Aberdeen Falls Referral Pathway
Between the Scottish Ambulance Service and Aberdeen Health & Social Care Partnership
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1. Project Aim

Aim
50% of all >65 year olds, who fall, are attended by SAS but not conveyed to hospital will be triaged by Community staff for timely and appropriate assessment, interventions & support by 31 October 2017

Output Measure
% Non-conveyed Falls referred to Community Assessment and Rehabilitation Service (CAARS)

Process Measures
Weekly number of referrals
Days from SAS attendance to receipt/processing of referral at CAARS
Number of staff referring

Balancing Measures
Patient Experience – emotional touch points

Changes
Establish Falls Pathway for Aberdeen City

2. Rationale

A fall can be the catalyst which accelerates loss of independence and social isolation, causes pain and even death. However timely access to multifactorial falls assessment and community prevention programmes can reduce falls by up to 47%, support recovery and return to independent living.

The SAS Referral Pathway will break the cycle of repeat falls by ensuring timely access to follow-up and follow through in the community.

3. Process Map

SAS Falls Champions:

4. Process Changes

Base line data, 300000+ View Process map, Patient profiling from referrals, Person centred process mapping which identified prevention opportunities, Patient experience thorough emotional touch points

5. Achievements

- The quality of the information in the referrals has enabled the receiving community staff to remove a step in the referral triage process thus enabling the service to absorb the 6.5% increase in total referrals without additional capacity.
- Falls & Falls pathway training is now included in SAS Aberdeen Station induction.
- Staff have trust and confidence in both sides of the referral pathway.
- The model has spread to the Grampian Osteoporosis service
- Learning has influence the writing of the NHS Grampian Community Falls Policy.
- Finalist in the Advancing Healthcare Award 2018 – Scottish Government’s award for improving quality: measuring & demonstrating impact

6. Key Learning

- Building relationships across the organisations at both operational & management level was key to developing the pathway
- Relationships are built face to face - with shadowing, learning about one & others’ systems, appreciating different skill sets, agreeing common language and discovery of common goals
- The MDT discussion of patient stories & scenarios within the CPD sessions is what ignited the common drive to use the falls pathway
- Data beats opinion
- Never assume...
- Enthusiasm is infectious
- SAS Falls Champions were crucial in establishing, sustaining & spreading the referral process

7. Next Steps

- Spread the “follow up / follow through” model to the community alarm responder service
- Use the relationships built & understanding of different systems to accelerate improvement activity with Anticipatory Care Planning
- SAS pathway development with COPD, Mental Health & Vulnerable Adults using the SAS Champion, Station Board, local contact model as developed with the falls pathway
- Support colleagues in Aberdeenshire & Moray to achieve reliable referral pathway
- Include SAS data in wider suite of Community Falls measures – data dashboard

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References:

www.scottishambulance.com