Same Day Emergency Care Programme, London: Falls in People Aged ≥ 65 Without Injuries OR With Injuries that Do Not Require Surgical Intervention

Outline of document

Version	1.3	
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The following document outlines the falls same day emergency care pathway from referral route to gold standard in-hospital pathway for London.

Governance Steps	**Date**	**Version produced**
Pathway drafted by London SDEC falls clinical pathway group	September 2020	1.1
Invitation for Comments from London Integrated Care Systems	October 2020	
Second draft following review of comments in Pan London SDEC Falls Meeting	13 November 2020	1.3
Version 1.3 Approved by London CAG	19th November 2020	1.3

Inclusion Criteria

- Falls in patients aged ≥ 65 without Injuries OR with Injuries that Do Not Require Surgical Intervention

Exclusion Criteria

- Immediate or potentially life threatening or limb threatening presentations
- Major trauma (note that for people with frailty, this can arise as a result of low impact trauma)
- Head injury with Acute Confusion and/ or Headache and/ or New Seizures
- Suspected lower limb fractures
- Suspected spinal fractures
- Condition(s) that require time critical investigations and treatments e.g. myocardial infarction, stroke, sepsis, acute abdomen, gastro-intestinal bleeding
- NEWS2 aggregate score >4 OR any individual parameter with score of 3

Gold standard in-hospital pathway

Same day emergency care (SDEC) is the provision of same day care for emergency patients who would otherwise be admitted to hospital. It is a process delivered by staff with appropriate competency to add value to the patient journey, and not necessarily defined by teams or locations in the hospital. The principle is to assume that all unplanned attendances of older people with falls are appropriate for SDEC unless proven otherwise. Arrangements need to be in place to proactively pull patients through the system, often requiring senior decision making.

This document aims to provide guidance on patient selection and assessments. It is not intended to replace existing pathways that work well. The priority when a person presents with falls is to look for any medical illnesses and injuries that require urgent attention, and optimise pain control. Older people presenting with falls is a very diverse group, and not all older people who fall have frailty. However, frailty screening for people aged ≥65 should be embedded into the assessment as per national guidance, for example by using the Clinical Frailty Scale.

Depending on level of need and arrangements of local services, discharge can be supported by rapid response teams, home-based or community-based rehabilitation services, reablement services, and other community therapy teams.

Initial Clinical Assessment

Patients directed to an SDEC environment should have a nursing assessment with calculation of NEWS2 score within 30 minutes of arrival.

Patients should be assessed by a clinician capable of initiating treatment and investigation within 1 hour of arrival.

Screening and Assessment for Falls

A person presenting with a single, non-injurious fall who has normal gait and balance is considered to be at low risk of recurrent falls. Simple tests for gait and balance that can be used in an urgent and emergency care setting include “30 second sit to stand”, “5 step balance scale” and “Timed up and go”.

People who have problems with gait and balance, 2 or more falls in the last 12 months, or falls resulting in injuries are at higher risk of further falls. They require further assessments which should include:

- Falls history
- Medical assessment
- Basic vision and hearing screen
- Cognitive assessment e.g. 4AT
- Functional assessment
- Fracture risk assessment e.g. FRAX
- Medications review

These assessments should be completed during their same day emergency care episode where possible. Otherwise, robust plans should be made to ensure continuity of assessments in primary and community care, and/or appropriate referrals made to specialist services.

People who are at high fracture risk and/or those with fragility fractures requiring more input for fracture prevention should be referred, typically via Falls Clinics or Fracture Liaison Service.

For people with moderate to severe frailty, acute frailty services should be involved in assessments and decision-making.

Proposed Framework

<table>
<tr><td colspan="5">≥ 65 y.o. presenting acutely with falls, clinically appropriate for Same Day Emergency Care
- Screen for frailty using Clinical Frailty Scale (CFS)</td></tr>
<tr><td>Screening</td><td colspan="4">- Look for precipitating acute illness for falls, and screen for drugs and alcohol mis-use
- Distinguish between syncopal and non-syncopal reasons for falls
- Look for injuries, optimise pain control
- Ask about previous falls in last 12 months
- Test balance and gait
Any of: Injuries, ≥ 2falls in last 12 months, abnormal balance and gait indicate high risk of recurrent falls</td></tr>
<tr><td></td><td>CFS 1-3
<u>Low</u> risk for recurrent falls</td><td>CFS 1-3
<u>High</u> risk for recurrent falls</td><td>CFS 4-6
<u>ALL</u> patients in this frailty category</td><td>CFS 7-9
<u>ALL</u> patients in this frailty category</td></tr>
<tr><td>Multi-disciplinary Assessments</td><td>- As directed by any problems identified</td><td>- Falls history
- Medical assessment
- Basic vision and hearing screen
- Cognitive assessment e.g. 4AT
- Functional assessment
- Fracture risk assessment e.g. FRAX
- Medications review</td><td>- Refer Same Day Acute Frailty Service as per local protocol
- Check shared records e.g. Coordinate My Care (CMC)
- Falls history
- Medical assessment
- Basic vision and hearing screen
- Cognitive assessment e.g. 4AT
- Functional assessment
- Fracture risk assessment e.g. FRAX
- Medications review</td><td>- Refer Same Day Acute Frailty Service as per local protocol
- Check shared records e.g. CMC
- Falls history
- Medical assessment
- Basic vision and hearing screen
- Cognitive assessment e.g. 4AT
- Functional assessment
- Fracture risk assessment e.g. FRAX
- Medications review</td></tr>
</table>

Proposed Interventions	- As directed by any problems identified - Wound management e.g. suturing and fracture/ dislocation management e.g. manipulation under regional anaesthesia and plastering as indicated - Lifestyle advice on falls prevention	As per LOW risk group PLUS - Acute therapy input - Medication optimisation if available - Appropriate social care and reablement support	- As directed by any medical problems and frailty syndromes identified - Acute therapy input - Medication optimisation - Appropriate social care and reablement support	People with severe frailty are at high risk of harmful events, and some may be approaching end of life. Multi-disciplinary assessments are needed and interventions have to be personalised. Ideally, Same Day Acute Frailty Service should be involved before discharge. If this is not possible, then urgent follow up is needed for completion of comprehensive geriatric assessment, and GP need to be informed by following working day.
Follow Up	- As directed by any problems identified - Written information on support and self -management for falls - Written information on local strength and balance exercise options - Written information on self-assessment for frailty symptoms	As per LOW risk group PLUS - Community therapy if indicated - Complete assessments by in primary care or outpatient clinic if necessary - Refer Falls Clinic, Fracture Liaison service or other specialist services if indicated	- Written information on support, self -management of falls, frailty - Refer as indicated: ○ care navigation ○ strength and balance training ○ community therapies ○ social services ○ arrangements for completion of CGA (GP or specialist services) ○ Falls Clinic, Fracture Liaison service or other specialist services if indicated	

Criteria for escalation from SDEC

- Problems uncovered during SDEC assessments e.g.
  - acute medical condition(s) that require ≥24 hours hospital admission
  - frailty syndrome that warrants ≥24 hours hospital admission
  - injuries that require ≥24 hours of in-patient observations and/or further imaging e.g. intracerebral bleed, spinal injuries where stability is in question
- Severe pain that requires ongoing up titration of analgesia
- Bed-based rehabilitation requiring ≥24 hours to transfer to another facility
- Complex discharge planning requiring ≥24 hours to resolve

Criteria to remain under ambulatory/ SDEC review

- NEWS2 ≤4 (and no single parameter with score of 3) unless clinician confirms variation acceptable as norm for patient
- Expected to be off hospital-based treatments within 24hrs e.g. oxygen, intravenous fluids, intravenous antibiotics more than twice a day
- Valid advance care plan stating patient does not wish to be admitted to hospital

Discharge Criteria

- NEWS2 ≤4 (and no single parameter with score of 3) unless clinician confirms variation acceptable as norm for patient
- Off hospital-based treatments e.g. oxygen, intravenous fluids, intravenous antibiotics more than twice a day
- Pain under control on oral analgesia
- Function can be supported at home with extra care if necessary
- Follow up for completion of falls assessments arranged

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Transfer Decision Tool

<table>
<tr><th>Community</th><th>SDEC</th><th>ED</th></tr>
<tr>
<td rowspan="2">- NEWS2 ≤4 (and no single parameter with score of 3) unless clinician confirms variation acceptable as norm for patient
- No injuries or minor cuts/ abrasions/ bruising
- Function can be supported in community with extra care if necessary
- No clinician concern over underlying acute medical illness that has precipitated falls and which requires conveyance to hospital e.g. cardiac sounding chest pain</td>
<td>- NEWS2 ≤4 (and no single parameter with score of 3) unless clinician confirms variation acceptable as norm for patient
- Unexplained postural hypotension
- Suspected upper limb fracture
- Long lie ≥2 hours
- Friction burns or minor burns
- Head injury (no other symptoms) in person living alone</td>
<td rowspan="2">- Immediate or potentially life threatening or limb threatening presentations
- Major trauma
- Head injury in people on anticoagulants (warfarin, direct oral anticoagulants, treatment dose low molecular weight heparin)
- Head injury with Acute confusion and/ or Headache and/ or New seizures
- Suspected lower limb fractures
- Suspected spinal fractures
- Condition(s) that require time critical investigations and treatments e.g. myocardial infarction, stroke, sepsis, acute abdomen, gastro-intestinal bleeding
- NEWS2 aggregate score >4 OR any individual parameter with score of 3</td>
</tr>
<tr>
<td>Same Day Acute Frailty Service
- Acute confusion (with no history of head injury)
- Acute decline in mobility
- Frequent falls</td>
</tr>
</table>

111/Integrated Urgent Care Pathway

To follow

London Ambulance Crew on Scene Pathway

To follow

References

Exercise for preventing falls in older people living in the community. Cochrane Database of Systematic Reviews 2019, Issue 1 https://www.cochrane.org/CD012424/MUSKINJ_exercise-preventing-falls-older-people-living-community
Interventions for preventing falls in older people in care facilities and hospitals. Cochrane Database of Systematic Reviews 2018, Issue 9 https://www.cochrane.org/CD005465/MUSKINJ_interventions-preventing-falls-older-people-care-facilities-and-hospitals
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NICE: Osteoporosis: https://pathways.nice.org.uk/pathways/osteoporosis
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'The Silver Book'(Intercollegiate, Jun 2012) https://www.bgs.org.uk/resources/silver-book