



Falls:

An overview of falls statistics, actions and plans for minimising falls & optimising outcomes



National Data:



5268 deaths in England & Wales as a consequence of a fall (ONS Data – Registered Deaths in 2017)

- Under age 1: 0
- Over 75: 4429
- Between 1 – 74: 1199

Public Health England – Outcomes data 2016-17 (per 100,000 population)

- **575** fractured neck of femur admissions in England– vs **591** SECamb average
- **993** emergency hospital admissions due to falls in people aged 65 and over (65 -79) – vs **988** SECamb average
- **5363** emergency hospital admissions due to falls in people aged 65 and over (aged 80+) - vs **5435** SECamb average

3.21 years of life lost from an accidental falls (Office of National Statistics. Published September 2018 (reporting period 2013-2015 pooled data))

- 1.94 years Females
- 4.49 years Males



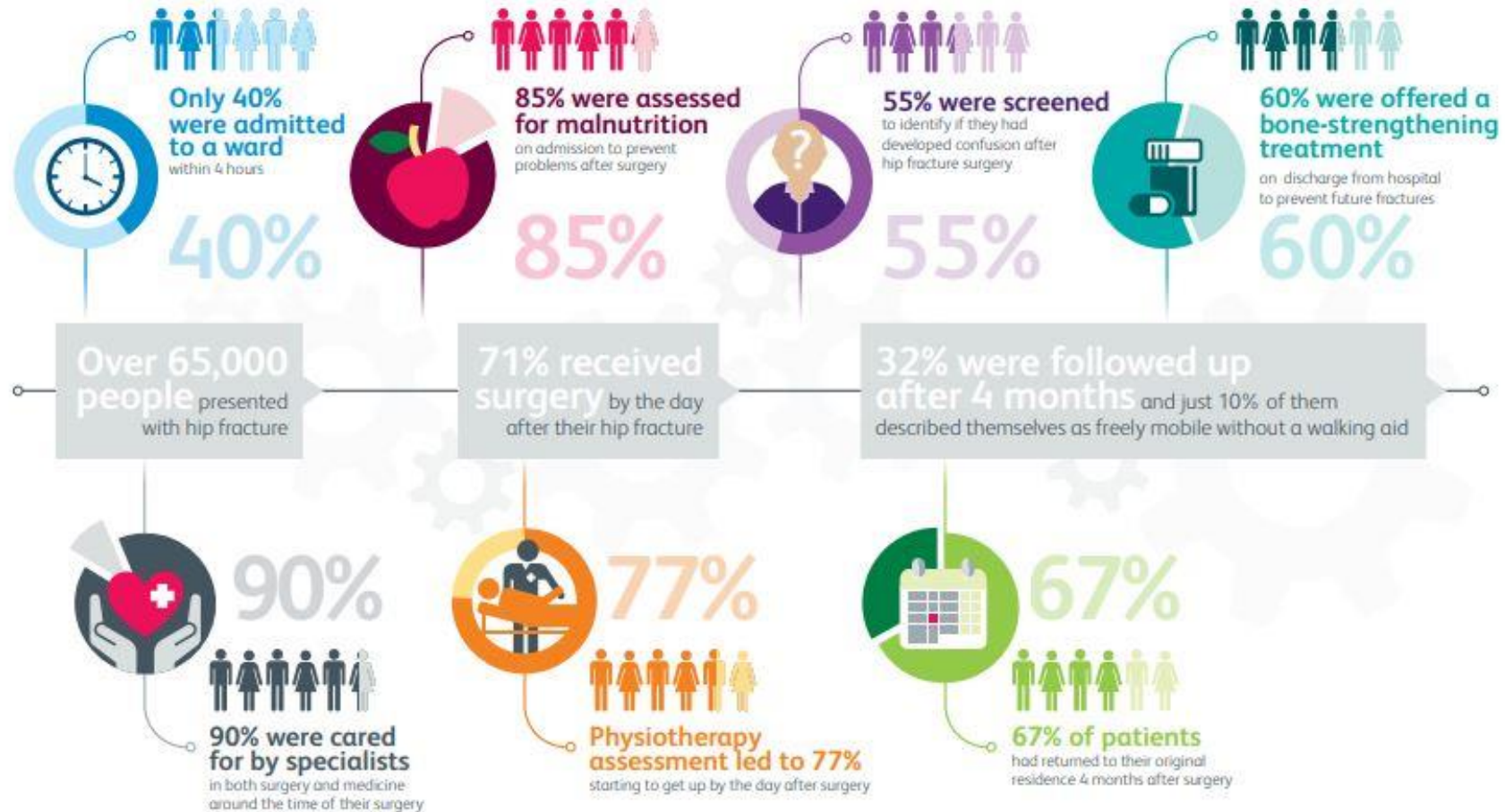


Why are falls such a problem?

- There are a number of factors which make this a whole system issue
 - Clutter in people's home **Social Care**
 - Ability to cope at home **Social Care**
 - Foot care **Chiropody Services**
 - Strength and balance **Primary Care Services**
 - Medication reviews **Primary care Services**
 - Sight tests **Self Care**
 - Alcohol **Self Care**
 - Osteoporosis and other mobility disorders **Primary Care Services**
 - Risk assessment **Primary Care Services & Community Care Services**
 - Prevention **Health Science Network & All** including Public Health England
 - Management of a fall **Ambulance Services & Community Care Services**

Patients' experience of receiving hip fracture care in 2016

Hip fracture is the most common serious injury in older people and costs the NHS and social care £1 billion per year. In 2016, over 65,000 people aged 60 or older presented to 177 hospitals in England, Wales and Northern Ireland.



National Hip Fracture Database Annual Report 2017 – Royal College of Physicians



SECAmb Performance

Quarter	Year	Falls Incidents	Falls S&C	Falls Calls from Carelines	Avg Scene To Clear(ss)	Avg Scene To Leave Scene(ss)	Avg Call Connect To Time Clear (ss)	Cat 3 Mean	Cat 3 90th Centile	Cat 4 Mean	Cat 4 90th Centile
3	2017	14705	5320	6159	01:08:50	00:51:18	02:35:34	01:27:07	03:14:25	01:35:45	03:51:28
4	2018	12182	4364	5209	01:09:48	00:53:53	02:43:41	01:20:03	03:03:33	01:46:26	04:20:37
1	2018	11052	3742	4826	01:07:09	00:52:47	02:32:36	01:12:27	02:52:19	01:39:50	03:57:19
2	2018	10838	3752	4596	01:09:04	00:53:42	02:41:31	01:17:56	02:52:00	01:25:47	03:07:05



SECAmb Performance: By Age

Age Range	Falls Incidents	Falls S&C	Falls Calls From Carelines	Avg Scene To Clear (Time at Scene S&T)	Avg Scene To Leave Scene (Time at Scene S&C)	Avg Call Connect To Time Clear (JCT)
Unknown	5693	2696	699	01:07:35	00:48:33	02:24:14
<18	193	99	1	00:46:46	00:32:25	01:39:11
19-24	99	50	5	00:50:09	00:41:21	01:56:51
25-29	73	39	4	00:46:47	00:34:57	01:41:51
30-39	195	96	22	00:57:00	00:37:26	02:07:14
40-49	546	167	227	01:03:23	00:44:02	02:25:46
50-59	1306	454	455	01:00:26	00:47:24	02:23:57
60-75	7788	2423	3473	01:06:55	00:52:53	02:36:45
>75	32884	11154	15904	01:09:58	00:54:36	02:42:34

SECAmb Performance: By CCG (top 5 in activity) – Q3 2017 - 18



Quarter	Year	CCG	Falls Incidents	Falls S&C	Falls Calls from Care lines	Avg Scene To Clear	Avg Scene To Leave Scene	Avg Call Connect To Time Clear (JCT)
3	2017	NHS COASTAL WEST SUSSEX CCG	2188	674	1050	01:14:19	00:56:56	02:58:17
3	2017	NHS WEST KENT CCG	1094	455	353	01:13:14	00:49:29	02:28:54
3	2017	NHS NORTH WEST SURREY CCG	1072	377	448	01:14:06	00:58:05	02:58:50
3	2017	NHS EASTBOURNE, HAILSHAM AND SEAFORD CCG	930	312	434	01:10:53	00:46:50	02:25:00
3	2017	NHS BRIGHTON AND HOVE CCG	905	309	414	01:07:39	00:50:44	02:25:32

SECAmb Performance: By CCG (top 5 in activity) – Q4 2017-18



Quarter	Year	CCG	Falls Incidents	Falls S&C	Falls Calls from Care lines	Avg Scene To Clear	Avg Scene To Leave Scene	Avg Call Connect To Time Clear (JCT)
4	2018	NHS COASTAL WEST SUSSEX CCG	1849	587	952	01:11:36	00:57:39	02:48:06
4	2018	NHS NORTH WEST SURREY CCG	919	313	421	01:15:22	00:51:40	02:49:36
4	2018	NHS WEST KENT CCG	834	402	280	01:13:05	00:52:36	02:58:35
4	2018	NHS EASTBOURNE, HAILSHAM AND SEAFORD CCG	754	266	377	01:10:05	00:54:09	02:31:43
4	2018	NHS BRIGHTON AND HOVE CCG	747	242	359	01:09:49	00:55:29	02:48:17

SECAmb Performance: By CCG (top 5 in activity) – Q1 2018-19



Quarter	Year	CCG	Falls Incidents	Falls S&C	Falls Calls from Care lines	Avg Scene To Clear	Avg Scene To Leave Scene	Avg Call Connect To Time Clear (JCT)
1	2018	NHS COASTAL WEST SUSSEX CCG	1745	498	960	01:04:51	00:54:00	02:36:15
1	2018	NHS WEST KENT CCG	833	350	269	01:07:54	00:49:11	02:43:03
1	2018	NHS EASTBOURNE, HAILSHAM AND SEAFORD CCG	747	256	352	01:11:44	00:51:26	02:49:31
1	2018	NHS NORTH WEST SURREY CCG	736	273	322	01:01:20	00:46:53	02:30:31
1	2018	NHS BRIGHTON AND HOVE CCG	634	197	312	01:13:28	00:52:26	02:35:03

SECAMB Performance: By CCG (top 5 in activity) – Q2 2018-19



Quarter	Year	CCG	Falls Incidents	Falls S&C	Falls Calls from Care lines	Avg Scene To Clear	Avg Scene To Leave Scene	Avg Call Connect To Time Clear (JCT)
2	2018	NHS COASTAL WEST SUSSEX CCG	1631	483	826	01:03:40	00:56:29	02:24:45
2	2018	NHS WEST KENT CCG	850	359	273	01:04:40	00:58:39	02:57:50
2	2018	NHS NORTH WEST SURREY CCG	773	274	294	01:15:42	00:51:17	02:31:10
2	2018	NHS SURREY DOWNS CCG	709	243	320	01:13:14	00:54:34	02:53:57
2	2018	NHS EASTBOURNE, HAILSHAM AND SEAFORD CCG	630	240	304	01:02:41	00:47:40	02:28:15

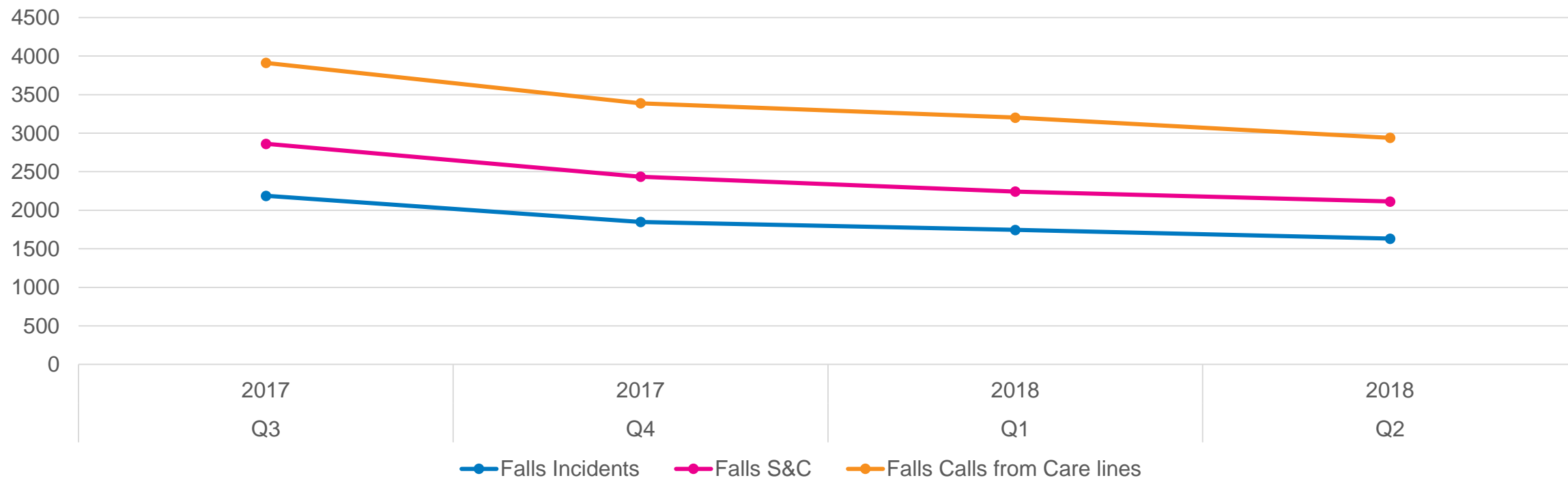


Summary of Top 5 Activity

- Careline calls make up approximately 50% of the falls activity
- Numbers of falls incidents have steadily declined over the past year
- See & Convey is on average 30% (high 48% Q4 West Kent CCG)
- Average time on scene to clear for all CCG areas is 01:10:15



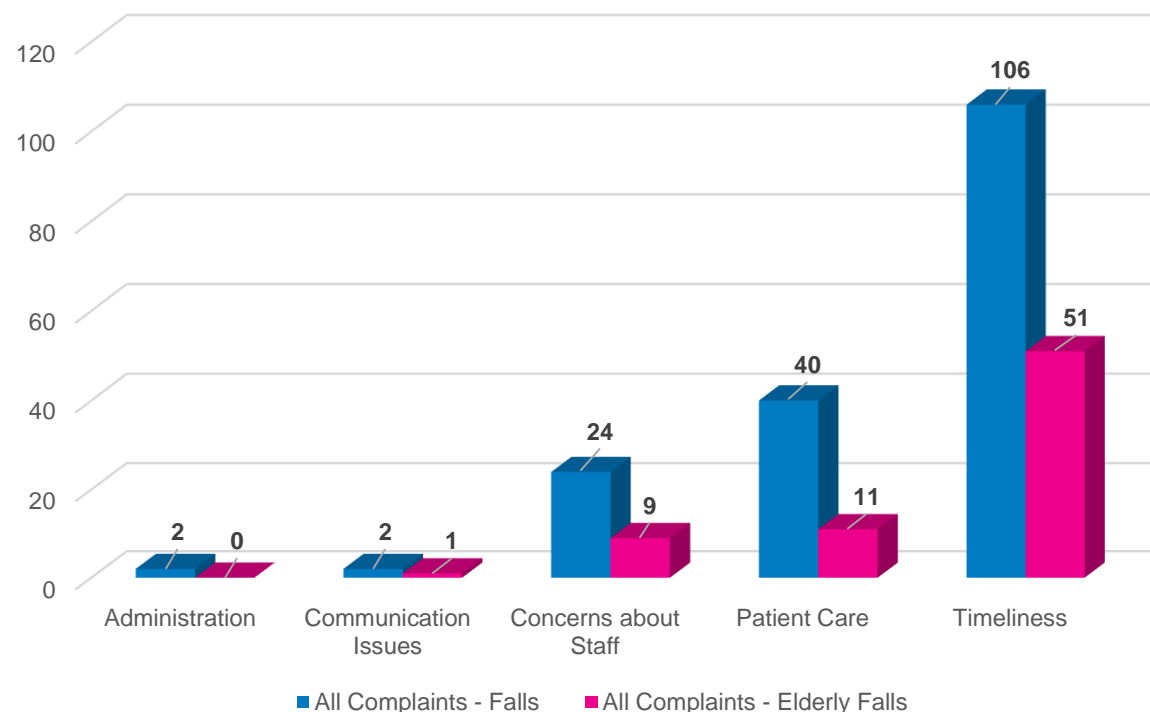
Coastal West Sussex CCG - Impact



SECamb: Experience and Outcome



- There are 174 recorded complaints involving falls for the period 01/10/2017 to 30/09/2018.
- 72 of the 175 complaints involved elderly patients (over the age of 75).
- There have been 357 incidents raised (October 2017 – September 2018)



SECAmb: Experience and Outcome

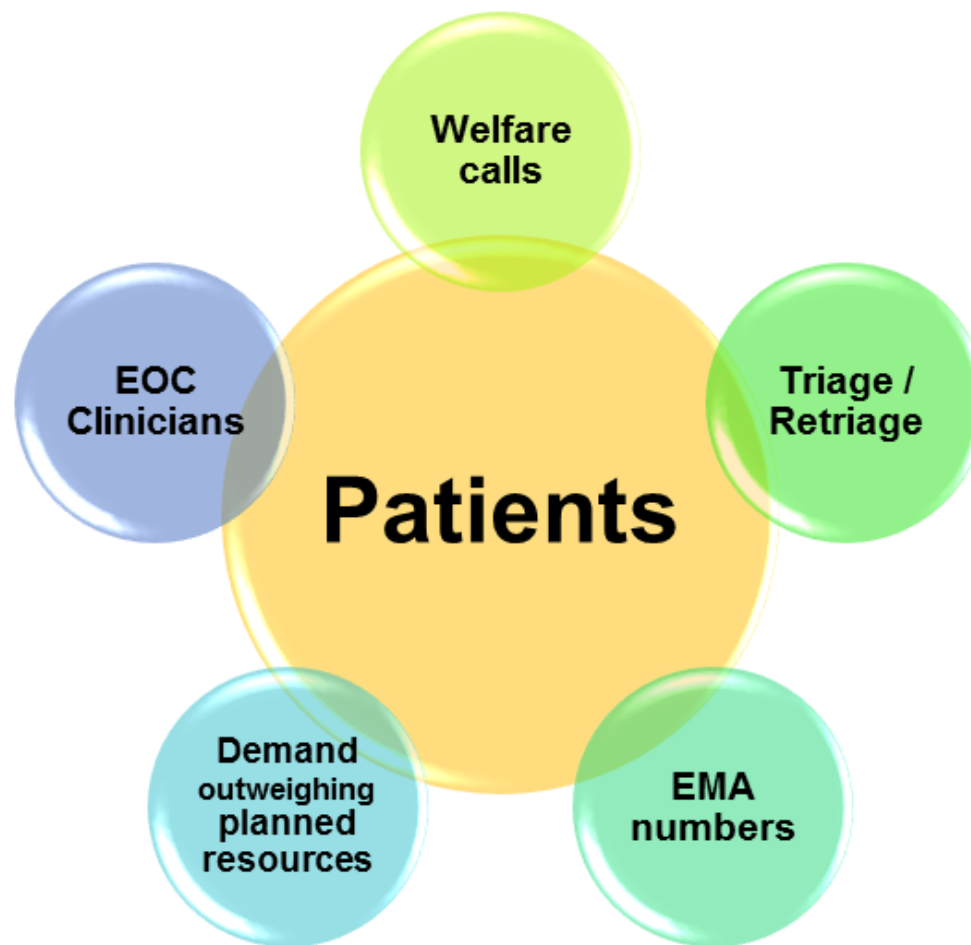


Serious Incidents:

- **Of the 16 SIs 10 were due to demand outweighing planned activity**

Outcome	Number of Serious Incidents
Closed	9
De-escalated (Downgraded)	1
Investigation Complete, Being Reviewed Internally	3
Ongoing (with Investigation Manager)	1
Submitted to CCG (Awaiting Closure)	2
Grand Total	16

SECAmb: Lessons Identified





Long Lies – Falls Patient Outcomes

A long period of immobility on the floor after a fall can result in various complications such as deconditioning, pressure ulcers, rhabdomyolysis, pneumonia, hypothermia, and dehydration. All of these conditions can have devastating effects on an individual's short term and long term health.

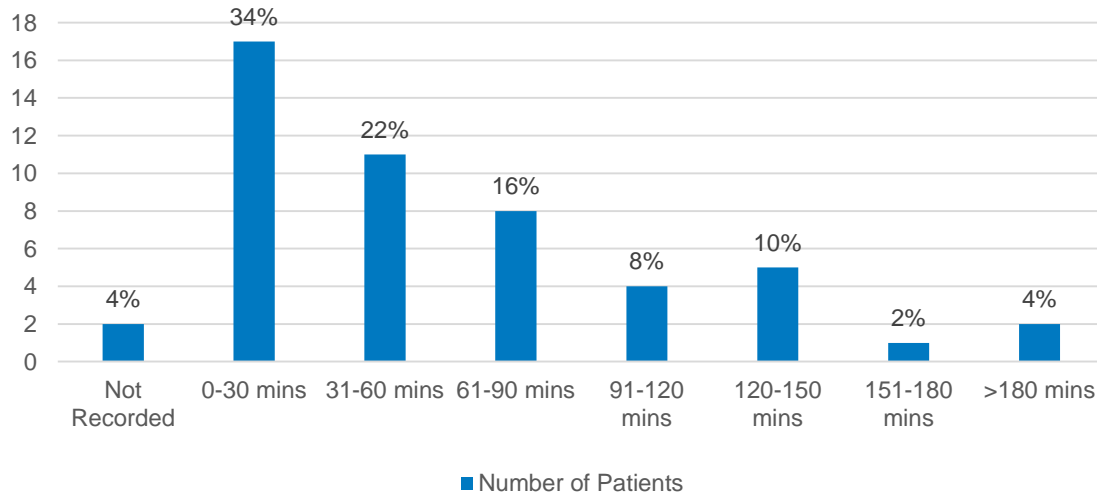
Research from 1994 states that falling is a marker of frailty and those unable to get up unaided have a 50% mortality at one year



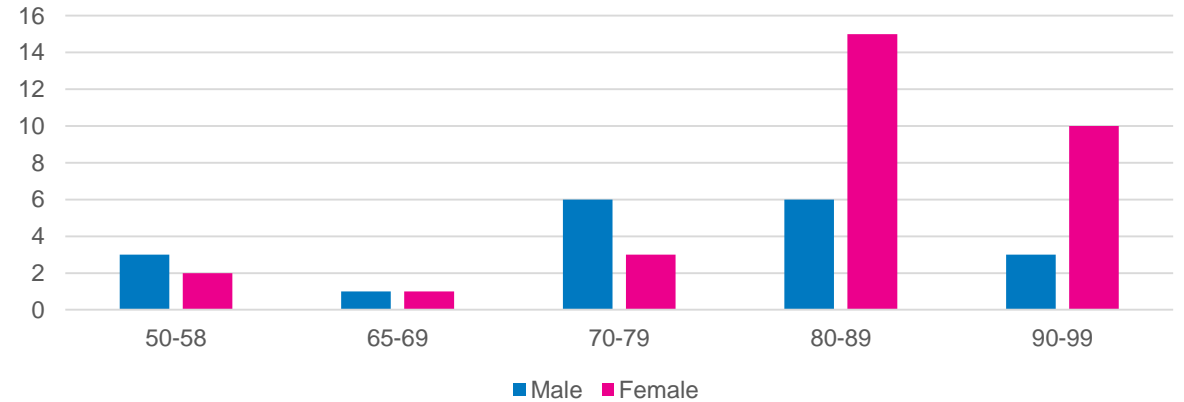
Clinical Audit – Falls Patient Outcomes

- 39,508 incidents identified between 01 December 2016 – 31 May 2017 (Pre ARP)

Potential Time Patient On Floor



Age & Gender



Clinical Frailty Scale*



1 Very Fit – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.



2 Well – People who have **no active disease symptoms** but are less fit than category 1. Often, they exercise or are very **active occasionally**, e.g. seasonally.



3 Managing Well – People whose **medical problems are well controlled**, but are **not regularly active** beyond routine walking.



4 Vulnerable – While **not dependent** on others for daily help, often **symptoms limit activities**. A common complaint is being "slowed up", and/or being tired during the day.



5 Mildly Frail – These people often have **more evident slowing**, and need help in **high order IADLs** (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.



6 Moderately Frail – People need help with **all outside activities** and with **keeping house**. Inside, they often have problems with stairs and need **help with bathing** and might need minimal assistance (cuing, standby) with dressing.



7 Severely Frail – **Completely dependent for personal care**, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months).



8 Very Severely Frail – Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness.



9. Terminally Ill - Approaching the end of life. This category applies to people with a **life expectancy <6 months**, who are **not otherwise evidently frail**.

Scoring frailty in people with dementia

The degree of frailty corresponds to the degree of dementia. Common **symptoms in mild dementia** include forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal.

In **moderate dementia**, recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting.

In **severe dementia**, they cannot do personal care without help.

* 1. Canadian Study on Health & Aging, Revised 2008.

2. K. Rockwood et al. A global clinical measure of fitness and frailty in elderly people. CMAJ 2005; 173:489-495.



SECAmb: Current Model

- Currently no corporate model across SECAmb's services
- Commissioners have commissioned locally
- No consistent metrics to measure success so comparison is difficult
- 3 pilot projects ran in 2017/18 (Brighton, North West Surrey, Coastal West Sussex)
- 1 pilot was planned to run for four days (Dartford, Gravesham and Swanley - 14 PTS 4 conveyed)



SECAmb Pilots:

Dartford, Gravesham & Swanley

- Paramedic and a Physiotherapist on a SRV
- 14 Patients treated only 4 conveyed

North West Surrey

- Paramedic and a falls nurse
- Ran from 22/12/2017 to 02/03/2018
- Attended 90 incidents, 23 patients admitted to AEU, with 67 patient non-conveyed



SECAmb: Brighton

- Two Emergency Care Support Workers
- Ran from 04/12/2017 to 18/03/2018 (15 weeks)
- 0800 – 2000
- 63 shifts covered from a possible 105
- 743 falls calls were received in this timeframe
- 429 incidents were during the working hours of the falls vehicle
- 232 incidents attended of which 183 were falls
- Only 42.66% of incidents that could have received this service did



SECamb: Coastal West Sussex

- Paramedic and Occupational Therapist working in a Paramedic Practitioner Vito with equipment
- Monday to Friday 0800 – 1600
- Started 14/05/2018 – for six months, currently being evaluated
- 150 patients treated in the first five months
- Avg response time is 46:32 minutes compared to 1:03:39 in the five months preceding the pilot
- 75% of falls calls received during this pilot were attended by this falls vehicle
- Avg time on scene 2:02:00



Comparison

- Avg response times have reduced by 16:07 minutes in Coastal West Sussex
- On scene times have increased due to patient condition as result of a long lies
- Not all Pilots have had the benefits set at the planning stage
- Brighton pilot – skill mix did not support model of care for falls patients



Summary

- A Falls model of care to be agreed for the Trust
- All older patients who fall should receive a 12-lead ECG recorded as per JRCALC Guidelines. This must be interpreted by the assessing clinician.
- Project A – National Falls framework – improving the response to falls
- All Pilots going forward must have the same reportable KPIs to aid comparison