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**Title: Occupational Therapists and Paramedics working together to
Reduce Admissions to the Emergency Department: A Marriage of
Opportunity!**

Speaker: Claire Williams

Lead Occupational Therapist on the Falls and Frailty Team

Emergency Department Occupational Therapist



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A joint initiative between SCAS and the RBHFT to better serve the needs of our older population.

An acute multi-disciplinary team response to older patients with falls, injury or illness providing on scene assessment and treatment.

Treating patients who have fallen, living with frailty, complex needs, and a requirement for further support and assessment avoiding the need for hospital admission.

SCAS  @SCAS999 · 18 Mar
Paramedic Alex & Occupational Therapist Claire are delivering our innovative Falls & Frailty Response in West Berks today. This partnership with [@RBNHSFT](#) meets more clinical, functional & mobility needs of older people, so more treated at home & with reduced risk of future falls





Developed by Spencer Winch – Specialist Paramedic as part of his Advanced Clinical Practice studies/ Quality Improvement Project.

Identified that the older population presenting to 999 with falls were a neglected group

One year pilot project: Joint working between Spencer and an Occupational Therapist

- Early falls prevention
- Pre-hospital assessment
- Functional assessment
- Cognitive assessments
- Equipment
- Care needs and onward referrals
- Sutures
- Some medications

In own
home is
key!



The Challenge

Falls and Frailty in older adults can lead to adverse outcomes

Co-morbidities, living longer and living sicker increasing the pressure on the NHS

Health and Social Care struggling with funding cuts

Hospitals are disorientating and the risk of harm and injury to older people increases:

- Falls

- Infections

- Deconditioning

- Medication errors or over prescribing



Target Group

65 +

Living with frailty

Fall but thought to be non-injured

Geriatric syndrome of confusion, immobility, feeling generally unwell

Saturday 0700 – 1900



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How it works:

Patient (may) falls

Press call alarm/carer/spouse

999

FFR blue light response

On scene to get patient off the floor

Pre-hospital clinical assessments

OT assessments

Aim to keep patient at home!





220 patients seen

170 via 999, 28 crew referrals, 22 via 111

109 treated/discharge on scene

20 onward community referrals

3 referrals to the GP

4 referrals to the Falls Clinic

11 referrals to Rapid Access Clinic for Older People

3 transferred to a Community Hospital

22 transferred to hospital immediately

48 transferred to hospital with delay i.e. on a 2 hour pick up

SCAS conveyance rate (amount taken to hospital) was 47.6% pre FFR. Post FFR the data showed a 15.6% improvement rating



67% were able to be treated at home (147)
33% taken to hospital (73)

Key Performance Indicator for the future – to remain at or below 33%!!

CELEBRATING PATIENT FLOW
SUCCESS

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The South Central Ambulance service has been rated 'Good' after a recent inspection of its services

"It was particularly pleasing to see that the inspectors identified a number of areas of outstanding practice, such as our **pioneering Falls and Frailty Service partnerships that help keep frail and elderly patients out of hospital.**

CQC inspectors visited SCAS in July and August and the report was published on Tuesday, November 6.





Year End Review

- 388 patients attended to by FFR
- 285 remained at home
- 103 taken to hospital

Non-conveyance rate of 74%

Conveyance rate of 27%



Under our Key Performance Indicator



Taken to hospital?

- Fall due to a stroke
- Possible limb injury
- Hip fracture
- New onset confusion
- Long lie
- Observations deranged – i.e. high temperature not resolving with paracetamol
- New onset of AF



Improvements

- If the patient is taken to A&E we send them with an OT assessment form that details their home assessment and their functional abilities
- Aim is to facilitate early and proactive discharge planning



Remained at home?

- Lady who fell while doing her exercises
- Slipped getting out of the shower
- Slipped over shoes
- Misjudged step
- Misjudged where walking aid was
- Fell out of bed
- Fell off the commode
- Tripped over pet
- Fell while going to toilet at night
- Getting over a period of hospitalisation
- Feeling generally unwell



Cost savings??

- Difficult to report on exact cost savings due to impact and variability of OT input and pre-hospital assessments at home
- E.g. suturing at home, onward referrals to GP, equipment provided, referrals to voluntary sector
 - But we are saving on un-necessary bed days and keeping people at home



- Reducing future demand pressure through early intervention
- Reducing conveyance to A&E - releasing core ambulance crews
- Gaining experiencing & knowledge through partnership working
- Preventing hospital admission & improving patient experience
- Public Health England has identified that a home hazard assessment delivers a return on investment of £3 to every £1 spent on preventing falls



Other benefits

- Reduction in number or repeat/future falls due to improved assessment and management of risk factors at home
- Reducing fear of falling and improving quality of life
- Helping to keep people independent and enable people to stay in their own homes
- Community based alternative care pathways



- Overall a better option for the patient as admission increases risk of dependency on care which can lead to increasingly complex discharges reliant on packages of care
- Not just about cost but about the experience for the patient
- Aim to serve as an “instead of” not an “as well as” falls team



Case Studies

PC: Fall in hallway

PMH: Dementia and anxiety

SH: Lives alone in sheltered accommodation with a TDS package of care

On arrival, patient on the floor, covered with a blanket. Had been found by warden who called 999.

Does have a falls detector but as was going to pick up a letter, had not yet put it on.

On assessment, patient complained of no pain and was assessed as safe to get off the floor.

We used the Mangar cushion to lift patient and then she mobilised with her walker to her chair.

All observations were within normal range and no apparent injuries from the fall.

Made her a cup of tea, ensured she had a sandwich, informed relatives and left her at home.

Patient already well supported in community with GP appointment booked for later in the week and was due to have Community Physiotherapy input within the next fortnight



PC: fall from bed while reaching over to answer the phone. Sustained a laceration to side of face and cut to leg

PMH: raised BP.

SH: Lives alone in a bungalow with no care. Supportive family and neighbour

On arrival, we were greeted by neighbour who took us to patient. Patient was sat on the floor next to her bed. Small gash to right jawline and skin flap to left shin. Neither of them were actively bleeding.

Assessed to have no other injuries so assisted off the floor with the Mangar cushion.

Patient mobilised to armchair with frame and was independent with her personal care.

Once in armchair - wound on leg was treated and dressed by Specialist and steri stripped.

Leg bandaged and call made to District Nurse to book appointment for review.

No treatment for cheek other than small dressing.

All equipment and support in place - accidental fall as she leant out of bed to answer the phone. Otherwise, fit, well and active.



PC: patient was on floor checking meter readings - unable to get up

PMH: asthma and leg ulcers

SH: lives alone in warden controlled flat

Call came through as on floor, on hands and knees stuck in cupboard!

On arrival, patient sat on the floor in the kitchen. No apparent injuries.

Assisted off the floor using the Mangar cushion.

Patient had been on the floor checking her meter reading and it was a shock to her to not be able to get up. Normally really fit and well and does own shopping and walks to GP to have ulcers dressed.