



Housing &
Community Care



Perth & Kinross Community Alarm/ Telecare Project

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Aims

- To develop a pathway for community alarm clients who fall repeatedly to be identified early and considered for falls assessment/ intervention to reduce future falls risk
- To further enhance the role of Telecare in developing falls prevention/management pathways at a local level
- To consider options around potential service models, outlining the implications of each



Previous System prior to March 2009



- Five specialised multi-disciplinary falls clinic bases within Perth & Kinross
- Community Alarm Service identified as a referring agency to falls clinic however system needed refined to enable this.



Pathway for Community Fallers requiring Falls Clinic_Services

Older Pers on Falls

Fracture Clinic/
Orthopaedic O/P

Orthopaedic
In-patients

A&E

Medical/Elderly
In-patients

Ambulance

IC&AS

GP

Identified by
Community Nursing
Community A&P
SSA Trigger
Home Help alert system
Community Alarm
Community Pharmacists
Sheltered Housing Wardens

One-point entry system with
gate-keeping/screening of referrals by Perth Falls
Clinic and allocation to appropriate falls clinics

Specialised Falls Clinics

Provide specialised multi-disciplinary falls assessment/interventions
following evidenced based guidelines

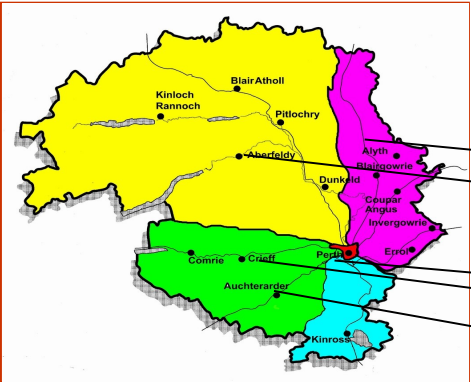
◇ Blairgowrie

◇ Aberfeldy

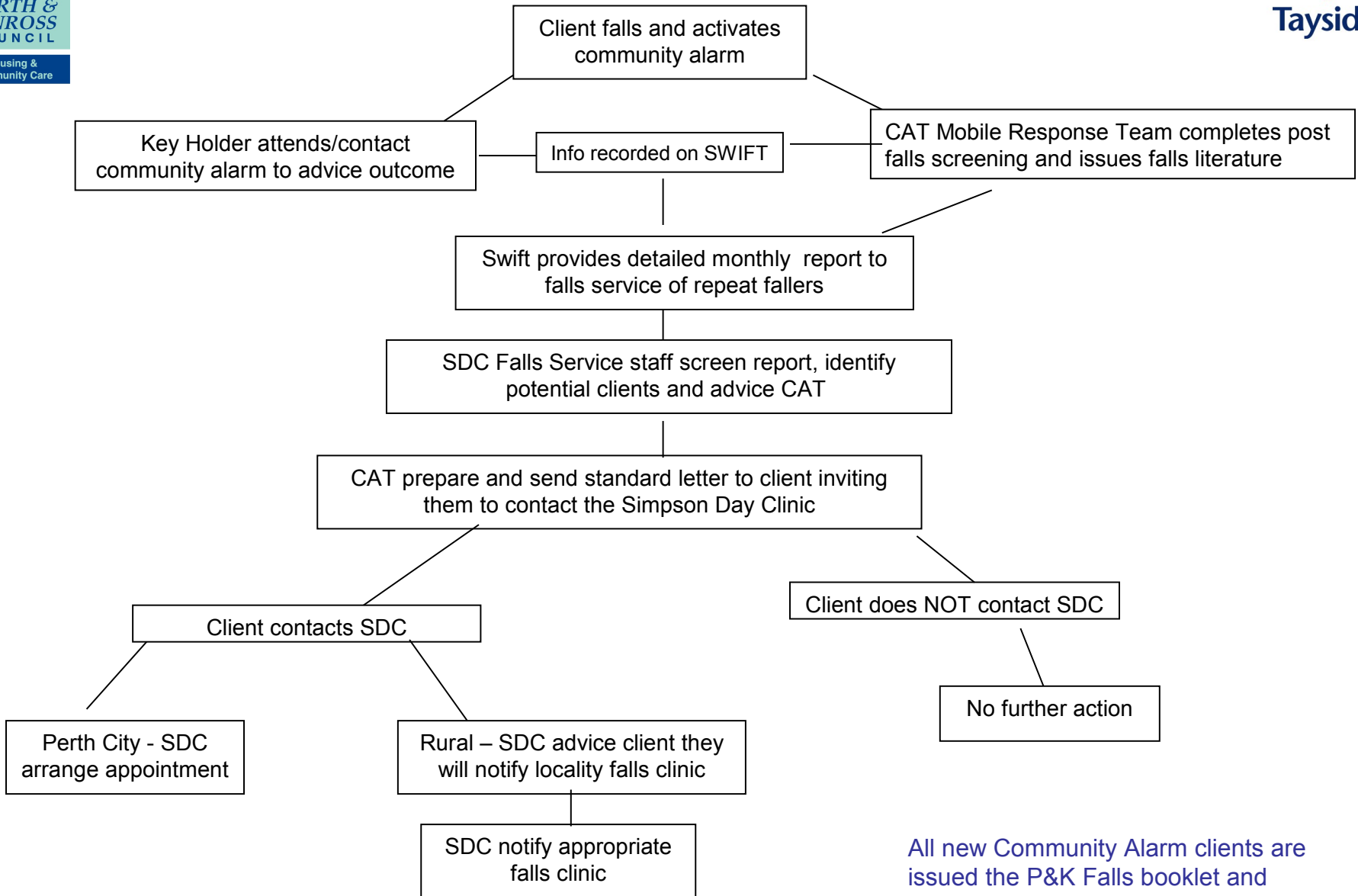
◇ Perth

◇ Crieff

◇ Auchterarder



Phase 1 Pilot



All new Community Alarm clients are issued the P&K Falls booklet and all fallers are offered another booklet

Falls/Telecare Project

Post Falls Screening Questionnaire

Name.....

Address.....

Telephone Number.....

Date:

First fall?	Yes/No
Where fell?	
Time of fall?	
Activity at time of fall?	
Able to get up unaided?	Yes/No
Why? – list causes, if appropriate ask client why they think they fell	
Any obvious environmental factors	
Were they using walking aid?	
Were they wearing appropriate footwear was clothing a factor?	
Was alcohol a factor?	Yes/No
Any warning immediately prior to fall?	Palpitations <input type="checkbox"/> Dizziness <input type="checkbox"/> Loss of Consciousness <input type="checkbox"/> Slip/Trip <input type="checkbox"/> Associated movement <input type="checkbox"/> None <input type="checkbox"/>
Is client injured?	Yes/ No

Responders Name.....Designation.....

Outcomes from Phase I

- From July to September 2009, 36 letters sent to repeat community alarm fallers
- 4 contacted/attended the Falls Clinic
- Therefore only 1 in 9 responded!
- Poor uptake probably due to “cold” letter arriving and requesting client responds.

Proposal - Phase II -

- Employ a dedicated “CA Falls Screener” 14 hours/week
- Undertake follow up home visit (anticipate 4/week) to repeat fallers (Perth/Crieff/Auchterarder clinic areas) to complete falls screening/assessment to identify causes of falls.
- Identify and rectify any remedial interventions
- Consider referral pathways to Health or Social Care Service.
- If appropriate – discuss/encourage referral to Falls Clinic
- Telephone screening to clients in Blairgowrie/Aberfeldy clinic areas with follow on referral to falls clinic if appropriate.
- Compare the above two systems

Pilot of “Easylink” stand alone chair/bed carer alarm systems



- To “test” chair/bed alarms with > 10 clients who DO NOT have/want community alarm
- To monitor effectiveness of alarms, reliability and durability
- To monitor need and uptake for them.
- Compare this system as opposed to the current Community Alarm carer alert chair/bed exit monitors
- Client/carer satisfaction using questionnaires/interviews.

Outcomes to be Measured

- To increase number of falls assessment in 2010/2011 by 25%
- To reduce falls in target group by 20% in 2010/2011.
- To identify number receiving community falls screening and numbers
 - where remedial strategies are actioned
 - client referred onto alternative health and social care services
 - referred to a specialist falls clinic.
- To identify numbers referred/attended falls clinic from telephone screening
- To measure impact of falls assessment/remedial solutions in terms of cost saved from reduced call outs.
- To measure impact on service user through direct interview and/or questionnaire
- To monitor the effectiveness of using the local carer alert system through the use of evaluation questionnaires and/or client interview.

Progress to Date

- Community Alarm Falls Screener commenced duty – 9th August 2010
- Induction/Preparation/Training/Falls Clinic
- 5 home visits to date
- Client telephoned in advance with follow up letter confirming appointment
- Falls screening form developed however is an “evolving” tool
- GP letter
- Database

Client 1

- 82 year old lady
- 9 falls in 6 months
- Most recent fall – trying to catch a spider
- Otherwise unexplained causes of fall
- Limiting her mobility using a wheelchair
- Encouraged to mobilise
- Referral to Simpson Falls Clinic
- Advised about fireside rug and clutter – reluctant to change
- Advised about bi-focals

Client 2

- 61 year old lady with Multiple Sclerosis
- 10 falls in 6 months
- Falling when transferring from bed to commode
- Upper/Lower limb weakness and deconditioned
- Lies in bed all day smoking
- Could be a rehab potential however not motivated
- Referral to Community Rehab team OT/PT
- Already well known to rehab services
- Discussion with MS Nurse
- Referral for a Telecare smoke detector

Client 3

- 70-year old lady
- 7 falls in past 6 months
- Poor mobility – previous knee injury/replacement
- Advise on using zimmer
- Alcohol an issue but not only issue – advised about this.
- c/o dizziness/light-headedness on standing.
- Referral to falls clinic

Client 4

- 76-year old lady
- CVA – 1 year ago
- Slipped on wet tiles getting into bath
- Has been advised never to use bath without assistance but not compliant.
- Other falls in bedroom – getting out of bed – now has bed stick
- No further intervention

Client 5

- 75-year old lady
- 4 falls in last 6 months
- CVA several years ago
- Poor mobility – walks with WZF and trolley
- Advised about regular eyesight checks
- Difficult to get falls history
- Falls Clinic referral

Approx. Average Times

- Visit Time – 1 hour 5 minutes
- Travel Time – 15 minutes
- Paperwork Time – 15 minutes
- Pre-visit – 15 minutes

Overall Project Objectives

- To reduce number of falls
- To enable early screening/assessment of repeat fallers with appropriate follow on to specialised service e.g. Falls Clinic or other Health and Social Care service
- To increase uptake to the above services by allowing clients to make better informed decisions through providing a greater understanding of the benefits of the services
- To reduce falls for clients living with a carer by alerting carers quickly
- To reduce number of avoidable admissions/readmissions to hospital and care homes as the result of a fall.
- To share good and bad practice/experience Nationally with other Community Alarm/Telecare/Community Care and Falls Services