Alliance of Northern Ambulance Services.
An approach to older people who fall.

Creating a shared approach to ensure clinical excellence for older people.
Objectives

To inform partner organisations and commissioners about:

• Ambulance triage and response

• Demand and impact

• How we can improve on our responses?

• Role within the wider health and social care system
What is the Northern alliance?

• Collaboration between: North East, North West and Yorkshire Ambulance services.

• Jointly provide services to a population of 15 million over 14,500 square miles

• Answer in excess of 2 million emergency calls per year

• Born out of being more efficient in procurement and systems.

• Share clinical information and practices to improve patient care
How does the ambulance service respond to a fall?

The current 999/111 process:

1. Call
2. Triage and dispatch
3. Senior Clinical triage
4. Response
5. Outcome
Senior clinical triage

Airway compromise or inadequate breathing or shock: If unconscious place in the recovery position. If conscious try to reassure.
- Provide Life Support Advice if required.
- If significant chest injuries, keep the patient still.
- Take available analgesia for pain control.
- Apply dressing and pressure appropriate to injury to control haemorrhage. Do not apply direct pressure to open fractures.

Uncontrollable minor haemorrhage
- New neurological deficit more than 24 hours
- History of unconsciousness
- Deformity
- Call back if symptoms worsen or concerned.

Take available analgesia for pain control.
- Apply dressing or pressure if required to stem the bleeding.
- If new deformity, immobilise the affected body parts.
- Call back if symptoms worsen or concern.

Unresolved pain
- Swelling
- Recent problem
- Call back if symptoms worsen or concerned.

Take paracetamol as prescribed for pain control.
- Take ibuprofen as prescribed if required.
- Refer to local Falls team.
- Advice re environment: lighting, flooring, carpets, footwear, stairs.
- Call back if symptoms worsen or concerned.

PC or SC Ambulance response not indicated (60 min response if still on the floor) Consider Green Car or Falls/Lifting Services

Take Life Support Advice. If no response to treatment, refer to local Falls team. Advice re environment: lighting, flooring, carpets, footwear, stairs. Call back if symptoms worsen or concerned.

Advice only

MTS TTA

FtF NOW
- ED ≤20 minutes

FtF SOON
- ED

FtF LATER

Adult CPR
- Child CPR
- Infant CPR

Relevant Clinical Questions

MTS TTA Home Page

UCD/EKG Numbers

A
- B-C
- D-E

F-G
- H
- I-L

M-O
- P
- R

S
- T-U
- V-Z

*Discriminator intended to capture Acute Stroke, SAH, Meningitis, Seizures and/or other acute conditions or medical emergencies.

Consider a FtF soon approach where there are excluded but the patient remains positive for new neurological symptoms <24 hours onset.

Consider sepsis pathway and upgrade to a 20 minute response when patient has a combination of 2 or more symptoms including high temperature, known or likely immune suppression, fast heart rate, increased respiratory rate and confusion, together with signs of infection.
Issues preventing safe care at home

- Health and wellbeing
- Care and quality
- Funding and efficiency
What does an ‘older person who falls’ patient look like?

- Where do the patients call from?
- How do patients get to hospital?
- Over 60% are
- Who cares?
- When do they need services?
What is the demand?

Calls to ambulance service
- 90% All calls
- 10% Falls

Conveyance to ED by age
- 33% 65-79
- 67% 80+

Falls by age
- Other ages
- 80+
- 65-79
When do people call?

- Number of falls increase in the summer not winter
- Pressure felt during winter
Older person population projections (England)

30% of people older than 65 and 50% of people older than 80 falling at least once a year. (NICE 2017)

Who assesses and responds to this increase?

Office of national statistics (2017) website
Prevention opportunities

- Over 2.5 million non-emergency patient journeys a year
- Every patient interaction is an opportunity for prevention
- Refer patients to a variety of health and social care partners
- Public health in the ambulance service is not yet fully utilised
What already happens

**Call**
- Clinical advisors
- Automatic upgrade

**Response**
- Primarily by paramedics
- Partnership response schemes

**Outcomes**
- Alternative responses
- Referral
- Appropriate ED conveyance
Innovations across the north

• Evaluation, scale and spread of falls response models

• Development of Clinical Advisory Services

• Support to care home staff to manage patients who fall

• Access to shared care records

• Frailty assessment, identification and pathways

• Referral to safe and well schemes
What do we want to do about it?

The call
• Specialist clinical assessment and advice
• 24/7 support

Response
• Varied suite of responses
• Informed implementation
• Seamless responsive pathways
• Regional cross service commissioning

Outcome
• Reduced lay time
• Improved use of resources
• Reduced conveyance
• Full system support
• System resilience

= Better patient care.
Final thoughts....

How would you like to be treated in older age if you fall and can’t get up?

Can you enable that to happen?
Contact

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