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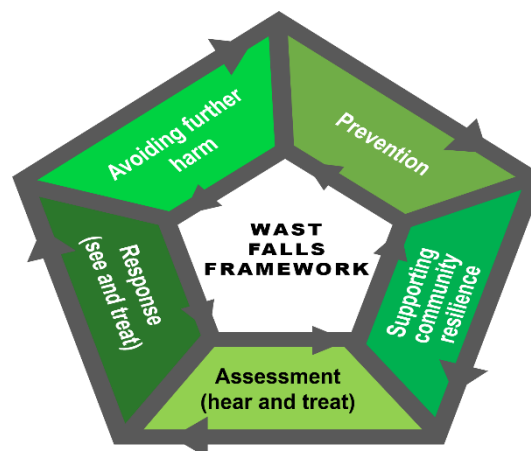
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Falls Framework

“Improving the response for peoples who have fallen following contact with 999 across Wales”

James Gough

FRS- Project Lead-WAST +ABUHB



Falls Response Service



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Falls Demand....



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- In 2017/18, the Welsh Ambulance Services NHS Trust received 62,488 calls relating to falls
- Of these, 31,042 resulted in attendance at a hospital
- Falls account for a high demand on the service, second only to breathing problems
- It is estimated that between 230,000 and 460,000 people over the age of 60yrs of age fall in Wales each year
- The number of people aged 65 and over is projected to increase by 232,000 (36.6 per cent) between 2016 and 2041





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Beyond the Fall-Leading to Change



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- A review was undertaken of our themes and trends from concerns/complaints, incident reporting and Serious Adverse Incidents (SAIs)
- 5.93% of the total Code 17 calls are for Non-injury falls. However many of these result in long waits, escalating from a Green to an Amber Call
- Too often these falls blight the lives of older people
- Falls are a major cause of disability and death, resulting in serious injury which can lead to loss of confidence, loneliness and isolation
- (1000 Lives Improvement 2018)





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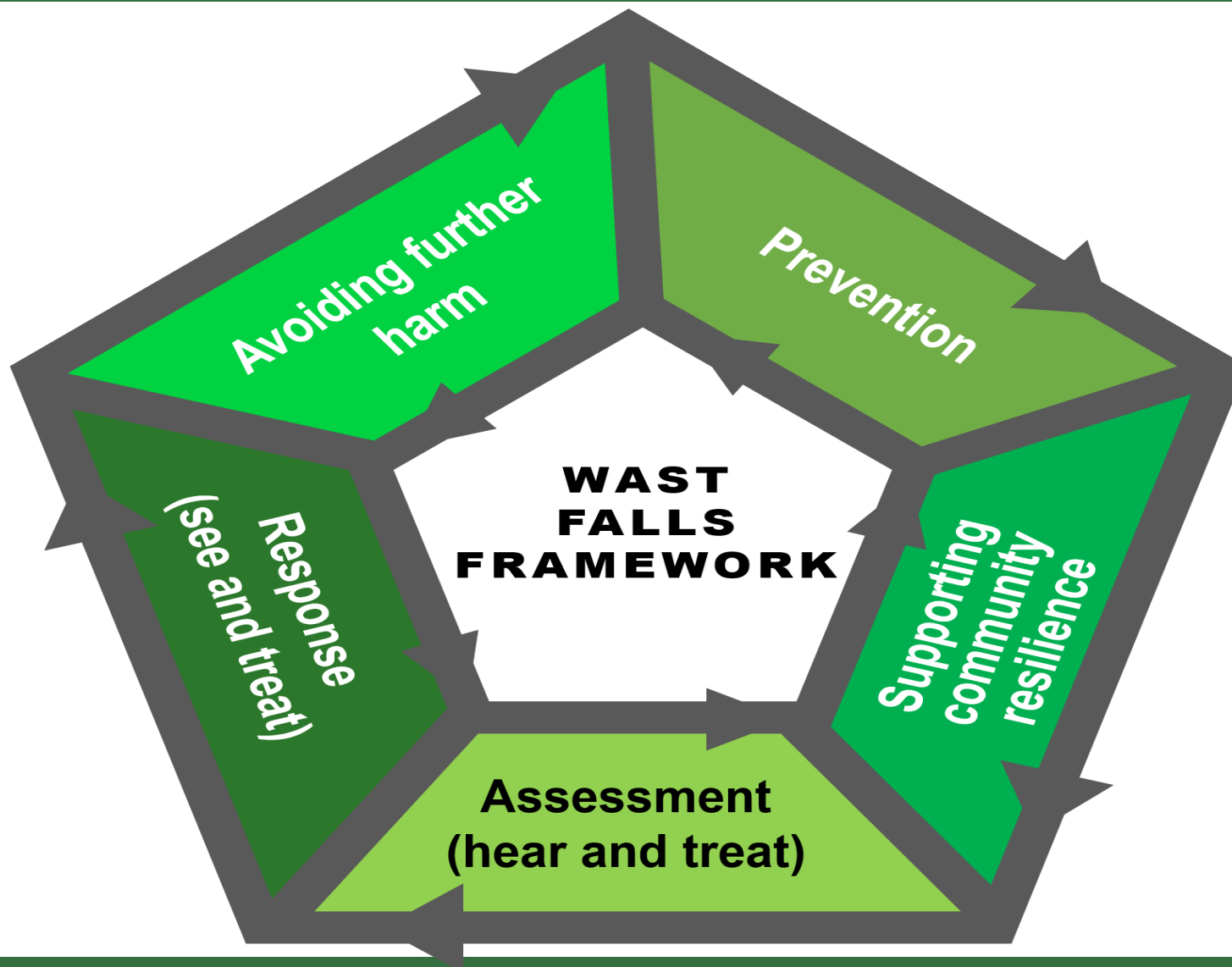
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Developing a Falls Framework



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Falls Response Service



"I Stumble"

Intense Pain

- New pain since fall
- Includes headache, chest pain, and abdominal pain
- Consider both pain from injury caused by fall or medical causes

Suspected Collapse

- Ask resident if they tripped or collapsed
- Any dizziness or sudden nausea before fall
- Includes near fainting episode

Trauma to neck/back/head

- New pain in neck/back/head following fall
- New lump or dent in head with/without bleeding
- Any new numbness/paralysis in any limbs

Unusual behaviour

- New confusion
- Acting differently to normal self e.g. agitated, drowsy, quiet
- Difficulty speaking e.g. slurred speech, words mixed up, marked stuttering

Marked difficulty in breathing/chest pain

- Severe shortness of breath, not improved when anxiety is reduced
- Unable to complete sentences
- Blue/pale lips, fingertips, becoming lethargic or confused, palpitations

Bleeding Freely

- Free flowing, pumping or squirting blood from wound
- Apply constant direct pressure to injury with clean dressing (elevate if possible)
- Try to estimate blood loss (in mugfuls)

Loss of Consciousness

- Knocked out
- Drifting in and out of consciousness
- Limited memory of events before, during or after fall
- Unable to retain or recall information/repeating themselves

Evidence of fracture

- Obvious deformity e.g. shortened/rotated, bone visible, severe swelling
- Reduced range of movement in affected area
- Unusual movement around affected area

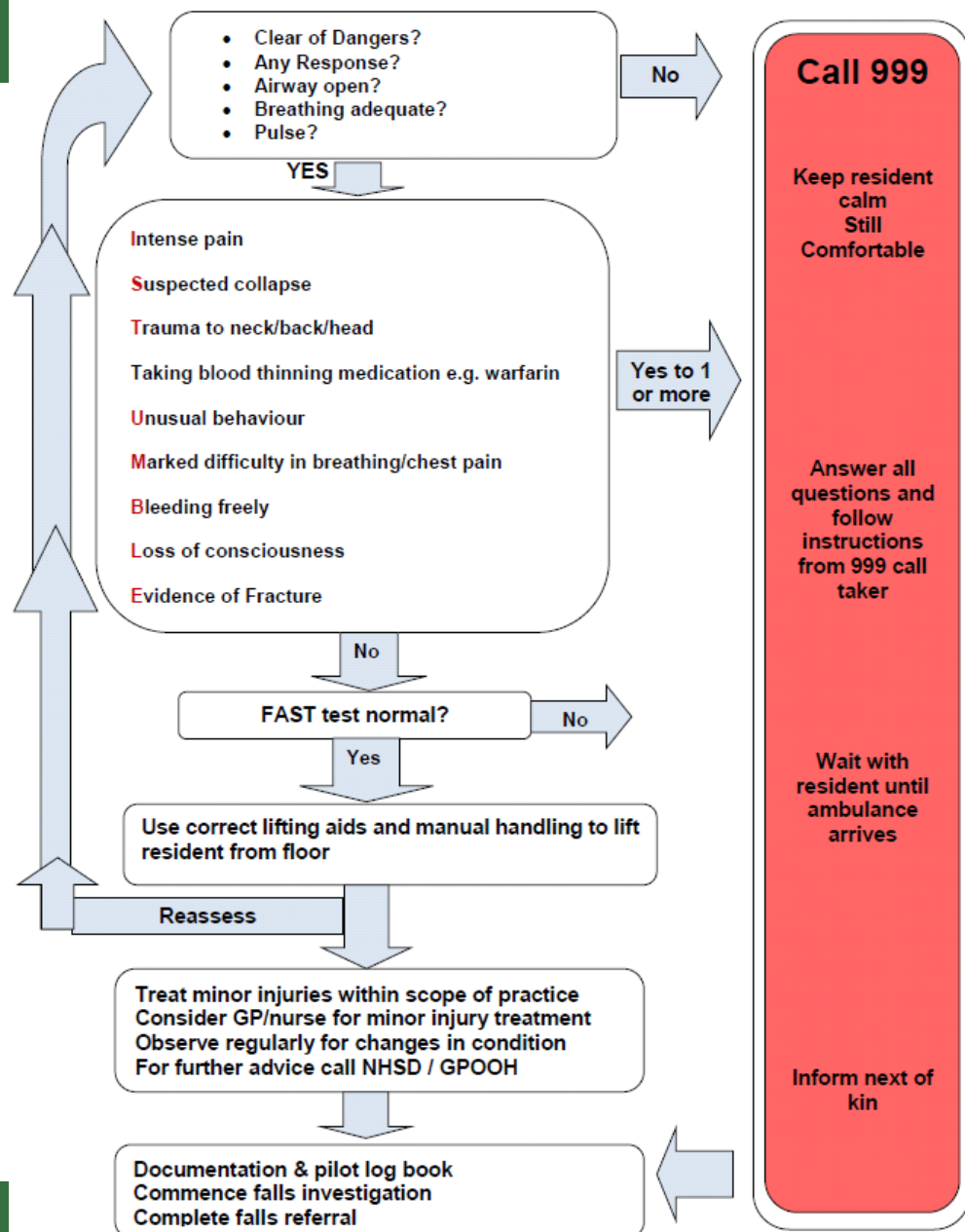
In all 999 calls remember to keep resident: **CALM, STILL & COMFORTABLE**.
If any bleeding is present, apply constant direct pressure with a clean dressing.



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Falls Assessment (Hear and Treat)



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- Ensuring Appropriate response
- Development of Guidance
- Continued Development of Clinical Contact Centre, Clinical Support Desk and the governance structure around the Falls Assistant within the Falls Response Model
- Facilitating and supporting partnership with other agencies and third sector organisations to meet local communities' needs.
- Vital role to ensure Hear and Treat Discharge





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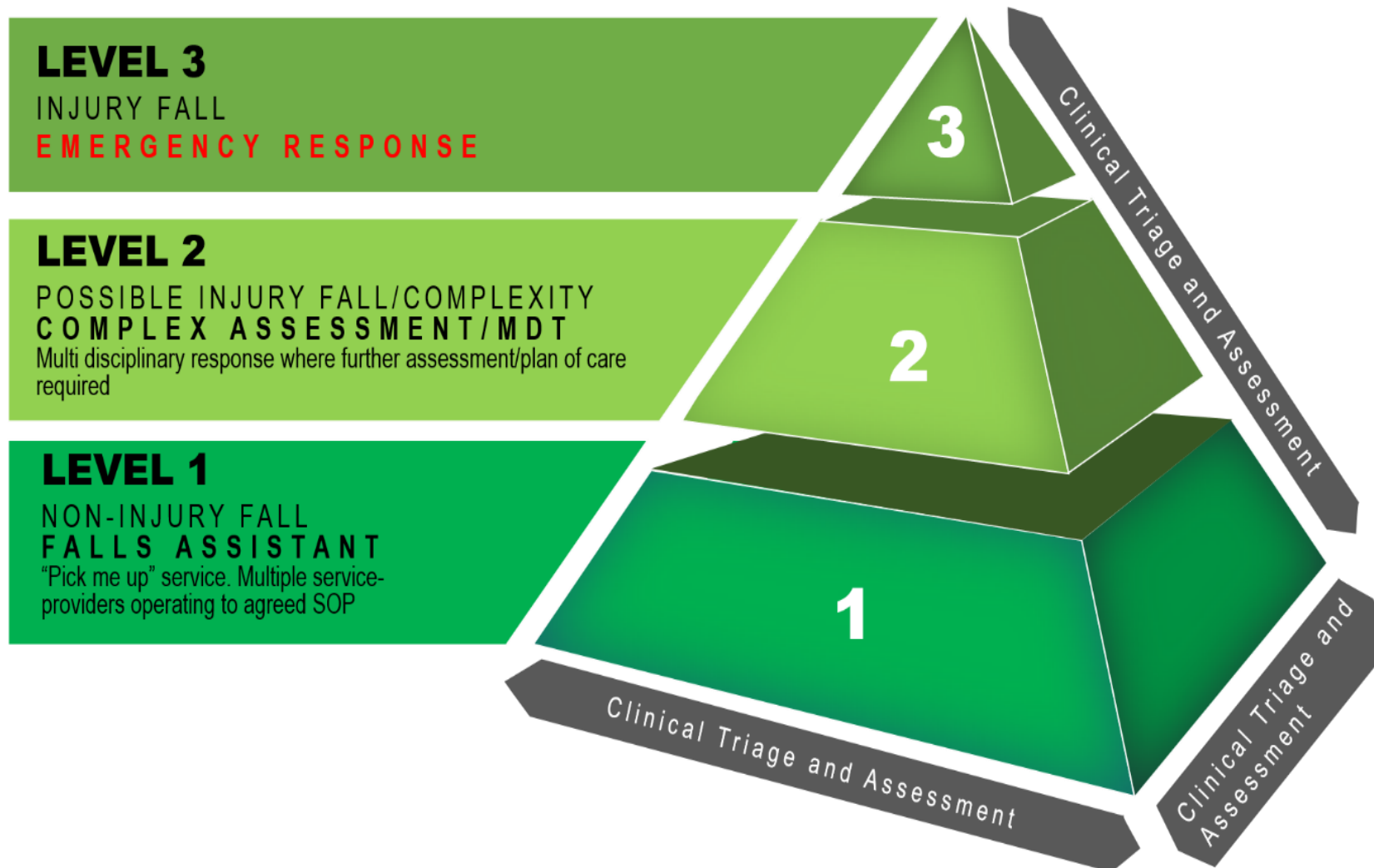
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Falls Assessment (See and Treat)



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Falls Assessment Level 1



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- A Level One response is described as a Falls Assistant.
- This is a non-clinical role where the assistant attends the patient to pick them up safely from the floor and undertake a further assessment of the situation.
- **WAST Role:** CFRs and UCS crews would attend such calls, supported in their assessment at scene by the Clinical Support Desk where a Paramedic or Nurse provides clinical advice and direction.
- However, this response can also be provided in partnership with other agencies as long as their service complies with a Standard Operating Procedure (SOP). An example of this would be the recently trialled project with St John's Ambulance
- 7 x Falls Assistants team operating across Wales



St John
Cymru - Wales





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Level 2- Falls Response Service



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- Paramedic + Physiotherapist (seconded to WAST)
- Partnership working- WAST + ABUHB
- Operational Hours- 08.00-20.00hrs 7 days per week
- “Go Live” date 17th October 2016
- Specialist falls vehicle
- Paramedic Specific equipment, moving and handling equipment and Physiotherapist specific equipment
- The Team are able to respond to 999 falls related calls and “RED Category Incidents.”



Response

- Responding to an acute fall and lifting the patient safely from the floor
- Full Medical/Social assessment at the point of need
- Referring the patient to the most appropriate community services

Advice/Support

- Telephone advice for Frontline Crews
- Follow up visit if required by FRS
- Onward referral to appropriate services



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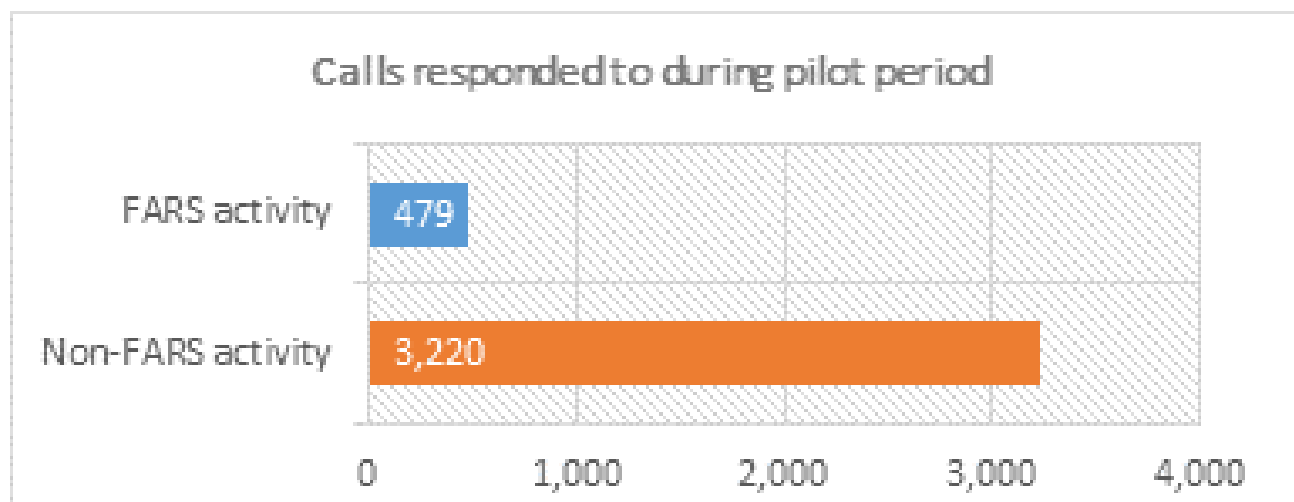
Evaluating Service Change- 6 months



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- **Information Sharing Agreement-** WAST and ABUHB- FRS and Non FRS
- **Data Matching Process-** Mapping the Patients Journey, focusing on outcomes- FRS and Non FRS
- Evaluated from October 17th 2016-31st March 2017



Estimated Activtiy Avoided	Pilot period only	Potential FY effect with current configuration	Potential FY effect if all patients seen by FARS	
	WAST conveyances	210	464	3,584
	ED attendances to ABUHB	190	419	3,239
	ABUHB hospital admissions	106	234	1,809
	ABUHB hospital bed days	1,685	3,727	28,781



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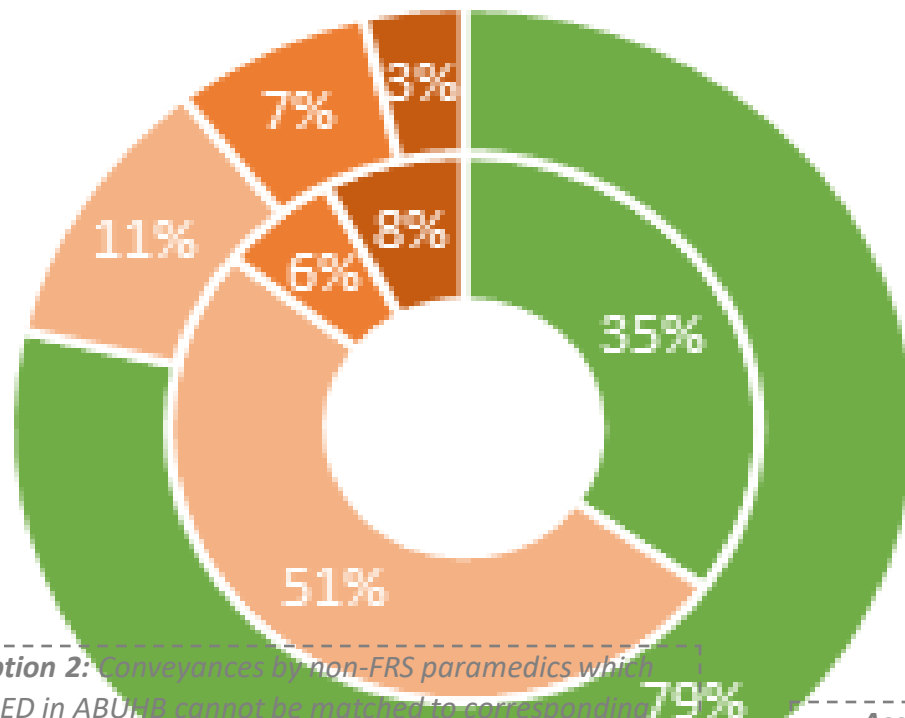
Evaluating Service Change- 6 months



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Outcome of attendance at home



Inner ring – non-FRS

Outer ring - FRS

- Remained at home
- Conveyed to ED (ABU)
- Conveyed to EAU / ward (ABU)
- Conveyed to other H&P

Assumption 2: Conveyances by non-FRS paramedics which bypass ED in ABUHB cannot be matched to corresponding hospital records. It is assumed where WAST data indicates a conveyance to ABUHB hospital but no record is identified that the patient was admitted directly to an assessment unit / inpatient ward.

Assumption 3: All conveyances do not get matched as conveyed to hospital by FRS but unable to be matched to ABUHB datasets assumed to have been conveyed to hospital outside of ABUHB.

50.8% of all non-FRS responses were transferred directly to the Emergency Department (ED)

This was compared with just 10.6% of the patients responded to by the FRS team
It appears the most significant difference between the two teams was in the decision making concerning conveyance or otherwise to ED



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Transport to Hospital- 7 to 30 days



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- Of the 377 patients who remained at home following response by the FRS team, it has been possible to identify that 43 (11%) attended hospital within 7 days of initial contact
- A further 47 (12%) attended hospital between 7 and 30 days after contact
- Even with this additional 90 patients, it remains the case that the FRS team succeeded in **avoiding a hospital attendance in 63% of cases** within a month of contact, while non-FRS paramedics kept just 35% of patients at home in the first instance.
- **Patients admitted:** the clinical diagnosis for 14 patients indicates that admission may not have been for falls related conditions



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Overview of Performance



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17th October 2016 – 31st March 2018

1286 patients had involvement with the FRS -**this is not including RED calls (immediately life threatening) incidents**

RED incidents attended = 68

*The results demonstrate are from actual incidents attended



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Performance Continued...



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- Only 161 patients (13%) required treatment and/or assessment in the ED 150 occasions advice provided no need to visit
- 850 patients would have been referred to WAST Pathway
- Only 128 patients (15%) would have been accepted within the CRT
- Inappropriate referrals saved: 722
- On 87 occasions the patient was provided with equipment to remain at home safely.

Disposition at end of call	Total
Accident and Emergency Department	161
Emergency Assessment Unit/Medical Assessment Unit	105
Local Emergency Care Centre	39
Minor Injury Unit	20
GP/GP Out of Hours	388
District Nursing Team	116
Advanced Paramedic Practitioner S	0
Left at home with falls education/advice	374
Referred to another service	101
Rapid Medical (CRT)	5
Rapid Nursing (CRT)	4
Falls Service (CRT)	143
Reablement (CRT)	234
Emergency Care (CRT)	33
Community OT	112
Social Services	186
State Service(s)	16



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Patient Story



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- Paramedic on scene who planned to admit a patient at families request as not coping, however as patient suffered two non-injury falls today, referred to FRS as per clinical standard operating procedure
- FRS team accepted referral and deemed that a home visit was appropriate to provide a further medical, functional and social assessment
- Patient was able to remain safely in her own home with Emergency Care (through the local CRT) 3 times a day (starting that evening). Patient was able to safely mobilise using a rollator zimmer frame provided at scene and commode to be delivered later that evening
- Patient was referred for an urgent physiotherapy review with the CRTs Reablement team due to further falls risk and possible rehab program. CRT also to look into referral for Careline pendant alarm
- Referred to GP for urgent memory assessment as worsening short term memory.
- Referred to District Nursing team to look into night time pads to reduce the risk of falling when going to the bathroom at night
- This prevented a hospital admission at the time and patient still remains when home to this day. Patient and family very happy with outcome of FRS visit



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Avoiding Further Harm



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- Welsh Wound Innovation Centre: identifying the pressure injury prevention strategies that need to be established within the Welsh Ambulance Service NHS Trust.
- We recognise that there a number of contributing factors that increase a person's risk of developing pressure damage, such as:
- [?] Extended period of time on the floor waiting for a See and Treat assessment
- [?] Long journey times in the back of an ambulance on a hard stretcher
- [?] Motion of the vehicle while in transit that can exacerbate the friction on the skin
- [?] Extended waiting times in the back of an ambulance on a hard stretcher outside Emergency Departments



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Any Questions after a quick tour..
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