

K466; keeping elderly fallers at home, in their own beds - and out of the ED



London Ambulance Service NHS Trust

North East London NHS Foundation Trust

When an elderly person falls in their home, they call 999. The attending crew then have a choice – leave the person at home with no on-going support or intervention, or convey them to the emergency department (ED).

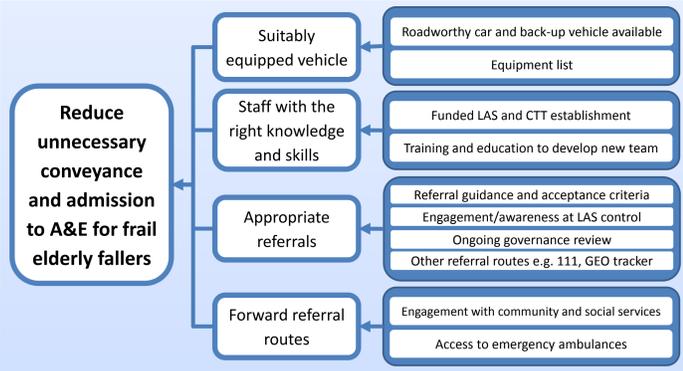
34% of all London Ambulance Service (LAS) conveyances to Queen's ED in Romford are patients aged 75yrs and over. A significant proportion of these attendances are due to falls, they don't need to be in hospital, and could have been better cared for at home. This takes ambulances that could be attending elsewhere off the road, clogs up ED, and for the majority of this group of patients results in an inpatient stay of at least one night [1]

Using winter pressures funding, we set up a learning collaborative of community nurses and paramedics, to try to reduce unnecessary ED attendances for frail, older people in North East London.

Objectives and methods

The collaborative sought to use their combined expertise to work together on setting up a service to respond to low acuity fallers, with the intention of assessing and treating on scene, with the aim of keeping the patient at home wherever safe to do so.

We utilised the available funding to run a Falls Specialist Response Car, provided by the LAS and known as call sign K466, staffed with a Community Treatment team (CTT) nurse and a paramedic.



We used Plan-Do-Study-Act (PDSA) cycles to test our referral routes and criteria, and our acceptance criteria, using the driver diagram opposite to liaise with all our stakeholders and consider the function of the entire system.

We sought to:

- Provide a service for frail fallers that lets them stay safely in their own homes
- Define referral criteria to identify those patients most likely to be suitable
- Work with community providers to enable referrals direct from the K466 team
- Release desperately needed ambulances to attend other emergency calls
- Reduce pressure on Queens A&E and acute inpatient beds
- Get commissioned for FY 2015/16

In addition the weekly PDSA teleconferences with representatives from LAS and CTT, our Quality Improvement (QI) Coach and the CCG, we also held regular clinical governance meetings with LAS and CTT doctors to ensure our service was safe and our patients have positive outcomes.

This has been a genuinely successful scheme, with overwhelmingly positive patient feedback, and we have been commissioned by the local CCG for 2015/16.

We believe that this is due to several factors, not least of which;

- **Safety;** the patient still calls 999, and is always conveyed to ED if necessary, or if request to be taken to hospital
- **Collaboration;** the commitment to collaborative working and continuous testing and adapting of the service from both organisations has been fundamental to success
- **Measurement;** we have made sure that the benefits to patients, services and local health economy have been visible from the start

Patients kept safely in their own homes

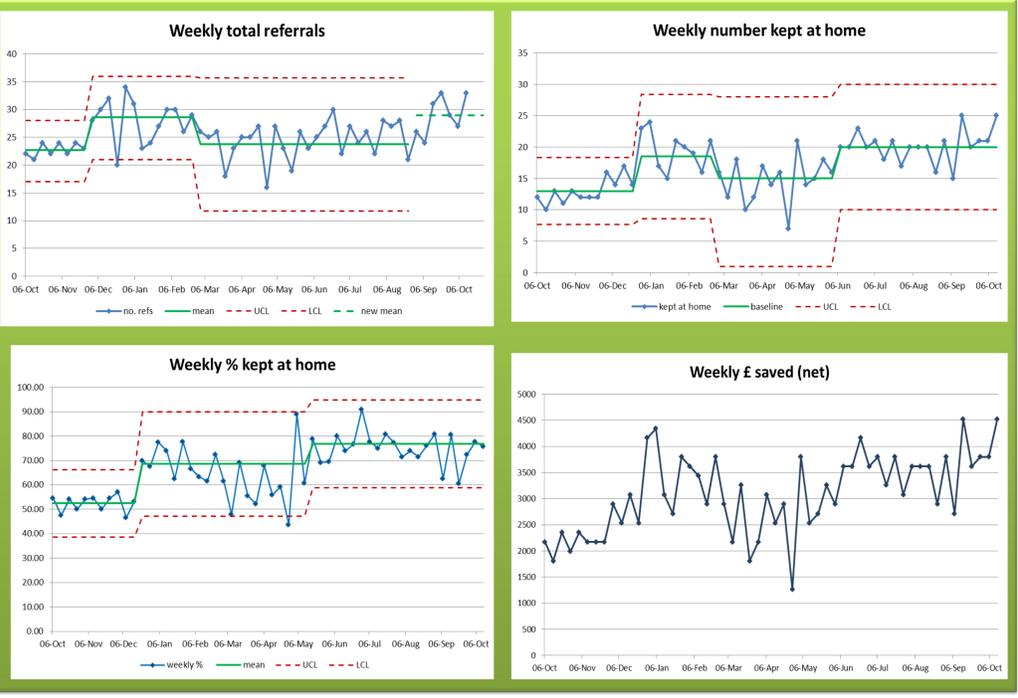
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Ambulances made available to attend other calls

Since October 2014

£166,882 Minimum saved (net) for the local health economy

686 Bed days released (assuming 80% admission, 1 night stay)



Results and outcomes; what have we learned?

We have demonstrated that it is safe, economically viable and desirable from the perspective of patient and service to make provision for elderly frail fallers to stay in their own homes – and we are now commissioned by the local CCG for FY 2015/16.

Using QI methodology has meant that the project doesn't just benefit patients, and given us the flexibility to continuously refine, adapt and improve, but it's also had a wider impact in the organisations, teams and individuals involved.

- Continuous measurement (see charts opposite) has been absolutely essential to developing the service. Having this data readily available and continuously referring back to our driver diagram, we have been able to understand what makes a successful referral, and continuously refine, adapt and develop our acceptance criteria
- Presenting the data in a way that is relevant to all stakeholders is important to engaging with different priorities
- Key to keeping referral number up is cementing our relationship with the ambulance control room
- Weekly PDSA teleconferences have ensured that we maintaining momentum and enthusiasm, and built relationships between organisations that are now impacting beyond the scope of the project
- The methodology is already being used for other work by team members, and has contributed to career progression; one is now a Darzi Fellow, another has been promoted to a leadership role within the team

We are still working on sustaining an increase in referrals, as we are aiming for an average of 20/week kept at home. We believe that we have the right tools, skills and stakeholders to make that happen. We are already engaging with other boroughs running similar schemes to see how we can spread the model further across LAS services.

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 With our thanks to the teams at the London Ambulance Service NHS Trust, North East London NHS Foundation Trust, UCLPartners and Barking Havering and Redbridge CCG

References: NHS England (2014) *Understanding winter pressures in A&E Departments*. Available from <http://www.england.nhs.uk/wp-content/uploads/2014/10/wint-press-rep-2014.pdf> [accessed 13 Feb 2015]