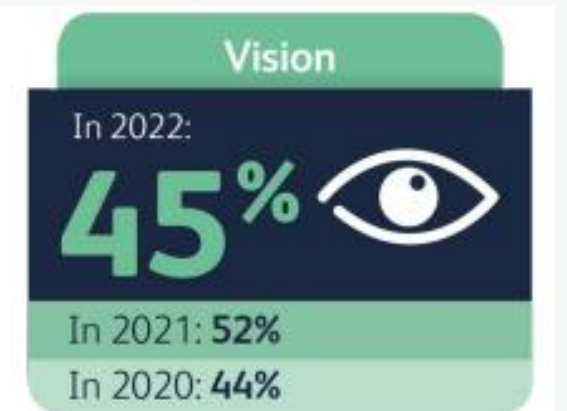
Study of UK falls clinics found that only 55% assessed vision.

*(Lamb 2007)*

*What do your falls clinics do ?*

## National Audit of inpatient falls

Did the patient have a documented assessment of vision during the admission before the fall that caused the injury(ies)?

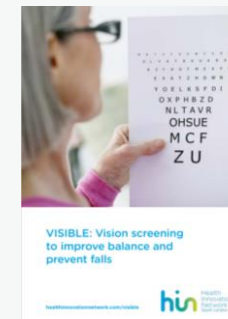
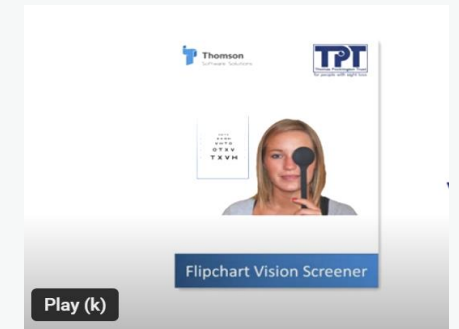


# Resources



View the NFGPC resources via the links below:

- [RCP Bedside Vision Check video](#) (School of Health Sciences at the University of Liverpool)
- [Posters for Opticians and other Healthcare professionals](#)
- [Posters for GP practices](#)
- [Letter for Healthcare professionals and Optometrists / Eye care professionals](#)
- [The importance of vision in preventing falls](#) (a report from the College of Optometrists 2020)
- [Thomas Pocklington 'Eyes Right' Toolkit video](#)
- [VISIBLE resource](#) (Vision Screening to Improve Balance & Prevent Falls) created by Health Innovation Network (HIN) South London



[Bedside vision check for falls prevention: assessment tool | RCP London](#)



England

**Thank you.....  
over to Liz and  
Nicola**



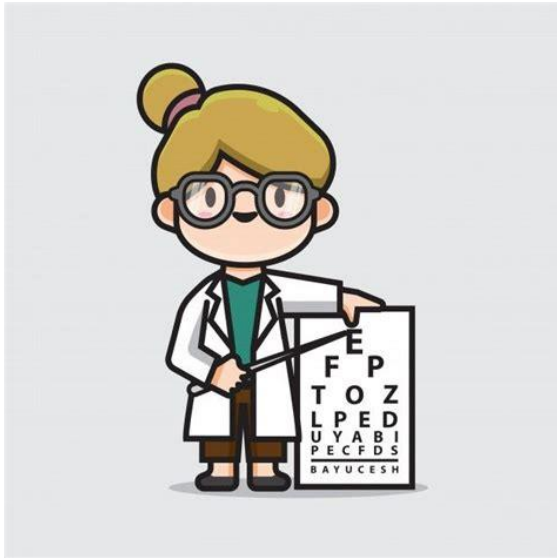


# Seeing Falls differently

**What Do You See?**



- During COVID a number of ophthalmologists volunteered to help out on the COTE wards in our Cheltenham hospital, supporting junior doctors with ward work.



# Challenges that a patient with vision loss may face during their hospital stay.

- May have difficulty accessing food and opening cartons
- May be more at risk of dehydration
- May be reluctant to move around the ward, access toilet and washing independently
- Social isolation
- Boredom and low mood



# Discoveries from conversations with COTE team colleagues and initial data collection

- 27 % of admissions to the COTE ward were as a result of a fall.
- No meaningful measurement of vision was routinely recorded for these patients.
- There was no easy access to tools to test vision.
- Vision did not feature in discharge and home package of need discussions.
- 13% of patients admitted with a fall were known to be officially sight impaired or severely sight impaired but the COTE team had no means of knowing this.
- 25% of patients admitted for a fall were known to have vision of 6/18 or worse.
- The COTE team were reluctant to ask about and test vision because they had no easy means of obtaining help from ophthalmology.



# What we did to fix this

1. Assigned an ECLO to the COTE wards.
2. Developed a simple bedside vision test and made it easily available with agreement that the COTE team would test and record vision in patients admitted for a fall.
3. Developed a care pathway and a clinic template to accommodate COTE patients in ophthalmology for assessment and management of poor vision during their inpatient stay if they failed the bedside vision test.



# Our adapted simplified version for screening

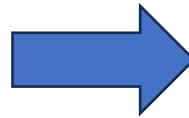
Royal College of Physicians | Falls and Fragility Fracture Audit Programme (FFFAP)


## Look out!

Bedside vision check for falls prevention



In association with:



HELLO AND WELCOME 

Patient Label / name and MRN number

### Falls Vision Screening

- Please stand at the foot of the patient's bed and hold up the text and images on the other side of this sheet.
- Ask the patient to use their distance /TV glasses if they have them.  
(this is a distance test not a near vision reading test, the patient should not use their reading glasses)
- Please ask the patient if they can identify the words and images (both eyes open).

• Please record with results:

1. Could the patient read the text?	Y	N
2. Could the patient identify either of the pictures?	Y	N
3. Did the patient wear their glasses for the test?	Y	N
4. If the patient is suspected to have had a stroke, please assess their field of vision and comment:		

**Bedside test completed by:**

Name:

Position:

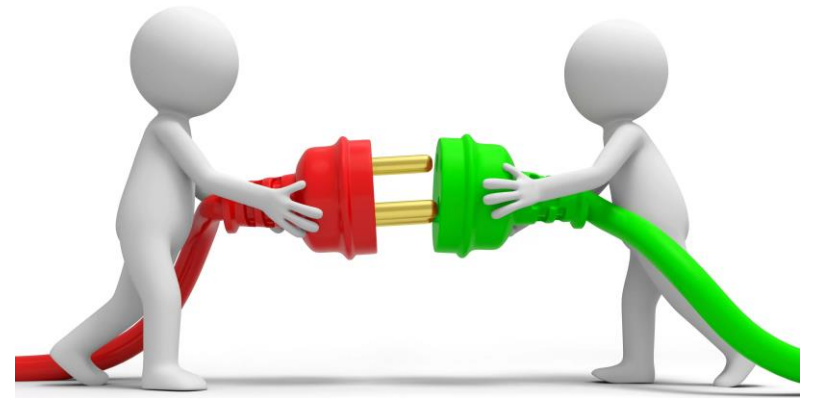
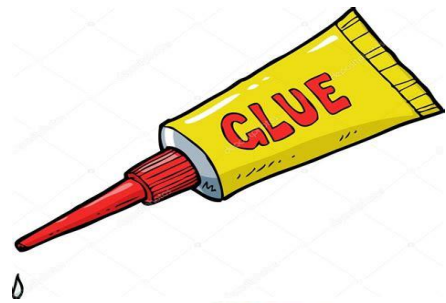
Date

**Outcome:**

ECLC received? Y / N

Seen in Eye OPD? Y / N

Please record outcome detail on other side



# Learning points

- Testing vision at the bedside is a cultural change and needs constant encouragement to embed practice.
- Opening a pathway for COTE inpatients has not burdened Ophthalmology services as may have been feared.
- When recruiting a COTE ward ECLO, it is better to have someone who has experience of the COTE environment and add ECLO training rather than the other way around.
- RNIB are excellent at advocating for this service and engaging with commissioners.
- There are significant gains for patients served by this initiative but also, cross cultural, multidisciplinary working between the different disciplines has also been very rewarding enhancing understanding and a holistic approach to patient care.



*Reduced readmissions due to falls*





# Care of the Elderly ECLO

**R N I B**

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See differently

**Nicola Beeston-Davis**  
**Eye Care Liaison Officer**



## **Role of the ECLO**

To provide non-medical support and advice to patients with a visual impairment.

Seeks to enhance the quality of care for people who are diagnosed with a visual impairment.

Aims to bridge the gap between eye clinic staff, social support, charities and services for people with sight loss.

A one-stop shop for information.

Anyone can refer to the ECLO service.

## Who does the ECLO support?

Families and  
Carers

Clinic Staff

Registered and  
non-registered  
patients

Individuals with  
other health  
conditions,  
physical or  
sensory

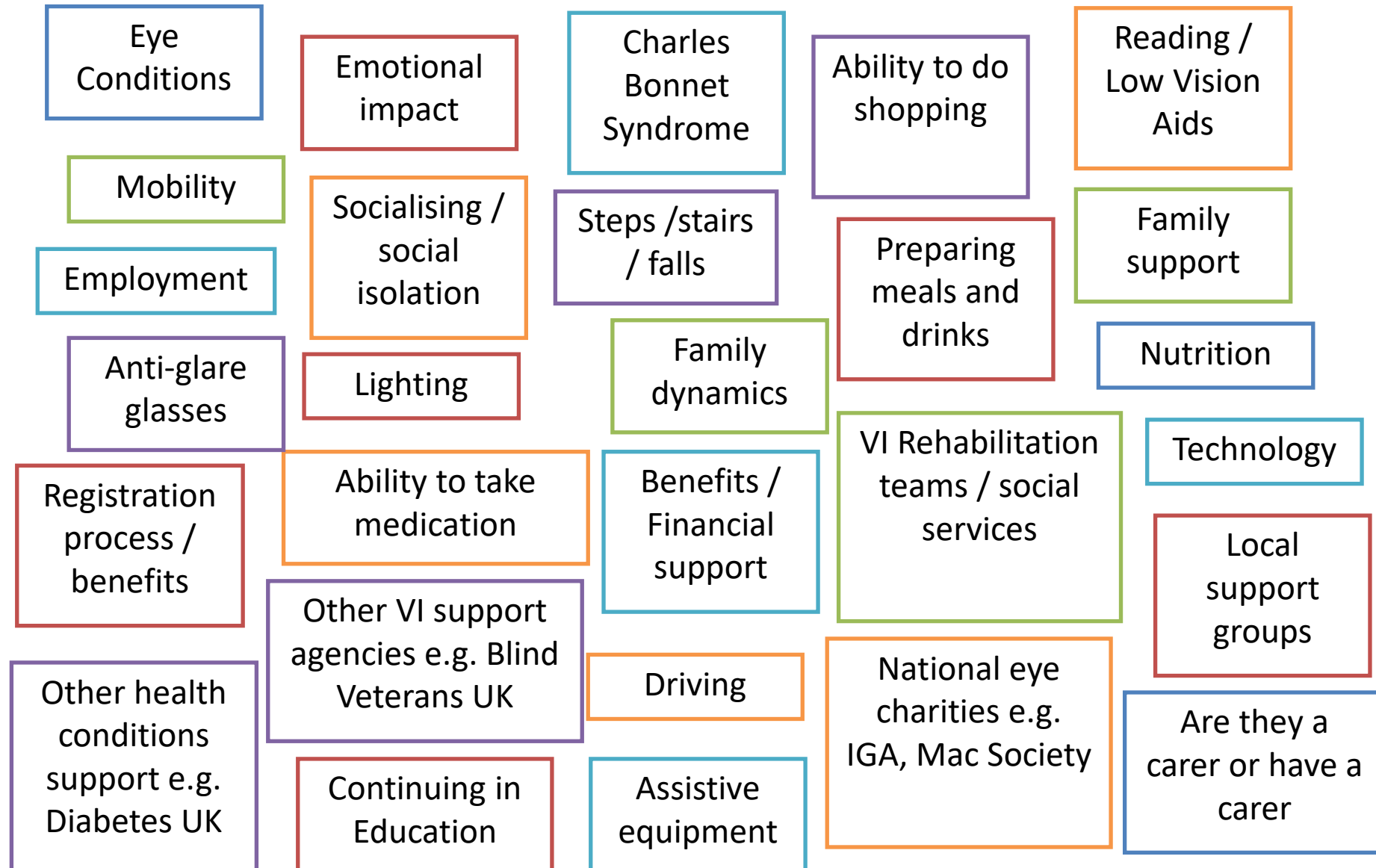


Employed,  
unemployed,  
retired, children,  
parents.

Glaucoma, AMD, Cataracts, Diabetic  
related eye conditions, RP, genetic  
eye conditions, Stroke, eye injury.  
Any eye condition or injury that  
impacts upon vision.

Any type of visual  
impairment, at any  
stage.

# What does the ECLO discuss with patients?



## **When to refer a person / patient?**

Any changes in vision impacting on any area of their life.

They do not fully understand their diagnosis.

They are asking lots of questions.

They are upset or confused or withdrawn.

They are struggling with the effects of sight loss...e.g. completion of day-to-day tasks such as reading, cooking, steps.

They are newly diagnosed with Wet or Dry Age-related macular degeneration.

Friends or relatives are concerned.

# In-patient process mapping

Patient Admitted

- Any COTE patient suspected to have or has an existing VI: Conduct bedside assessment.

Bedside Screening  
(Cat Apple)

- Ask patient if they wear glasses
- If they do, they should wear DISTANCE glasses for the test
- Ask when they last visited their local optician & when they last received a new prescription

Pass Test

- Return assessment to file for ECLO to collect

Fail Test

- Return assessment to file for ECLO to collect

### ECLO Visit Patient

- Gain consent to record information
- Retest patient using Cat Apple Bedside test
- Complete assessment to establish needs
- Write up actions and onward referrals on VP and Trust EPR

### Referral Pathway

- Patients admitted without normal visual aids and adaptations = referral to optometry
- Patients identified as having a new eye condition = referral to ophthalmology
- Patients identified as requiring support in the community on discharge = referral to local support services e.g. Macular Society, AgeUK

### Referral to Optometry

- ECLO contacts Optometry Team to secure an appt while inpatient
- ECLO liaises with ward clerk who organises porter to transport patient to eye department
- Patient seen and provided with visual aids (incl. glasses if patient is eligible or a prescription) and adaptations to support their stay on the ward

### Referral to Ophthalmology

- Onward referrals to Ophthalmology via Optometry if appropriate.



# Patient stories.

I will now read some examples support given under this service.

## Patient 1

Guiting Ward- Cheltenham General  
Hospital  
Dense Cataracts

## Patient 2

Gallery Ward 1  
Gloucestershire Royal Hospital  
Out of County Patient Wet ARMD

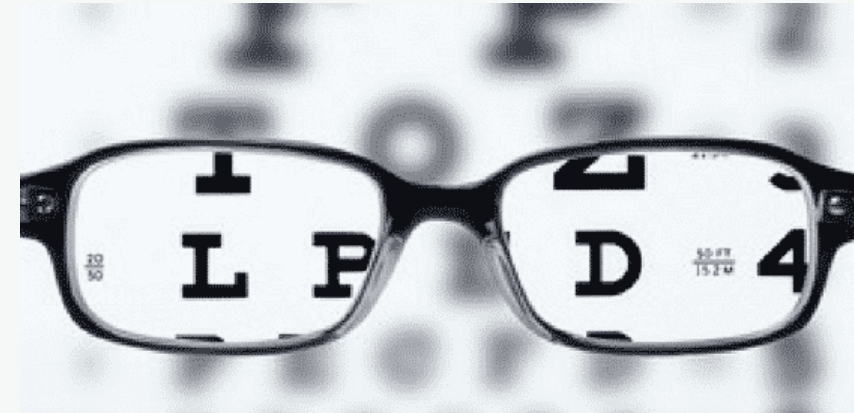
# Patient Service Data


(From last quarter)

<b>Figures are an overview of last quarter and give totals</b>	
<b>Patients requiring in-depth intervention or onward referral (measured as separate enquiries)</b>	246
<b>Professionals supported with advice and guidance</b>	1124
<b>Carers and families</b>	45
<b>Quick enquiries</b>	654

# Something to think about

***Thinking about your own vision, how easy or difficult would you have found it to get into work and join this webinar today, if you were visually impaired?***





**Thank you ....  
Any questions ?**