South East Coast Ambulance Service NHS
NHS Foundation Trust

Community Falls Team
Model of Care

Contents

1 Statement of Aims and Objectives

1.1. This document defines the Model of Care (MOC) for the deployment of the Community Falls Team (CFT) to patients that have fallen and are unable to be coached up from the floor or otherwise get themselves up.

1.2. South East Coast Ambulance Service NHS Foundation Trust (the Trust) is committed to providing high quality patient care. The Trust recognises that there is a significant risk to a cohort of patients that fall, who are unable to get themselves up again and go on to develop further illness, injury and have periods of potentially unnecessary admission to Hospital due to experiencing an elongated period on the floor prior to Trust resources attending. This has been assessed as a risk to the Trust and has been entered on the Risk Register accordingly.

1.3. By using a Community Falls Team (CFT) it is envisaged that both the level of patient safety will improve, and the risk identified will be mitigated as far as reasonably possible.

1.4. This document is applicable to all clinicians in the Trust, Volunteers and members of associated organisations that will respond to this cohort of patients on behalf of the Trust and sets out the scope of the Community Falls Team and clinical practice to which clinicians and others must adhere.

2 Principles

2.1. The Trust will respond, in partnership with other agencies, to these patients in a timely manner, whilst paying due regard to the Ambulance Response Programme performance standards. By using this type of model, the Trust aims to minimise the time that these patients are left on the floor.

2.2. The Trust and other agencies involved recognise that the effect of being on the floor for more than 30 minutes is a point at which the risk profile increases for these patients and they begin to suffer further harm including, but not limited to the following:

- Tissue Viability issues (pressure wounds)
- Burns from external heat sources and urine
- Faecal incontinence
- Pneumonia
- Rhabdomyolysis
- Psychological harm
- Mobility loss

2.3. The Trust will use an interrupted care approach to these patients which will be broken down into stages as described by the associated procedure.

2.4. The intention is that, where clinically safe, the CFT will act as the primary response and be able to leave the patient at a suitable time for further assessment by Trust Clinicians.

2.5. If it is felt that the patient cannot be either lifted from the floor to a bed or chair due to injury, illness or other factor a Trust resource will be despatched as per the Trust's dispatch policy.

2.6. The CFT will not only provide a Primary assessment of the patient but they will apply comfort measures such as assisting a patient to access a Toilet or ensuring that hydration needs are met but they will not provide intimate personal care.

3 Success Criteria

3.1. The Trust will build a cohort of responders from a range of suitable partner organisations that will provide a primary response, on behalf of the Trust, to those unable to get up and at risk of further harm following a fall.

3.2. A reduction in the length of time that patients remain on the floor, thus preventing further harm and deterioration in patients' health and improving their long-term outcomes. Benchmarking to show success as a continuous improvement.

3.3. The Trust aims to see a reduction in the number of SIs being reported due to delays in patients being on the floor.

3.4. The number of patient complaints regarding long delays for those who have fallen should reduce, enhancing the reputation of the Trust with the community.

4 Definitions

4.1. Community Falls Team (CFT) describes the team that, where available, is the trust approved response to a patient that has fallen.

5 Responsibilities

5.1. The **Executive Medical Director** holds the Trust responsibility for patient safety and the provision of patient care.

5.2. The **Executive Director of Operations** has responsibility for implementation of this model of care and associate procedure.

5.3. The **Consultant Paramedics** (Urgent & Emergency Care) will have accountability for maintaining the falls model of care.

5.4. The **Head of Community Resilience** is accountable for maintaining the governance of all CFT members.

5.5. The **Emergency Services Collaboration Manager** (ESCM) is responsible for maintaining relationships with FRS, including any required agreements and compliance with Trust requirements.

5.6. All **Trust employees, volunteers** and colleagues from agencies that form part of the CFT are responsible for following this model of care.

6 Education and training

6.1. All CFT members will have completed a Trust recognised First Responder Course.

6.2. All CFT members will have completed a Trust recognised Falls course which will include topics such as Frailty, Patient Handling, and the use of associated equipment and how to apply comfort measures to a patient.

6.3. All CFT members will have access to local Paramedic Practitioner Hubs which will facilitate ongoing CPD events including Falls Forums to review cases.

7 Audit and Review

7.1. This document and associated documentation will be audited by the Community Falls Team Group at regular intervals, and initially six months after the model of care was approved and disseminated.

7.2. Effectiveness will be reviewed using the tools set out in the Trust's Policy and Procedure for the Development and Management of Trust Policies and Procedures (also known as the Policy on Policies).

7.3. This document will be reviewed in its entirety every three years or sooner if new legislation, codes of practice or national standards are introduced, or if feedback from employees indicates that the document is not working effectively.

7.4. CFT team members will be linked with the Paramedic Practitioners in their local Urgent Care Hubs to facilitate reflection and learning from incidents under the supervision of the Community Resilience Leads

7.5. The project team will review the arrangements from implementation at 1 week, 1 month, 3 months and 6 months where a recommendation will be made as to whether or not this activity will be considered as Business as Usual (BAU).

7.6. The above frequency may be decreased in the event of a new development or adverse incident however, the frequency will not be increased.

7.7. CFT PCRs and incidents will be stored in the standard Trust methodology and will be available for clinical audit purposes.

7.8. All changes made to the model of care will go through the governance route for development and approval as set out in the Policy on Policies.

8 Associated Trust Documentation

8.1. The Community Falls Team Procedure

8.2. The Scope of Practice and Clinical Standards Policy

8.3. Health and Safety Policy and Procedure

8.4. Urgent Care Toolkit

8.5. Incident Resourcing, Deployment and Management Standing Operating Procedure

8.6. Community Falls Patient Clinical Record

9 References

9.1. ISTUMBLE post falls assessment tool, originating in West Midlands Ambulance service.

9.1.1. FRAT – Centre for Medicines Optimisation, Keele University.

9.2. NICE Guidance CG161 Falls in older people: Assessing Risk and Prevention.

9.2.1. JRCALC 2019 - Falls in older Adults.

9.2.2. Association of Ambulance Chief Executives (AACE) Falls Response Governance Framework for NHS Ambulance Trusts.

9.2.3. Falls Response Governance Framework for NHS Ambulance Trusts - aace.org.uk.

9.2.4. Datix Procedure.

10 Financial Checkpoint

10.1. This document has been confirmed by Finance to have no unbudgeted financial implications.

11 Equality Analysis

11.1. The Trust believes in fairness and equality, and values diversity in its role as both a provider of services and as an employer. The Trust aims to provide accessible services that respect the needs of each individual and exclude no-one. It is committed to comply with the Human Rights Act and to meeting the Equality Act 2010, which identifies the following nine protected characteristics: Age, Disability, Race, Religion and Belief, Gender Reassignment, Sexual Orientation, Sex, Marriage and Civil Partnership and Pregnancy and Maternity.

11.2. Compliance with the Public Sector Equality Duty: If a contractor carries out functions of a public nature then for the duration of the contract, the contractor or supplier would itself be considered a public authority and have the duty to comply with the equalities duties when carrying out those functions.