STANDARDISING CARE OF PALLIATIVE PATIENTS POST FALLS IN THE COMMUNITY

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OVERVIEW

- George Thomas Hospice Care – Our Service
- Falls – the catalyst for change
- Process of change
- Service evaluation
- Results
- Lessons Learned
WHO ARE WE?

- Major provider of community based palliative Care in Cardiff
- Consultant led multi-disciplinary team
- Caseload of approx
OUR SERVICE

Referral

GP Consent

Initial Ax – Dr & CNS

Ongoing review and intervention by CNS

Referral to PT / OT / WRO / SW or counsellor

Discharged from service

RIP

Bereavement Support
Catalyst For Change

- Joined 1000+ Lives Multiagency Falls Collaborative for Wales - September 2010

- Extension of MDT

- Service evaluation – falls the primary reason for unplanned admissions to secondary care
Process of Change

- Service evaluation
- Retrospective review of patient case-notes
- Analysis of results
- Literature Review – Clinical Guidelines
- Model for Change – Objectives Set
- PDSA Cycles
WHAT IS A FALL?

- An unintentional loss of balance from a standing height that results in an unexpected contact with the ground.

- NICE 2004
  Clinical Guideline 21
INITIAL SERVICE EVALUATION RESULTS

- Total no. of falls in audit period = 18

- 33% referred to both OT & PT
- 11% referred to single therapy service (PT/OT)
- 6% external service
- 11% No follow-up
- 11% Admitted
- 17% RIP
Older people who report a fall should receive a multi-factorial risk assessment.

Should be considered for an individualised multi-factorial intervention:
- prevent recurrence
- identify risk
- maximise independence

Should be provided with verbal and written falls prevention information.

Falls: The assessment and prevention of falls in older people. Clinical Guideline 21
OVERALL OBJECTIVE
– MODEL FOR IMPROVEMENT

- To ensure a structured and timely MDT assessment is completed once a fall is reported.

- Patients will receive an assessment compliant with recognised public guidance.

- A standardised service for all patients that fall.
PDSA Cycle

1. To create a single point of access
2. Link with C&V UHB
3. Standardised referral form
**Proposed “Falls Service”**

1. **Initial Assessment** – Dr & CNS
2. **Referral to “Falls Team”**
3. **Screening Tool**
   - Low risk
   - Mod / high risk
   - Falls leaflet
   - GP Letter
4. **Ongoing review and intervention by CNS**
5. **Fall**

- 1. Signpost to services
- 2. Client centred goals and intervention
- 3. Ongoing review
1. To create a single point of access
2. Link with C&V UHB
3. Standardised referral form
4. MDT education
5. Service re-evaluation
6. Compliance with assessment bundle recorded
7. Ongoing service evaluation
SERVICE EVALUATION RESULTS

- RIP
- Admitted
- No f/up
- Ext Service
- OT only
- PT only
- Both PT & OT

Initial
SERVICE EVALUATION RESULTS

- Known
- RIP
- Admitted
- No f/up
- Ext Service
- OT only
- PT only
- Falls

- Green: 12 months
- Red: 6 weeks
- Blue: Initial
ASSESSMENT BUNDLE COMPLIANCE

% Compliance with Assessment Bundle
April 2011 to June 2013
3 (i) % patients who receive a bespoke plan for each patient, dependant on need
Falls
from Apr 2011 to Jun 2013

3 (iv) % patients who have a copy of the plan to go to the GP
Falls
from Apr 2011 to Apr 2013
CONSIDERATIONS FOR PALLIATIVE CARE

- Cause of fall
  - Mechanical
  - Disease related
  - a new change?
  - reversible causes
  - a sign of deterioration

- Patient
  - Understanding
  - Goals
  - Support

- Timing
  - Appointments
  - Treatment
LESSONS LEARNED

- A single point of access
  - reduced repetition of care
  - standardised and timely falls assessment
- One size does not fit all!
- Ongoing work needed
  - continue to raise profile of falls
  - falls prevention???
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THANK YOU FOR LISTENING

ANY QUESTIONS
**Falls – Quantifying the Problem**

- Leading cause of mortality >75yrs
- A&E 700,000 attendances annually
- Welsh Ambulance Service Trust (WAST) – 16% of calls due to falls
- 1 in 3 of these patients are not transported to Hospital but are kept in their own homes.
- Someone with a history of falls has a two-thirds chance of having a fall in the subsequent year.