

**EXPLORING THE USE OF TELECARE WITHIN APPROACHES TO IMPROVE THE
PREVENTION & MANAGEMENT OF FALLS & FRACTURES**

BRIEFING NOTE 3: PARTNERSHIP WORKSHOP – 2 DECEMBER 2009

BACKGROUND

NHS Scotland and the Joint Improvement Team are working with 3 partnership areas across Scotland (Falkirk/NHS Forth Valley, South Ayrshire/NHS Ayrshire & Arran, and Perth & Kinross/NHS Tayside) to explore the potential role and benefits of using telecare as part of an integrated 'pathway approach' to the prevention and management of falls and fractures in older people. It is the intention of those involved, that the experiences and materials developed during this initiative will be widely shared to promote the exchange of knowledge, ideas and good practice.

An initial scoping workshop was held on 11 May 2009, to establish the early focus and priorities of the individual partnership areas, with a further workshop held on the 2nd September. The purpose of this note is to capture the discussion and actions agreed at a third, follow-on workshop held in December 2009.

WORKSHOP INTRODUCTION

Workshop participants were welcomed by Moira Mackenzie - Telecare Programme Manager for the Joint Improvement Team (JIT) and Ann Murray – Falls Programme Manager, NHS Quality Improvement Scotland. Participants agreed that the briefing note produced from the last workshop was an accurate reflection of the discussion and events.

SHARED LEARNING

Today's early workshop discussion focused on how the learning experiences to date could be effectively shared with other colleagues, and how this group could benefit from the good practice developing elsewhere. The following existing mechanisms were felt to be of benefit;

Specific Events: Holding specific events is useful, and provides a good opportunity to network around a common area of interest. It was identified that a Prevention and Management of Falls Case finding workshop had now been held by NHSQIS in Clydebank on 9th September 2009, and that some of the expertise from this group had been involved. The Case Finding workshop focused on the identification of older people living in the community who are at high risk of falling, and a report from the event has now been published (on JIT website). It was well attended, with stakeholders representing a range of different interests and backgrounds. The programme included presentations from those with knowledge in the field, and provided an opportunity for practitioners from across Scotland to share their successes and experiences in identifying risk and preventing falls.

On-Line Dissemination: Materials from these telecare & falls workshops are currently made available via 2 main on-line resources.

- The Prevention and Management of Falls Community of Practice – www.fallscommunity.scot.nhs.uk. This Community of Practice provides a convenient way to find and contact colleagues who share an interest in falls, and to stay up-to-date on the latest news and developments.
- A specific page within the telecare section of the Joint Improvement Team website

(www.jitscotland.org.uk) is used to share the information and briefing notes from these workshop events with a wider audience of stakeholders from health, social care and housing .

Workshops

It was agreed that these workshops have been useful to focus activity and share learning across the three partnership areas, and that it may now be appropriate to broaden out participation to others who have identified an interest around the use of telecare within their falls pathways. Approaches are to be made by Ann and Moira to other colleagues who have identified such an interest, with an invitation to come along to the next workshop.

<i>Shared Learning Actions Agreed;</i>
<ul style="list-style-type: none">• Circulate the report from the Case Finding Workshop to this group in due course.
<ul style="list-style-type: none">• Consider how the experience and learning from the Telecare & Falls workshops can/should be presented at other specific events.
<ul style="list-style-type: none">• Invite interested colleagues from other areas to become part of these workshops.

PARTNERSHIP UPDATES

Each partnership had identified a number of activities they planned to take forward in between workshop events. This part of the workshop provided an opportunity for individual feedback, and discussion/questions.

Falkirk & Forth Valley

It was identified that some of the planned activities had not been progressed due to sickness absence, however an update was provided on the following areas;

Falls Monitoring & Reporting:

Falkirk and Forth Valley provided an updated report from their Falls Management Project. This is due to be submitted to the December meeting of their Falls Management Group. Early indications are that the rate of falls per user is now decreasing, after a significant increase evident in the previous year when a large number of new people with a history of falls were brought on to the MECS service during 2008. It is difficult to say at this stage precisely which interventions are most effective, as this depends on the pattern of falls, therapeutic work etc. From the detailed monitoring reports it can be seen that there are noticeable falls patterns, which increase around holiday periods. In December/January these are attributed to bad weather conditions and 'Christmas Spirit', however during other holiday periods increased falls can occur when routines are disrupted e.g. family away. Some discussion took place on whether these patterns could be used as part of a Prevention & Management Campaign, and whether some more useful detail could be extracted by analysing the falls data in more detail.

Awareness Raising in Care Homes

A programme of continued awareness raising of the benefits of improved falls management in care homes is progressing, and they are working towards a prevention plan in care homes in Falkirk. It was noted that during 2006/7 statistics from specialist Dementia units in Falkirk identified that a person was 10 times more likely to fall if they were in a care home with dementia, than for any other reason. These figures are being reviewed for 2009/10. Ann Murray also advised that the Care Commission is progressing some activity around falls management and the promotion of meaningful activity within Care Homes. This is linked to the high number of admissions into hospital as a result of a fall within a care home. Edith MacIntosh has been seconded to the Care Commission as a Rehabilitation Consultant for the next 2 years to progress this.

Extend community based approaches to better manage/prevent falls (including different types of telecare)

No further progress has been made on this area.

Explore better links with the Ambulance Service

Falkirk are in the process of finding out information from Edinburgh on links between the ambulance and telecare services. Early analysis identifies that 'uninjured people' are not as high a number as they had thought'.

Submit Innovation Proposal to JIT

A draft proposal has been developed and submitted for comment.

South Ayrshire/Ayrshire & Arran

Develop call handling database to identify repeat fallers

Progress has been made on developing the call handling database with the overall aims of improving falls recording, reasons for falls, and enabling the extraction of information on repeat fallers. A phased approach will be adopted for this. A single field has been used to record the reason for the call, and 11 sub codes have been identified to provide more detail of why the fall occurred.

11 'Reason for fall' codes include;

- Bed transfer
- Chair transfer
- Toilet transfer
- Wheelchair transfer
- Stairs
- Slip trip level
- Alcohol
- Other

Training on this aspect has taken place with call handlers and controllers. A drop down list approach is new to them, and the reasons and importance of doing this are being carefully explained to ensure the information is robustly captured. Although this began from 1st November, accessible information will be available from end November. However, the intention is to run the new approach until January to provide information over a longer period.

It is recognised that as part of this phased approach there is a need to narrow down the way the data is initially recorded, to be able to provide sufficient information which can then be used to narrow down to identify repeat fallers where an intervention would be successful. For the first time, this information may also allow an opportunity to explore the relationship between alcohol and falls.

Use Home Care Co-ordinator sheets to identify falls information

Some issues have been experienced with freehand recording on the call out sheet used by Mobile Attendants. The plan is to move towards a tick box approach, but limited progress has been made on this in the meantime. It has been decided to continue with free text at the moment and simply add in the falls sheet.

Submit Innovation Proposal to JIT

Discussion being organised to co-ordinate this.

P&K/Tayside

The project goals have been identified as;

- To develop systems for identifying clients who are falling repeatedly in the community
- To develop a pathway for these clients to be identified and considered for a falls assessment
- To consider options around potential service models, outlining the implications of each

Identification of Repeat Fallers

Some capacity issues have been experienced over the last few months but some progress

has been made on identifying repeat fallers in partnership with the community alarm service. Good information is coming through via SWIFT, which is picked up by the CAS service who send an initial contact letter out. This invites the individual to call the falls clinic to make an appointment. This process really just started in July and to date;

- 50 clients were screened by the Falls Clinic staff as requiring a falls assessment follow up
- 36 letters were sent to clients to invite them to contact the falls clinic
- 4 clients contacted the falls clinic to arrange an appointment
- 4 clients attended for a specialized falls clinic assessment, of which all required a follow up after their falls clinic appointment – 3 required physiotherapy follow up and 1 required OT follow up.

Despite initial concerns that the existing service provision may be overwhelmed with new demand, the uptake rate has been disappointing, with on average only 1 new case per week.

Some discussion then took place about how recruitment rates could be increased. Falkirk advise that after some experience of other options (limited impact of letters and phone calls), they have an almost 100% take up rate when a member of the MECS staff drops in 'whilst in the area' to have a chat. This provides an opportunity to outline the pros and cons of undertaking a falls prevention and management approach, and reduces concerns that any action will result in the individual ending up in a hospital or a care home. The visiting staff member has to come from a known and trusted organisation and adopt a risk assessment approach/be aware of service referral routes. The dilemma here is that this form of approach is initially resource intensive, but the view expressed was that it would save resources in the longer term by enabling earlier interventions.

Have a look at different Falls Monitors

P&K have had a look at the Tynetec falls detector, and are now waiting for the Chubb falls detector to review.

Revisit History Collection Tool and refine

History collection tool still needs to be looked at in detail, and it requires a bit of work to be taken forward.

Meet with Home Care Organisers to ensure frequent fallers recorded in SWIFT

A meeting with the Home Care Organisers has been scheduled for January as falls information is still not being recorded routinely on SWIFT.

Identify repeat fallers outwith Community Alarm/Telecare Service

To get in touch with those involved in providing sheltered housing services to see if repeat fallers can be easily identified. Hanover had shown an interest in this previously, and this is to be followed up.

In addition it was noted that a big education programme is taking place on falls training. The Falls clinic employed a band 4 member of staff in one area to undertake initial interviews with patients. A comprehensive checklist and screening tool has been developed on the environmental aspects, but which also includes an awareness of telecare equipment.

Next Steps:

- Ann Murray to approach Dawn Skelton to see if there would be interest in further analysing the detail of the calls information at Falkirk to extract any further 'patterns'.
- Guidance on Social Care Eligibility Criteria and Equipment & Adaptations Guidance to be circulated for information.
- All partnership areas to continue to progress the activities identified previously.

INNOVATION PROPOSALS

JIT had identified the potential of using Innovation Funding from the Telecare Programme to explore the impact of different approaches, or to develop shared support materials. Some discussion then took place on how any available funding could best be utilised in a

collaborative way.

South Ayrshire identified an interest in developing a robust training programme and information pack – “Positive Steps”, which could be widely shared. Work based training (SVQ2) is being developed for falls, with learning outcomes already identified. It was agreed that this would be an area that would be useful to progress.

Perth & Kinross and Falkirk were interested in identifying ways of identifying more repeat fallers and looking at the impact of a Falls Screener Role on emergency admissions.

Actions agreed:

All partnerships to further develop their proposals and submit these to JIT early in the New Year.

NEXT WORKSHOP

10th March 2010 – Best Western Park Hotel, Falkirk
(10.30am-1.30pm. Sandwich lunch to be provided)

APPENDICES

None

Briefing Note prepared by M Mackenzie: 3rd March 2010