



Trust pilots a project to empower volunteers to lift non-injury fallers and improve outcomes for older people, resulting in community first responders managing 77 per cent of incidents

CATEGORY:

[HSJ Patient Safety Awards 2018 / Care of Older People](#)

AWARD:

Winner

Challenge

- Non-injurious falls are predominantly assigned the lowest level of response priority
- At times of high demand patients may experience unacceptably long waits, as ambulances are diverted to critically ill patients
- Reduce response time and improve the quality of care for older patients

Action

- Piloted the Community First Responder (CFR) falls project to empower volunteers to assess non-injurious fall incidents
- Used a decision support tool and mechanical lifting aids to assess and lift fallen patients
- Developed a method of identifying and dispatching CFRs to appropriate incidents
- Enabled control clinicians to validate the CFR assessment and discharge on scene
- Provided access to remote clinician support

Result

- Resulted in 77% of incidents being managed by CFRs, saving 148 hours of operational time
- Decreased response time by 12.5% and saved £10,895.28
- 31.4% increase in availability of participating CFRs
- 39.4% increase in allocations to participating CFRs
- Resulted in zero adverse events and achieved 92% quality compliance for clinical records

* Please provide a brief outline of your work.

The aim of the project was to evaluate whether volunteer Community First Responders, who already responded to critically unwell 999 calls in their local community with Paramedic back-up, could be equipped and trained to assess and lift patients, with telephone clinical support.

Non-injurious falls are predominantly assigned the lowest level of response priority (C4). Whilst clinically appropriate, at times of high demand, patients may experience unacceptably long waits, as ambulances are diverted to critically ill patients. A clinical review of non-injury fall incidents was conducted and established that the average patient age was 81years, response times ranged from 3-545 minutes.

* Please describe the actions you took to achieve your result.

The project team consisted of:

- Project Manager
- Senior Clinician- Medical Directorate
- Manager Community First Responder Manager (CFRs)
- Control Centre Dispatcher.

A key reason for success was that the team crossed normal departmental boundaries, with individuals working with the common aim of improving the care of older patients. The project had full support from the Trust's Directors, with oversight provided by the Clinical Director, who had experience of managing such delayed calls within the Control Centre.

Following a positive feasibility study in April 2017, this project was initiated. The project team engaged with key frontline staff and volunteers at the outset in order to develop an effective operating model. CFRs had not regularly been dispatched to incidents where the patient was not likely to require conveyance to hospital.

This was the first time that CFRs had been empowered to:

- assess fallen patients using a decision support tool
- lift, where appropriate, using mechanical lifting aids
- enable control clinicians to validate the CFR assessment and discharge on scene.

Seventeen CFR groups were selected across the Trust, with training being delivered by local Community Responder Officers, before lifting equipment was issued. Significant work was required in the Control Centre to develop a method of identifying and dispatching CFRs to appropriate incidents.

Robust governance processes, with detailed evaluation and clear stop criteria, were developed to ensure patient safety. CFRs and Control staff were engaged at the outset.

The Trust's Right Care project had already embedded a culture of encouraging feedback from staff, with around 2,800 feedbacks received per annum. In addition to normal feedback routes, including Datix, a survey was created specifically for the project, with 78 responses being received from staff and volunteers.

Volunteers were also supported by regular face-to-face meetings. A feedback log was maintained and suggestions have informed changes to practice and guided plans for phase two. Improvements have included a change to the lifting equipment used, adjustments to the patient clinical record and enhanced access to remote clinician support.

CFRs are volunteers therefore no additional staff costs were incurred.

The total cost of lifting equipment used for the project was £23,659.75 exc. VAT. As a result, in eight weeks, 88 ambulance responses were not required, as these incidents were managed by CFRs with remote clinical support.

Based on the Trust's published reference costs, each incident resulted in an efficiency saving of £123.81, equating to an overall saving of £10,895.28.

* Please list the most significant results

Over the first 8 week period:

- 12.5% decrease in response times
- 77% of incidents were managed by CFRs using the decision support tool and remote clinical support, without the need for an ambulance response.
- 148 hours operational time saved- time reinvested to attend time critical patients.
- £10,895.28 efficiency saving.
- 31.4% increase in availability of participating CFRs
- 0 adverse incidents or SIs
- 98% of survey respondents felt that the pilot was important/very important to patient care.
- 92% quality compliance for clinical records.
- 39.4% increase in allocations to participating CFRs
- 100% of survey responses supported expansion of the project

* Describe how your project has spread to other teams, departments or organisations

SWASFT's Senior Leadership Team has supported the adoption of the concept, which has become embedded as normal practice. A decision has been made to expand the project to further groups. There is significant scope to scale up the lifting scheme with an additional 441 CFR groups eligible within the SWASFT area.

The Trust plan to use charitable funds to purchase lifting equipment in order to increase the speed of the expansion. With around 40,000 CFRs supporting ambulance services across the UK, there is considerable scope to expand the concept nationally, in order to benefit many thousands of older patients.