The Falls Emergency Department and Aged Care Assessment Project at Fiona Stanley Hospital

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Background
The Fiona Stanley Hospital Emergency Department Falls Pathway and Aged Care Assessment project is a strategy informed by best practice to provide better support for appropriate hospital avoidance through the assessment and management of older people who present to the ED having experienced a fall. Falls are a major cause of death, injury, functional decline, hospital admission, psychological trauma and institutionalisation in older people. The project aims to support older people who present to the ED by providing timely assessment of falls risk and fast track access to specialist aged care evaluation and management.

Prior to the project there was no formally documented Falls Pathway in ED at FSH, with no standardised assessment for older patients presenting with a fall. The FSH geriatric unit is a consultation service to AMU to identify suitable ACE (Aged Care Evaluation Unit) patients, and there was no direct transfer of patients from ED to ACE.

Dedicated funding to support the project was obtained from the Subacute, Community and Aged Care Directorate (SCACD), from February 2017 for a 17 month period.

Objectives
- Establish a clinical pathway based on current evidence and best practice, to identify and manage a vulnerable cohort of older people who fall and present to the ED.
- Embed access to specialist acute aged care assessment in the ED and Emergency Short Stay Unit (ESSU).
- Reduce length of stay/DISD department/admission rates
- To identify linkages to support safe and effective discharges

Methodology

- Appropriately screened older adults who present to ED at FSH with a fall are enrolled at triage and commenced on the falls pathway that incorporates a direct admission to an ED short stay unit; with access to standardised assessment of cognition, medications, mobility and discharge risk assessment.
- The pathway also allows access to a 0.5 FTE Senior Registrar review, comprehensive standardised allied health assessment and Specialist Geriatric Consultant review Monday to Friday in am.
- Patients requiring admission are prioritised for direct ACE (Acute care of the Elderly) admission.
- The pathway commenced on 4th July 2016.

Results

Total bed days saved:
- July to December 2016: 680
- January to July 2017: 1872

Total Savings estimated at cost of $1316.00 acute bed day: $3,621,632 million

Patient presents to triage

Exclusion Criteria
- ATS 1 or ATS 2
- Suspected fractured NOF
- Suspected stroke or seizure causing fall
- Conscious state post fall is different to baseline/usual state for patient
- Cervical spine precautions in place

Inclusion Criteria
- Patient 65 years or older presents at triage with a fall within 48 hours of presentation

Patient meets criteria?

Commences the pathway

Transferred to short stay unit if bed available

Nursing staff ED risk screen
- Cognitive impairment
- >5 meds
- Falls path 6/12
- Lives alone
- ED staff concern
- ED admit past 30 days

Medical Staff
- EBM Slip in+diagnoses fall
- Medication review
- 4A T assessment
- History/examination
- Imaging, bloods, ECG, urine
- Geriatric consultant

Allied Health
- Mobility review
- Comprehensive Allied Health review

If positive risk screen:
- In hours: Refer to allied health prior to discharge
- After hours: If mobility safe, E-referral after hours if D/C
- If unsafe and concerns, ESSU overnight for AH review AM

Barriers
- Staffing: Education of pathway to nursing, allied health and medical officers.
- Processes: Admission processes of ACE versus AMU. Greatest challenge was changing mindset of staff as to where the initial patient assessment could be performed.
- Capacity: Availability of ESSU beds of more than two patients on pathway.
- Procedures: difficulty with imaging with low radiology availability.

Representation rate of Falls Pathway patients 28 days post discharge

References: