

Falls in the elderly & Falls Prevention Clinic

Project Brief/Aim

In the ED setting, elderly patients who present with falls can be risk stratified to determine who needs further investigation, admission to ward or CARS review. Falls in elderly people can be multifactorial and they need a lot of PT/OT/Social services input and confidence build up. This may not be met in a day or two leading to patients stay in the hospital for prolonged periods whilst having ongoing input from various therapies at the same time being exposed to infection, further risk of fall in an unfamiliar environment. Patients with reasonable help at home or those who have been reviewed by CARS team and safe for discharge can be sent home and reviewed in O/P Falls clinic where a multidisciplinary approach towards a long term management can be done. GP's should be able to refer patients as well.

Patients can be triaged to syncope clinic to avoid any delays and unnecessary admissions so as to undergo appropriate tests.

Fall Prevention



Project Team

Dr Ramya Parasa
Cardiology Registrar

Dr Qasim Shah
Consultant, Frailty

Data

- Currently the average wait time for a patient to be seen in ED is 3hrs or more on a regular day.
- Number of patients who present with falls in a month is about 270 (For Dec 2018), about 200 pts were over 75yrs of age.
- Auditing number of patients that present to ED with falls once the Falls Clinic is set up.

Why is this important to anticipated outcomes and benefits?

‘Falls’ are a common presentation encountered in the emergency department (ED) which accounts for 10% of ED visits and 4-7% of hospital admissions. The causes of falls range from simple fall to polypharmacy, frailty, dementia, conditions like Parkinson's, infection and cardiac causes amongst others. The injuries sustained vary from a laceration to fracture, intracerebral bleed and death. Patients with history falls can be reviewed in Falls clinic which reduces the wait times in ED both for the trust as well as the elderly patients and the time factor which plays a major role would not be a hindrance for appropriate long term management if done in a non acute setting thus yielding better outcomes both for the patient and their families as well as the clinician. Primarily, to prevent a significant injury or a catastrophic outcome.

Tests of Change (PDSA)

The presentation and clinical scenario helps to guide the extent of the investigations. Most common investigation for falls include:

- Electrocardiogram (ECG)
- Lying/Standing BP
- X Ray , Urine test (to check for infection)
- Echo/Holter
- Tilt table test

Timeline for delivery

To: July 2020 From: August 2019

Learning and Next Steps

1. Identify the challenges as we start the project and monitor further steps
2. Involvement of multidisciplinary teams and their input.– OT/PT/SS/ Rehab teams/ Psychiatry teams
3. Work towards establishing a Tilt table test facility at PAH