Felgains Webinar | 01/11/22

Going further for winter: **How to implement Community-based falls response**

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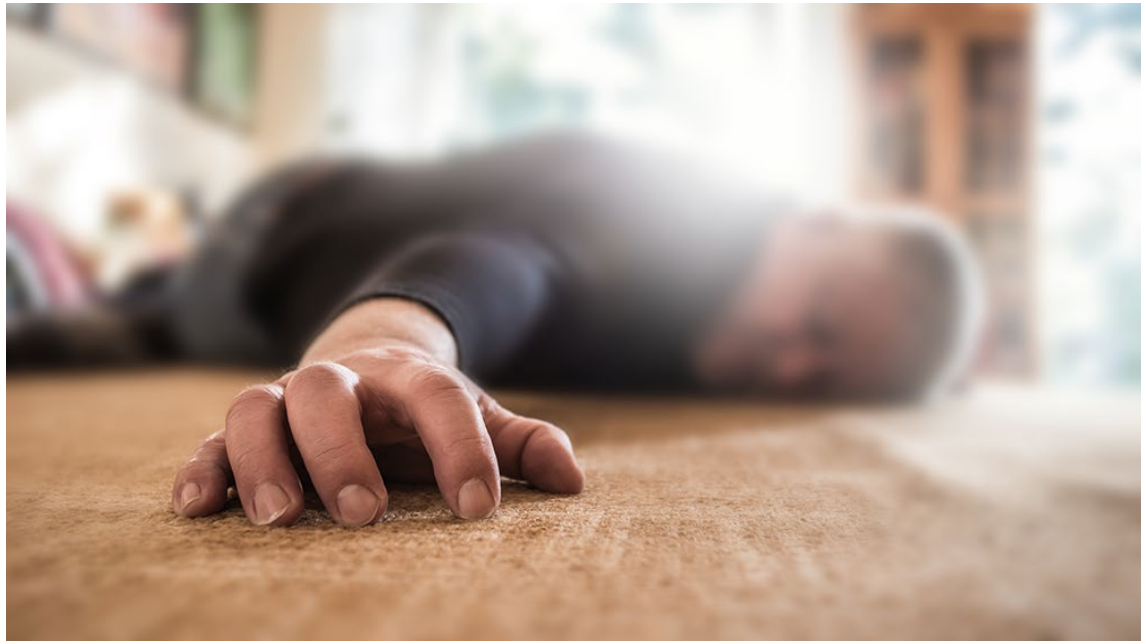
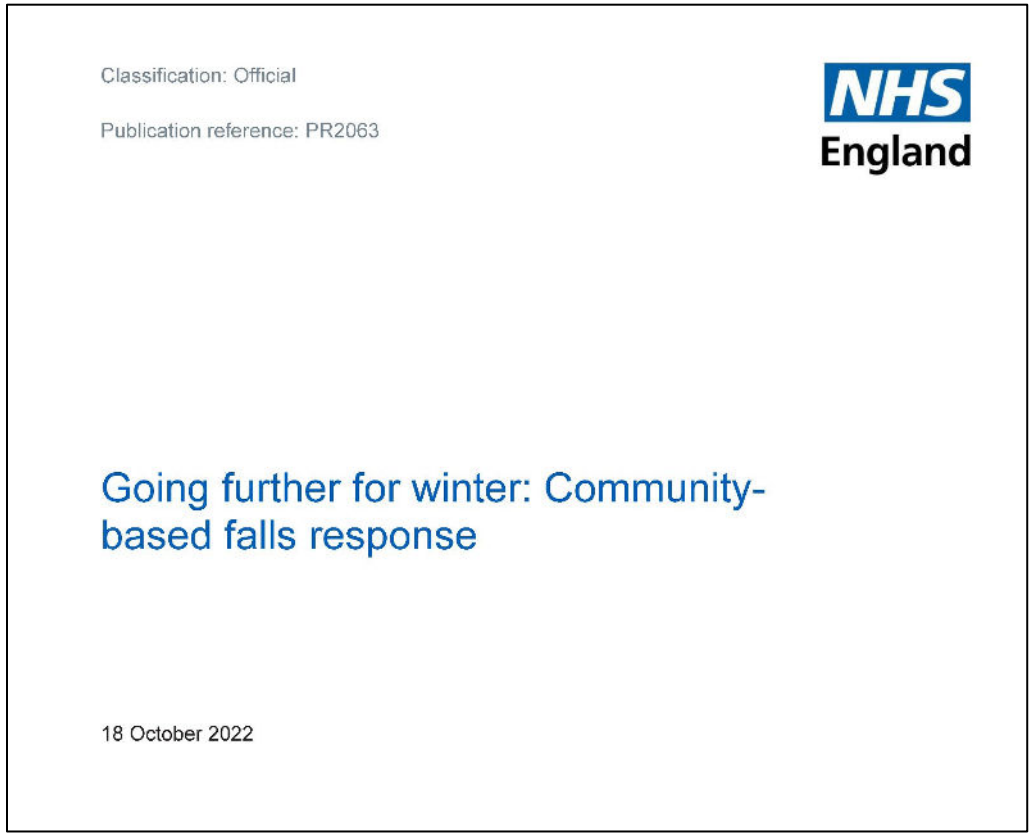
The current situation

Winter pressures and the increasing demand on the NHS from falls



Key details from the NHSE Winter Resilience Guidance



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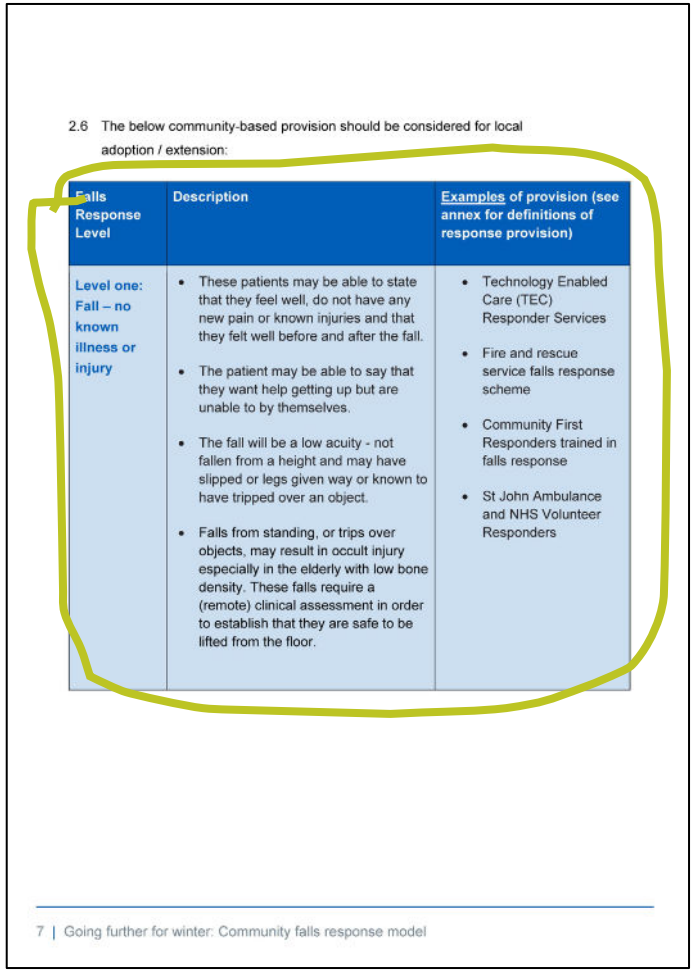
NHS England

Going further for winter: Community-based falls response

18 October 2022

Page 7-8: How falls will be triaged



2.6 The below community-based provision should be considered for local adoption / extension:

Falls Response Level	Description	Examples of provision (see annex for definitions of response provision)
Level one: Fall – no known illness or injury	• These patients may be able to state that they feel well, do not have any new pain or known injuries and that they felt well before and after the fall. • The patient may be able to say that they want help getting up but are unable to by themselves. • The fall will be a low acuity - not fallen from a height and may have slipped or legs given way or known to have tripped over an object. • Falls from standing, or trips over objects, may result in occult injury especially in the elderly with low bone density. These falls require a (remote) clinical assessment in order to establish that they are safe to be lifted from the floor.	• Technology Enabled Care (TEC) Responder Services • Fire and rescue service falls response scheme • Community First Responders trained in falls response • St John Ambulance and NHS Volunteer Responders

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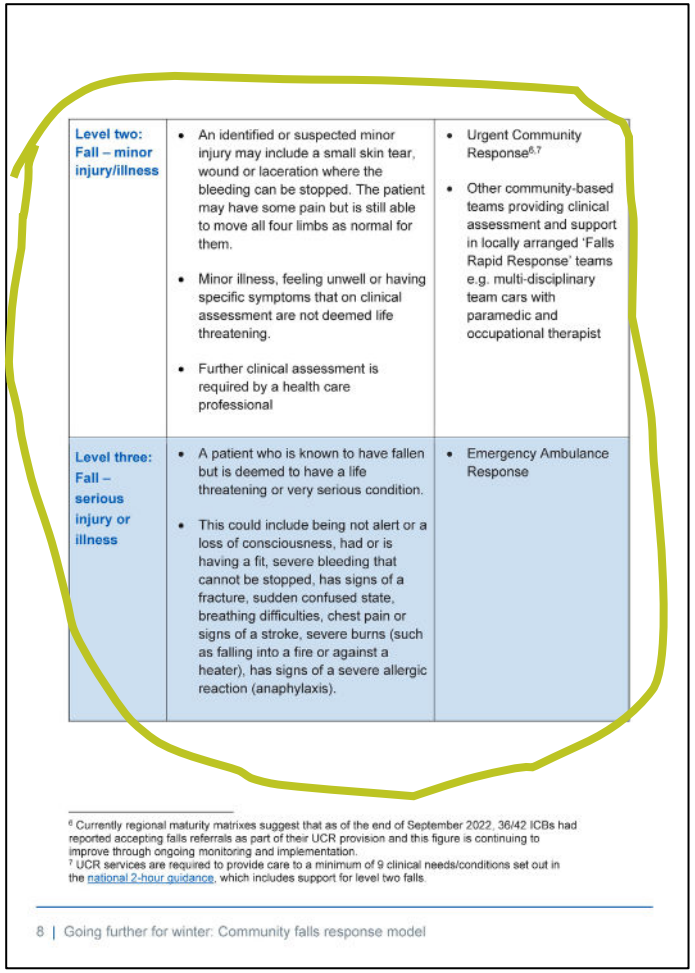

Level two: Fall – minor injury/illness	• An identified or suspected minor injury may include a small skin tear, wound or laceration where the bleeding can be stopped. The patient may have some pain but is still able to move all four limbs as normal for them. • Minor illness, feeling unwell or having specific symptoms that on clinical assessment are not deemed life threatening. • Further clinical assessment is required by a health care professional	• Urgent Community Response[6,7] • Other community-based teams providing clinical assessment and support in locally arranged 'Falls Rapid Response' teams e.g. multi-disciplinary team cars with paramedic and occupational therapist
Level three: Fall – serious injury or illness	• A patient who is known to have fallen but is deemed to have a life threatening or very serious condition. • This could include being not alert or a loss of consciousness, had or is having a fit, severe bleeding that cannot be stopped, has signs of a fracture, sudden confused state, breathing difficulties, chest pain or signs of a stroke, severe burns (such as falling into a fire or against a heater), has signs of a severe allergic reaction (anaphylaxis).	• Emergency Ambulance Response

[6] Currently regional maturity matrixes suggest that as of the end of September 2022, 36/42 ICBs had reported accepting falls referrals as part of their UCR provision and this figure is continuing to improve through ongoing monitoring and implementation.
[7] UCR services are required to provide care to a minimum of 9 clinical needs/conditions set out in the national 2-hour guidance, which includes support for level two falls.

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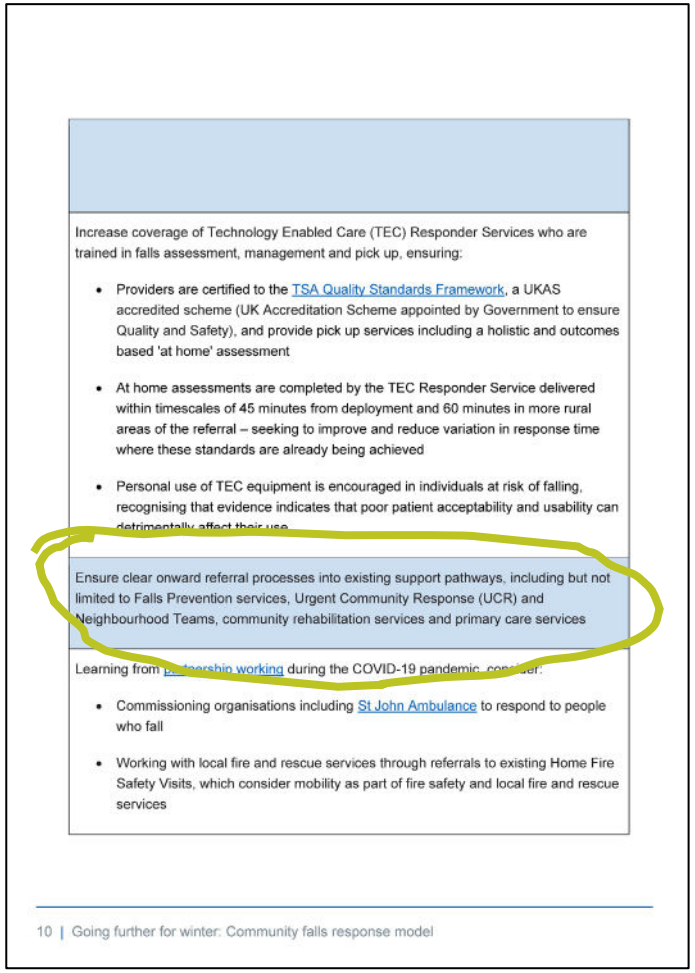
Page 10-11: Falls pathways and appropriate equipment



Increase coverage of Technology Enabled Care (TEC) Responder Services who are trained in falls assessment, management and pick up, ensuring:

- Providers are certified to the TSA Quality Standards Framework, a UKAS accredited scheme (UK Accreditation Scheme appointed by Government to ensure Quality and Safety), and provide pick up services including a holistic and outcomes based 'at home' assessment
- At home assessments are completed by the TEC Responder Service delivered within timescales of 45 minutes from deployment and 60 minutes in more rural areas of the referral – seeking to improve and reduce variation in response time where these standards are already being achieved
- Personal use of TEC equipment is encouraged in individuals at risk of falling, recognising that evidence indicates that poor patient acceptability and usability can detrimentally affect their use

Ensure clear onward referral processes into existing support pathways, including but not limited to Falls Prevention services, Urgent Community Response (UCR) and Neighbourhood Teams, community rehabilitation services and primary care services

Learning from [illegible] working during the COVID-19 pandemic, consider:

- Commissioning organisations including St John Ambulance to respond to people who fall
- Working with local fire and rescue services through referrals to existing Home Fire Safety Visits, which consider mobility as part of fire safety and local fire and rescue services

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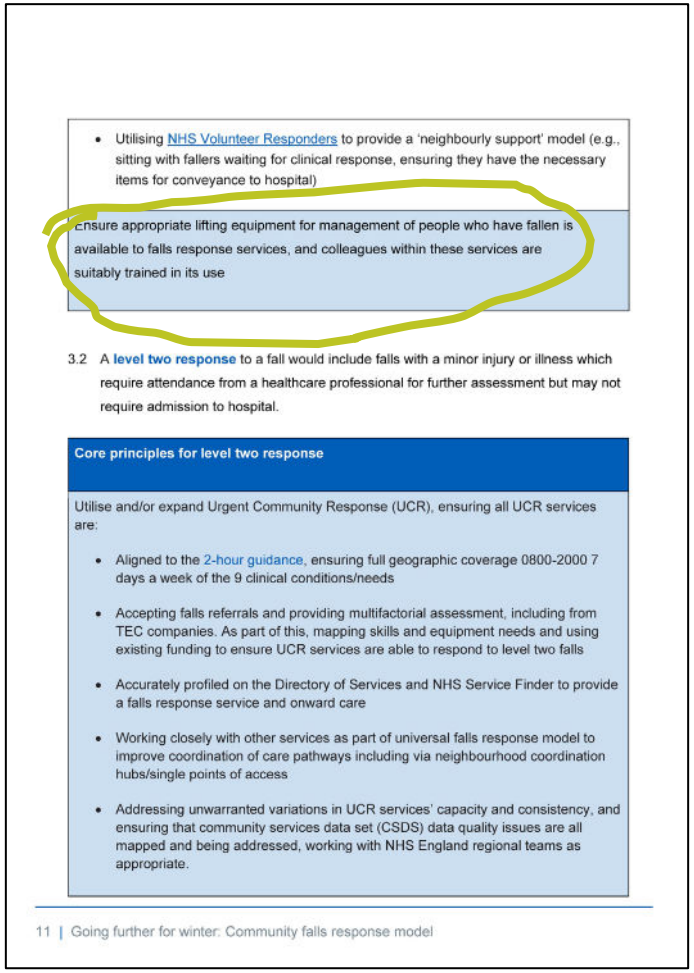

- Utilising NHS Volunteer Responders to provide a 'neighbourly support' model (e.g., sitting with fallers waiting for clinical response, ensuring they have the necessary items for conveyance to hospital)

Ensure appropriate lifting equipment for management of people who have fallen is available to falls response services, and colleagues within these services are suitably trained in its use

3.2 A **level two response** to a fall would include falls with a minor injury or illness which require attendance from a healthcare professional for further assessment but may not require admission to hospital.

Core principles for level two response

Utilise and/or expand Urgent Community Response (UCR), ensuring all UCR services are:

- Aligned to the 2-hour guidance, ensuring full geographic coverage 0800-2000 7 days a week of the 9 clinical conditions/needs
- Accepting falls referrals and providing multifactorial assessment, including from TEC companies. As part of this, mapping skills and equipment needs and using existing funding to ensure UCR services are able to respond to level two falls
- Accurately profiled on the Directory of Services and NHS Service Finder to provide a falls response service and onward care
- Working closely with other services as part of universal falls response model to improve coordination of care pathways including via neighbourhood coordination hubs/single points of access
- Addressing unwarranted variations in UCR services' capacity and consistency, and ensuring that community services data set (CSDS) data quality issues are all mapped and being addressed, working with NHS England regional teams as appropriate.

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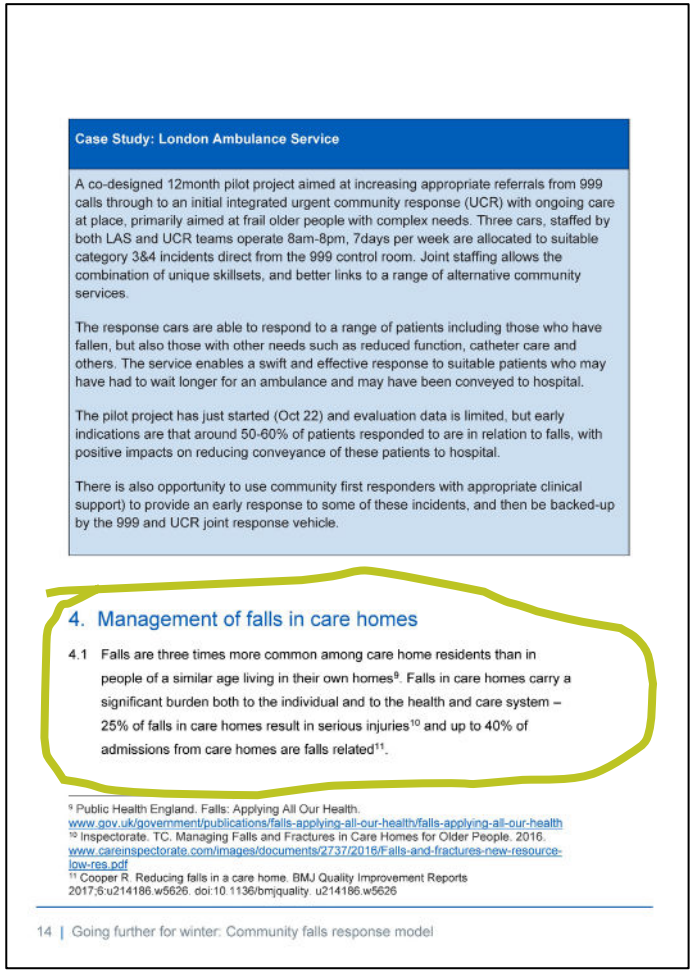
Page 14-15: Falls response into Care Homes



Case Study: London Ambulance Service

A co-designed 12month pilot project aimed at increasing appropriate referrals from 999 calls through to an initial integrated urgent community response (UCR) with ongoing care at place, primarily aimed at frail older people with complex needs. Three cars, staffed by both LAS and UCR teams operate 8am-8pm, 7days per week are allocated to suitable category 3&4 incidents direct from the 999 control room. Joint staffing allows the combination of unique skillsets, and better links to a range of alternative community services.

The response cars are able to respond to a range of patients including those who have fallen, but also those with other needs such as reduced function, catheter care and others. The service enables a swift and effective response to suitable patients who may have had to wait longer for an ambulance and may have been conveyed to hospital.

The pilot project has just started (Oct 22) and evaluation data is limited, but early indications are that around 50-60% of patients responded to are in relation to falls, with positive impacts on reducing conveyance of these patients to hospital.

There is also opportunity to use community first responders with appropriate clinical support) to provide an early response to some of these incidents, and then be backed-up by the 999 and UCR joint response vehicle.

4. Management of falls in care homes

4.1 Falls are three times more common among care home residents than in people of a similar age living in their own homes[9]. Falls in care homes carry a significant burden both to the individual and to the health and care system – 25% of falls in care homes result in serious injuries[10] and up to 40% of admissions from care homes are falls related[11].

[9] Public Health England. Falls: Applying All Our Health. www.gov.uk/government/publications/falls-applying-all-our-health/falls-applying-all-our-health
[10] Inspectorate. TC. Managing Falls and Fractures in Care Homes for Older People. 2016. www.careinspectorate.com/images/documents/2737/2016/Falls-and-fractures-new-resource-low-res.pdf
[11] Cooper R. Reducing falls in a care home. BMJ Quality Improvement Reports 2017;6:u214186.w5626. doi:10.1136/bmjquality. u214186.w5626

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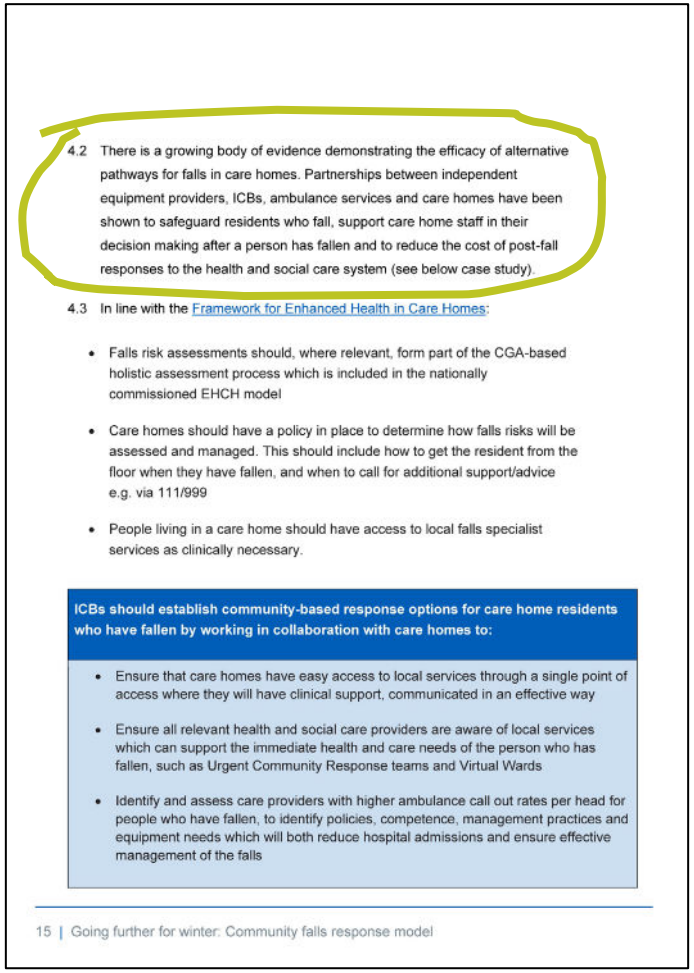

4.2 There is a growing body of evidence demonstrating the efficacy of alternative pathways for falls in care homes. Partnerships between independent equipment providers, ICBs, ambulance services and care homes have been shown to safeguard residents who fall, support care home staff in their decision making after a person has fallen and to reduce the cost of post-fall responses to the health and social care system (see below case study).

4.3 In line with the Framework for Enhanced Health in Care Homes:

- Falls risk assessments should, where relevant, form part of the CGA-based holistic assessment process which is included in the nationally commissioned EHCH model
- Care homes should have a policy in place to determine how falls risks will be assessed and managed. This should include how to get the resident from the floor when they have fallen, and when to call for additional support/advice e.g. via 111/999
- People living in a care home should have access to local falls specialist services as clinically necessary.

ICBs should establish community-based response options for care home residents who have fallen by working in collaboration with care homes to:

- Ensure that care homes have easy access to local services through a single point of access where they will have clinical support, communicated in an effective way
- Ensure all relevant health and social care providers are aware of local services which can support the immediate health and care needs of the person who has fallen, such as Urgent Community Response teams and Virtual Wards
- Identify and assess care providers with higher ambulance call out rates per head for people who have fallen, to identify policies, competence, management practices and equipment needs which will both reduce hospital admissions and ensure effective management of the falls

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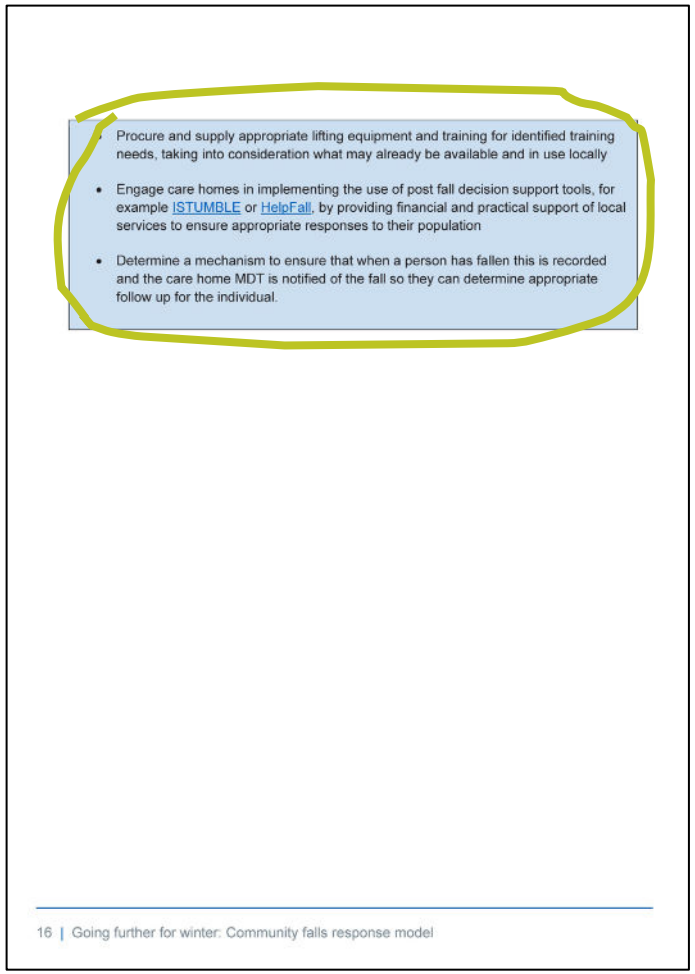
Page 16: Appropriate Lifting Equipment & post falls decision support



- Procure and supply appropriate lifting equipment and training for identified training needs, taking into consideration what may already be available and in use locally
- Engage care homes in implementing the use of post fall decision support tools, for example ISTUMBLE or HelpFall, by providing financial and practical support of local services to ensure appropriate responses to their population
- Determine a mechanism to ensure that when a person has fallen this is recorded and the care home MDT is notified of the fall so they can determine appropriate follow up for the individual.

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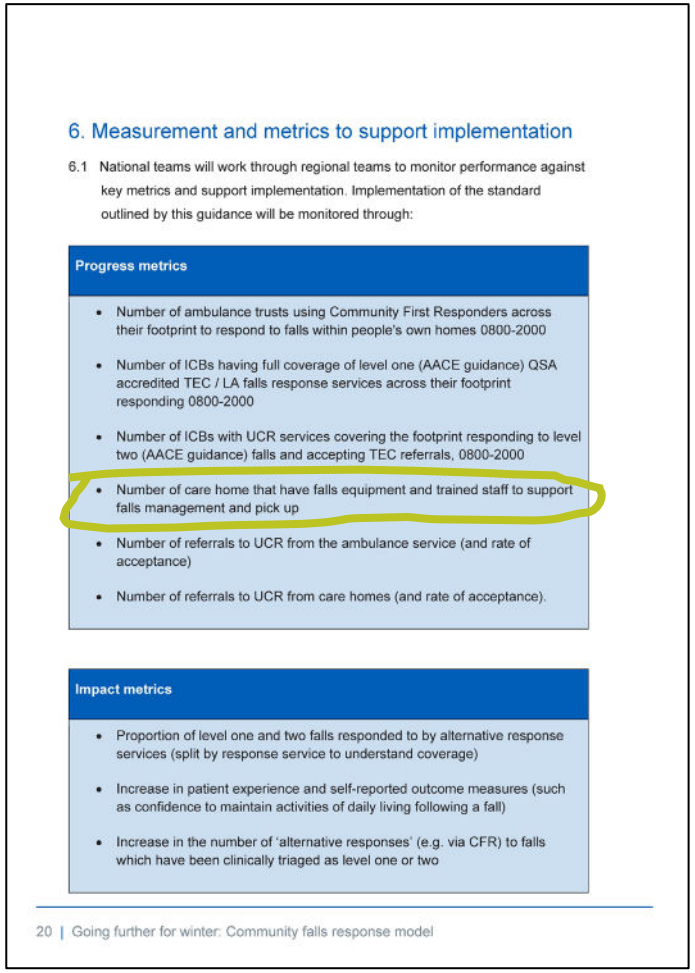
Page 20: Progress and Impact Metrics



6. Measurement and metrics to support implementation

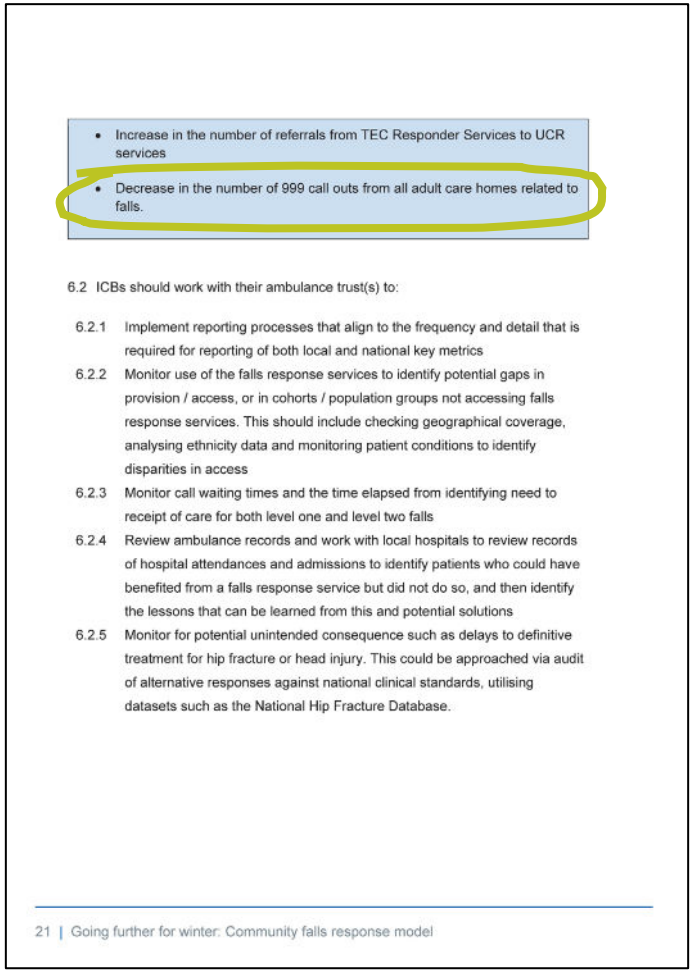
6.1 National teams will work through regional teams to monitor performance against key metrics and support implementation. Implementation of the standard outlined by this guidance will be monitored through:

Progress metrics

- Number of ambulance trusts using Community First Responders across their footprint to respond to falls within people's own homes 0800-2000
- Number of ICBs having full coverage of level one (AACE guidance) QSA accredited TEC / LA falls response services across their footprint responding 0800-2000
- Number of ICBs with UCR services covering the footprint responding to level two (AACE guidance) falls and accepting TEC referrals, 0800-2000
- Number of care home that have falls equipment and trained staff to support falls management and pick up
- Number of referrals to UCR from the ambulance service (and rate of acceptance)
- Number of referrals to UCR from care homes (and rate of acceptance).

Impact metrics

- Proportion of level one and two falls responded to by alternative response services (split by response service to understand coverage)
- Increase in patient experience and self-reported outcome measures (such as confidence to maintain activities of daily living following a fall)
- Increase in the number of 'alternative responses' (e.g. via CFR) to falls which have been clinically triaged as level one or two



- Increase in the number of referrals from TEC Responder Services to UCR services
- Decrease in the number of 999 call outs from all adult care homes related to falls.

6.2 ICBs should work with their ambulance trust(s) to:

6.2.1 Implement reporting processes that align to the frequency and detail that is required for reporting of both local and national key metrics

6.2.2 Monitor use of the falls response services to identify potential gaps in provision / access, or in cohorts / population groups not accessing falls response services. This should include checking geographical coverage, analysing ethnicity data and monitoring patient conditions to identify disparities in access

6.2.3 Monitor call waiting times and the time elapsed from identifying need to receipt of care for both level one and level two falls

6.2.4 Review ambulance records and work with local hospitals to review records of hospital attendances and admissions to identify patients who could have benefited from a falls response service but did not do so, and then identify the lessons that can be learned from this and potential solutions

6.2.5 Monitor for potential unintended consequence such as delays to definitive treatment for hip fracture or head injury. This could be approached via audit of alternative responses against national clinical standards, utilising datasets such as the National Hip Fracture Database.

Level One Falls Response: CFRs and TEC providers

No known illness or injury

By upskilling CFRs and enabling them to respond to non-injury falls, patient outcomes are improved, the risk of long lies is reduced, and critical ambulance hours are put back into the system.

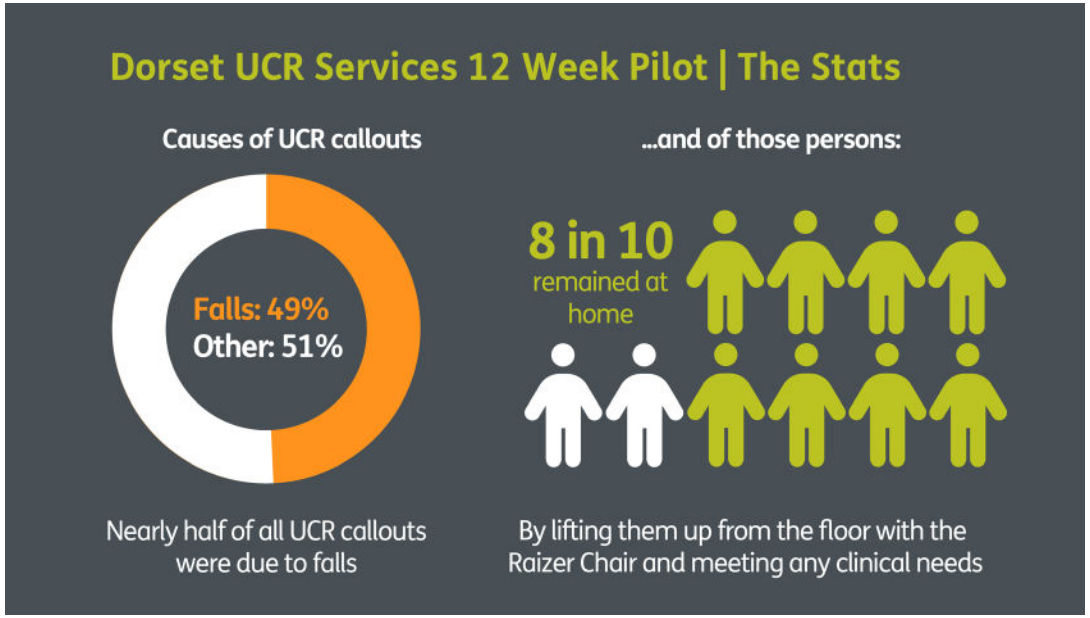
Example: South Western Ambulance Service

77% of incidents were managed by CFRs. This saved 148 hours of operational ambulance time and achieved a 12.5% decrease in response times

Level Two Falls Response: UCR Teams

Minor injury or illness

By having access to 999 and 111 call stacks, Urgent Community Response teams can utilise their clinical expertise to respond to fallers who have experienced a minor injury fall but may not require admission to hospital.



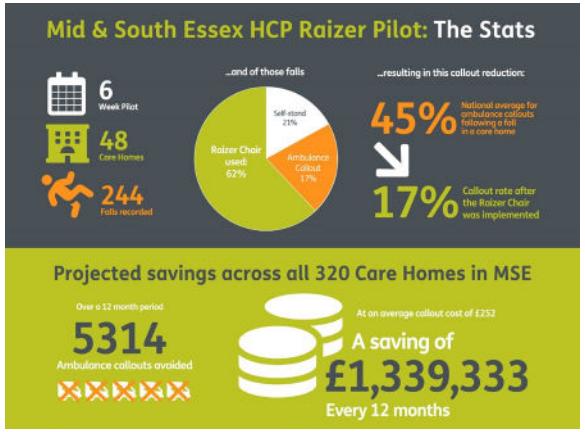
Example: Dorset UCR Team

Dorset UCR Service reduced pressure on the ambulance service by keeping 80% of fallers in their own homes, avoiding a projected 3,434 hospital admissions each year.

Care Homes Falls Response

How to approach: 3 methods

Approach 1: Largest Care Homes	Approach 2: Care Homes With Most Falls	Approach 3: Every Care Homes
Identify the 20 largest care homes in your area to equip with lifting equipment and an algorithm.	**Identify the 20 care homes in your area that have the highest number of ambulance call-outs to falls, and equip these homes with lifting equipment and an algorithm.**	**Equip every care home in your area with lifting equipment and an algorithm.**



Example: Mid and South Essex ICB

MSE ICB reduced ambulance callouts to falls in care homes by 69% – resulting in significant financial savings.

Raizer 2 Lifting Chair

Raizer 2 Lifting Chair

A single-handed solution for lifting a person who has fallen which is faster, safer, and more dignified than inflatable lifting cushions or hoists.

- Care staff love using it – so it doesn't stay in the cupboard getting dusty!
- It is easy to learn and use. Assembled around the person, it doesn't require you to move the person 'on to it', and allows a single handed response
- Long life battery power for 80 lifts on a charge and minimal battery discharge between use. Batteries do not need to be replaced.

HelpFall Post Falls Decision Tool

The new standard in post falls decision making

South Western Ambulance Service NHS Foundation Trust

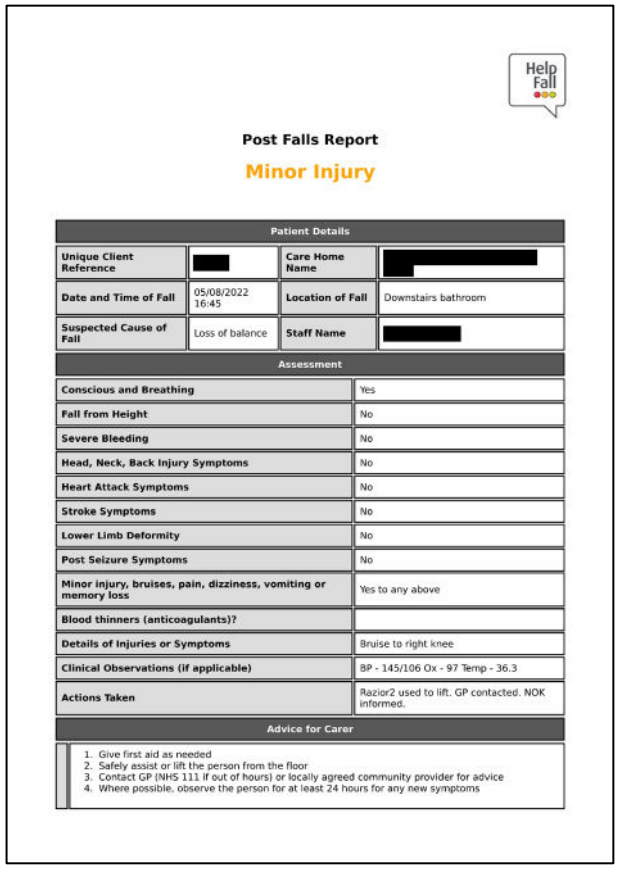
HelpFall Post Falls Decision Making Tool

Developed with SWAST in collaboration with care homes and domiciliary care agencies, HelpFall is accessed by scanning a QR code. It asks care staff a set of questions and uses a traffic light system to categorise the fall into Major, Minor, and No Injury, signposting to the appropriate care pathway.

- Easily updated to reflect latest clinical guidance. Enables appropriate referrals, and encourages the use of community services rather than 999
- Provides an incident report, which can be uploaded to patient records and shared with other services
- Easily implemented thanks to its simplicity of use
- Provides regional performance information and data

Monitoring

Data collection and reporting using HelpFall



Post Falls Report

Minor Injury

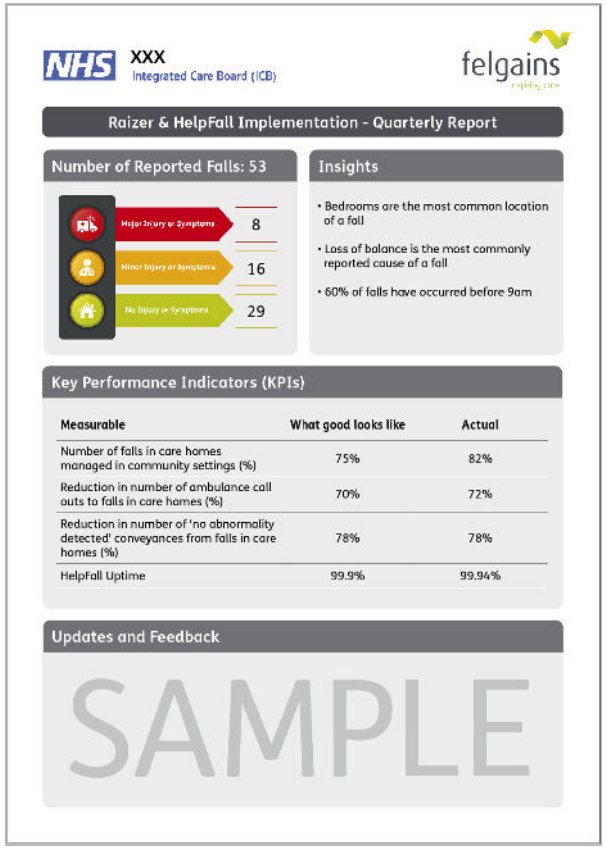
Patient Details			
Unique Client Reference	[redacted]	Care Home Name	[redacted]
Date and Time of Fall	05/08/2022 16:45	Location of Fall	Downstairs bathroom
Suspected Cause of Fall	Loss of balance	Staff Name	[redacted]

Assessment	
Conscious and Breathing	Yes
Fall from Height	No
Severe Bleeding	No
Head, Neck, Back Injury Symptoms	No
Heart Attack Symptoms	No
Stroke Symptoms	No
Lower Limb Deformity	No
Post Seizure Symptoms	No
Minor injury, bruises, pain, dizziness, vomiting or memory loss	Yes to any above
Blood thinners (anticoagulants)?	
Details of Injuries or Symptoms	Bruise to right knee
Clinical Observations (if applicable)	BP - 145/106 Ox - 97 Temp - 36.3
Actions Taken	Razior2 used to lift. GP contacted. NOK informed.

Advice for Carer

1. Give first aid as needed
2. Safely assist or lift the person from the floor
3. Contact GP (NHS 111 if out of hours) or locally agreed community provider for advice
4. Where possible, observe the person for at least 24 hours for any new symptoms

- HelpFall's powerful data capture and reporting capability offers a host of actionable insights at a regional level – view example report
- Enables you to track and measure your region's performance against the national KPIs
- Compliant with NHSX DTAC & GDPR, with a DPIA in place and DSP submission complete
- Provides an incident report for the care home, which can be uploaded to patient records and shared with other services



NHS XXX Integrated Care Board (ICB)

Raizer & HelpFall Implementation - Quarterly Report

Number of Reported Falls: 53

Major Injury or Symptoms 8

Minor Injury or Symptoms 16

No Injury or Symptoms 29

Insights

- Bedrooms are the most common location of a fall
- Loss of balance is the most commonly reported cause of a fall
- 60% of falls have occurred before 9am

Key Performance Indicators (KPIs)

Measurable	What good looks like	Actual
Number of falls in care homes managed in community settings (%)	75%	82%
Reduction in number of ambulance call outs to falls in care homes (%)	70%	72%
Reduction in number of 'no abnormality detected' conveyances from falls in care homes (%)	78%	78%
HelpFall Uptime	99.9%	99.94%

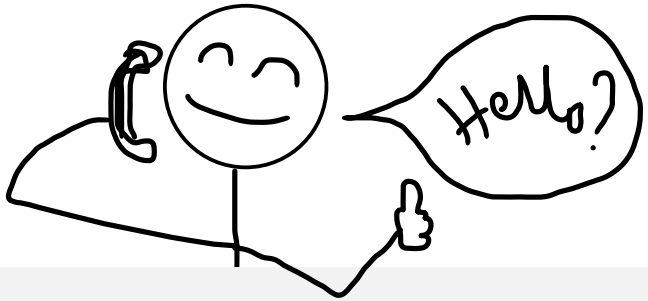
Updates and Feedback

SAMPLE

Implementation Checklist

Key decisions to be made

- ❑ Where to implement falls response with equipment
- ❑ What equipment and algorithm to provide
- ❑ How to provide training
- ❑ Managing servicing
- ❑ How to procure the equipment
- ❑ How to communicate the project details to the care homes
- ❑ How to monitor and report on the results of the implementation



Want support?

Set up a call with us to share best practice and to help get your implementation started to be able to meet your goals this Winter.

Book a call

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Thanks for joining!

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