

IMPLEMENTING AND EVALUATING THE FALLS PATHWAY ACROSS LEICESTER, LEICESTERSHIRE AND RUTLAND



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Existing Evidence Base

- People aged 65 and older have the highest risk of falling, with 30% of people older than 65 years and 50% of people older than 80 years falling at least once a year (Kings Fund).
- In 2018, EMAS responded to 8,394 falls incidents (LLR) of which 4,538 (52%) were conveyed to the Emergency Department.
- 4,045 incidents were responded to and not conveyed to hospital, however it is not always clear if an ongoing referral to other services was generated, nor assessed whether it was effective/provided any prevention in terms of the patient falling again.
- **Intervention is shown to reduce the risk of falls by 30-50%**
- With the elderly population increasing each year, there is a need to ensure that older people can access falls prevention and treatment following a fall as quickly as possible to reduce the risk of injurious falls and the need for a hospital admission.
- These options include a variety of elements such as rapid access to clinical intervention, and access to community services or equipment that improves quality of life and allows people to remain independent/living at home.



Falls Risk factors

....many can be predicted

- Increasing age
- Frailty/Frailty score
- Falls history
- Medication
- Mobility and stability
- Confidence
- Environmental factors
- Visual and hearing impairment
- Cognitive impairment
- Incontinence





Tip the scales in the patients' favour by identifying and modifying risk factors, and putting in place early intervention.

- Previous 'trips and tumbles' are very telling
- Highlighting environmental hazards
- Managing risky medications and polypharmacy
- Establish causes of unbalance
- Advise how to reduce postural hypotension
- Identifying recent weight loss/ frailty
- Informing patients about support services including those targeted to falls prevention

LLR FALLS PREVENTION PROGRAMME OVERVIEW

Assessment and treatment pathways to ensure improved patient outcomes and quality of life, retaining independence and parity of access to services across LLR.

Minimise admissions to hospital as a result of falls

Ensuring residents have access to strength and balance facilities to reduce the risk of falls related injuries

1. Postural Stability exercise programmes across LLR

2. Electronic Falls Risk Assessments

3. Non-Blue Light Service Response

4. Therapy Triage Service

5. Training and equipment provision in care homes



Intended Benefits of the LLR Falls Programme

- Reduced falls related NEL admissions and A&E attendances;
- Reduced on scene time for EMAS resulting in fewer breaches into high level call service levels and more efficient use of EMAS resources;
- Reduced number of outpatient falls clinics, leading to no longer needing dedicated falls clinics (BY end year two)
- Savings on consultant costs vs the therapy triage service
- Savings to adult social care e.g. reduced burden on reablement packages
- Prevention programme leading to cashable efficiency
- Service user qualitative improvements (improved confidence, mobility, ease of access/use of LLR falls service pathway)
- Testing new technologies in support of the delivery of the falls pathway
- Provision of new/additional evidence and evaluation data



How to recognise a patient at risk of falls - risk calculators:

Over 65s should be asked routinely if they have fallen in the past year and asked about the frequency, context and characteristics of the fall

Simple FRAT covers

- ⑩ Fallen in last 12 month
 - Stroke or Parkinson's
 - 4 or more meds

mFRAT also covers

- Home hazards
- Visual impairment
- Perceived functional ability
- Fear of falling
- Urinary incontinence
- Cognitive impairment

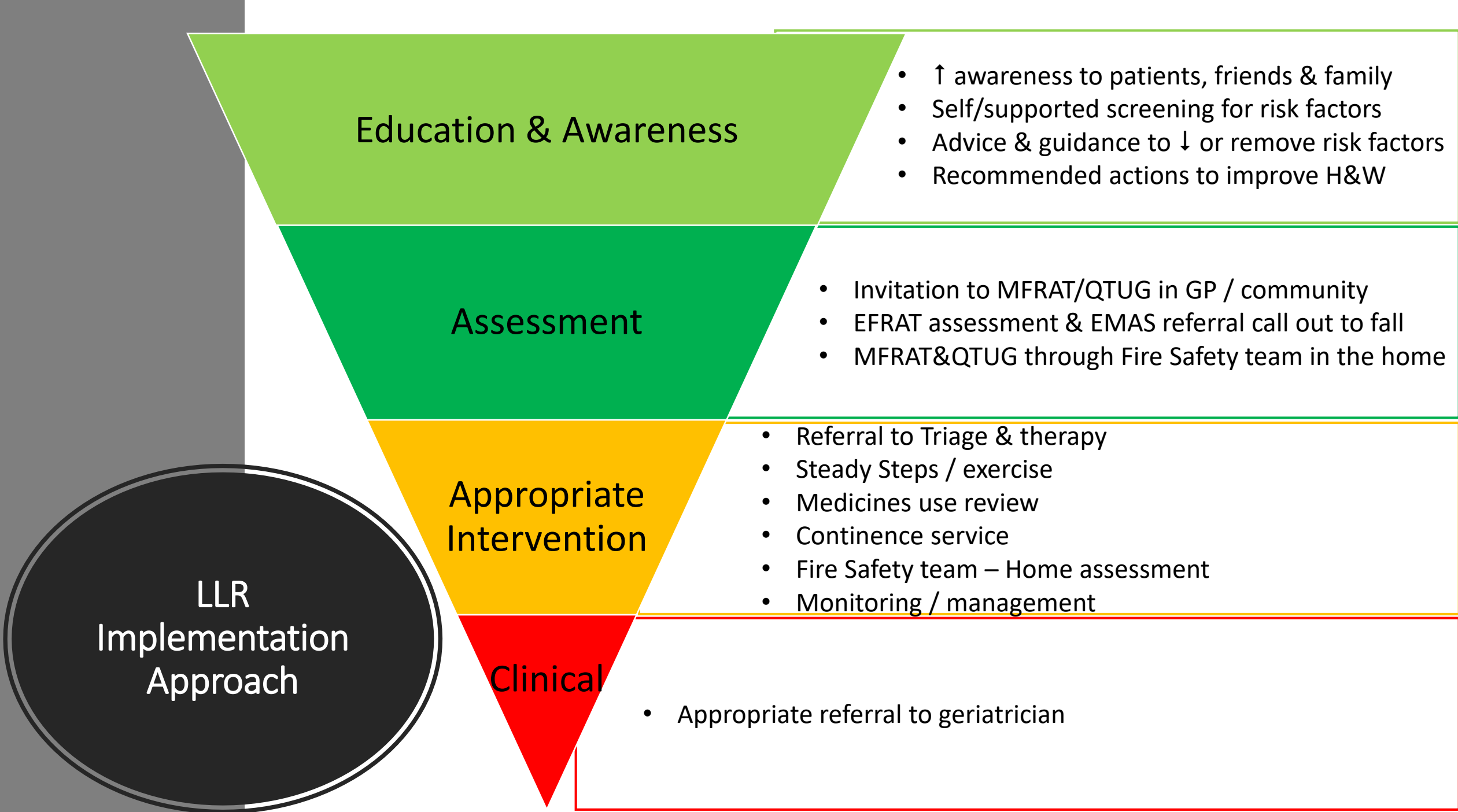
Physical Falls Risk calculators:

Timed up and Go

- Simple but very effective method of assessing gait and balance

QTUG assessment

- Sensor technology to assess balance and gait and calculate combined falls risk
- Removes HCP subjectivity
- Allows for comparisons and improvements to be quantified



How do patients access the service?

Self-screening

Online /
automated
telephone call

65 years +,
family friends

MFRAT & QTUG

Invitation to
assessment at
GP, in
community or
at home

GPs
Community
assessments
Fire Service OTs

EFRAT

Assessment
carried out
following call
out to a fall

EMAS

Other

Healthchecks
Home safety

GP
Fire Safety
Officers

Impact of the LLR Falls Programme - 2018/19

- **Falls related non-elective admissions have stabilised**
- **Therapy Triage** - 343 patients avoided the need to go into a clinic during 2018/19. This has resulted in £34k being saved on consultant appointments. Waiting times reduced from 25+ weeks to 13 weeks.
- **Steady Steps** - 48 courses (300 participants) and 30 instructors trained. £2.32 saved in the health and care system for every £1 spent. Results in reduced social isolation and social peer support for patients.
- **Care Homes Falls Management** – £42k system savings by reducing conveyance and ED & OP admissions, improvements in managing injurious falls, staff confident in managing with falls and improved safety standards in care homes



Priorities for LLR Falls Programme 2019/20

- Continuation of Steady Steps roll out, Care Home Training and Therapy Triage
- £412k investment secured from CCG's to finalise implementation
- Non-blue light service to attend falls victims
- Fire service to conduct Electronic Falls Risk Assessments
- Recruitment of an LLR Falls Service Manager
- Implementation of demonstrator technology
- Falls outcomes data/measures to be tracked on individual patient basis via technology demonstrator/LLR BI strategy
- Formal Evaluation of technology demonstrator

