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Community based follow-up of fallers presenting to ED

Presented by Kathy Bullen
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Rankin Park Centre
HNE Health
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Background

- 3 Greater Newcastle Emergency Departments
  - Fallers 50+ years, not admitted > 320 per month
- Referral processes existed but ad hoc
- Referral end points include:
  - Three falls clinics in Greater Newcastle Area
  - Community Allied Health Service
  - Active Over 50s
  - Heart moves
  - Home based exercises
  - General Practice

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Aim

- Reduce representation of fallers to ED
- Increase the uptake of falls prevention strategies in people over age 50 presenting to ED with a fall and discharged home (45+ yrs for Indigenous population).
- Design a process for screening and safe referral of simple fallers over the phone.
- Embed this process into an existing service with limited resource enhancement.

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Initial Process

- 1.8 FTEs funded for 5 months to pilot project (SAP 2008)
- Background project with no change to current ED processes
- ED data extract – manual trawling of 50+ years non-admits (around 50 records per day). Other data sources examined.

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John Hunter Hospital

Epidemiology Report (Outcomes) with Triage Description for - John Hunter Hospital

Arrival Date: 03-May-2008 to 05-May-2008 | Ages: 65.00 to 110.00 | Admit: Not Admits Only

Separation Mode: All Separation Modes | All Admission Wards; | Treating MO: All MOs

Trauma Type: All Episcdes | Outcomes: All Outcomes | Logic: AND

Arrival Date Time / Suburb	MRN	Name	Age	Disposition	Admit	Ready Date	Departure Date	MO
Triage Description:								
03-May-08 08:39	[redacted]			77 Departed: Treatment Complete	NOT AD	03-May-08 13:59	03-May-08 13:59	[redacted]
Mount Hutton	Problem(s):	R42 - Dizziness And Giddiness		Outcome(s):	R42 - Dizziness And Giddiness			
Triage Description:	Fell this am following episode of dizziness. O/A well looking lady, colour good, denies any injury/pain.							
05-May-08 11:19	[redacted]			79 Not Specified	NOT AD			Medical, Triage
Wallsend	Problem(s):	W19 - Injury caused by a Fall		Outcome(s):				
Triage Description:	Tripped and fell in gutter. Abraisiona dn swelling R) brow and nose. Evidence of bleeding, not active at triage. O/A alert and orinetated, well perfused, GCs 15, PEARL, sats 96$, HR 88, temp 36.4. Prev Hx CVA (R) side deficit), Macular degeneration, prostate Ca, NIDDM.							

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Initial Process (cont)

- Mapped services suitable for safe ‘on referral’ (either HNE services or other programs that provided appropriate pre-program health screening)
- Identified appropriate resources to send out.
- Started phoning patients and developed exclusion criterion, questionnaires, flowcharts, referral letters and referrals processes as we progressed.
- Kept comprehensive data for first 3 months.
  - All non-admitted fallers including exclusions

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Results after 12 weeks

- 968 people 50+years with a fall associated with their presentation discharge home from 3 Newcastle EDs
- 720 excluded
- 248 eligible for phone coaching
- 25% eligible
- Stopped collection *all data* at 12 weeks and focused on eligible patients
- Reasons for exclusion- syncope/collapse, RACF, fractures.

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Improved data trawling/current process

- Query written from ED triage report text field
- Clinical Access Portal (CAP)
- CHIME
- Enrolled Nurse 20 hours per week
- Trawl data 5-7 days after ED presentation
- Exclude using ED falls specific report and CAP
- Phone contact patient
- Apply risk assessment tool and referral pathway
- Resources and letter to patient.
- Letter to GP and Follow-up contact after 3 weeks

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Issues

- Three bigger exclusion groups:
  - Syncope - needs involvement of cardiac services
  - Fracture - picked up by JHH osteoporosis clinic and referred on to appropriate program after treatment but service currently only in one ED/Hospital.
  - RACF - age care standards +/- range of local initiatives
- Availability and consistency of services to refer to and modes of referral.
- What's the right target group.
  - Many 50 to 65yrs olds are in denial *'just the one fall'*
- Cost benefit.

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Referral points of 191 acceptances

- Falls Clinics
  - 50 patients (26%)
- Active Over 50s and Heartmoves
  - 37 patients (19%)
- Other Community Based Services
  - 7 patients (4%)
- Home Based Exercises
  - 97 patients (51%)

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Summary

- 25% of 50+ years fallers discharged home from ED appropriate for phone follow-up (pilot data)
    - Almost universal acceptance of the phone contact. The community is accepting and largely pleased re follow-up even if they decline intervention
- 48% of eligible patients agreed to an intervention
- 89% compliance at 3 weeks follow-up (2009 data)

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Next steps

- Follow up compliance at 6 months.
- Evaluate cost effectiveness and consider roll out to all HNE.
- Consider moving process to the HNE Referral and Information Centre (call centre approach may lead to efficiencies)
- Preliminary discussion with IT re automating the exclusion process even further – CAP already does electronic GP discharge letters. Possibly automate most of the process.

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Risk assessment tool, referral pathway, letters etc available on request to:

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