Partners in Care case study: Improving falls resilience together (by St John New Zealand)

Better management of patients who fall in the community: using patient experience to re-design how ambulance responds to and supports patients who fall in their own homes.

Context

In Auckland, falls represent St John's fourth highest reason for people calling an ambulance.

Despite representing 14 percent of the population, more than 50 percent of fall incidents attended to by St John's emergency ambulance service (EAS) are for people aged 65 years and above.

With approximately 16,800 EAS attendances in 2014, falls in people aged 65+ years accounted for nearly 5 percent of total EAS work (total EAS 378,189). Of these incidents, 65 percent (10,900) of patients are transported to either a hospital or medical centre.

Figure 1: EAS attendances and transport rates, 2013

	Falls 65+ years	Transports		Non-transports	
National	16,800	65%	10,800	35%	6000
Northland district	800	61%	500	39%	300
Auckland district	4300	70%	3000	30%	1300

Due to a 3.7 percent annual increase in total incident demand and other pressures we face as an organisation, we have had to look closely at alternative models of care.

Any change in how we deliver services can be unsettling for patients, especially for those who have become accustomed to the traditional respond and transport approach.

A small team comprising two improvement and development managers and an intensive care paramedic (supported by the general manager) participated in the 2015 Partners in Care programme to capture and understand the patient experience of using the ambulance service after a fall, and then to work alongside them to improve the process.

Aim

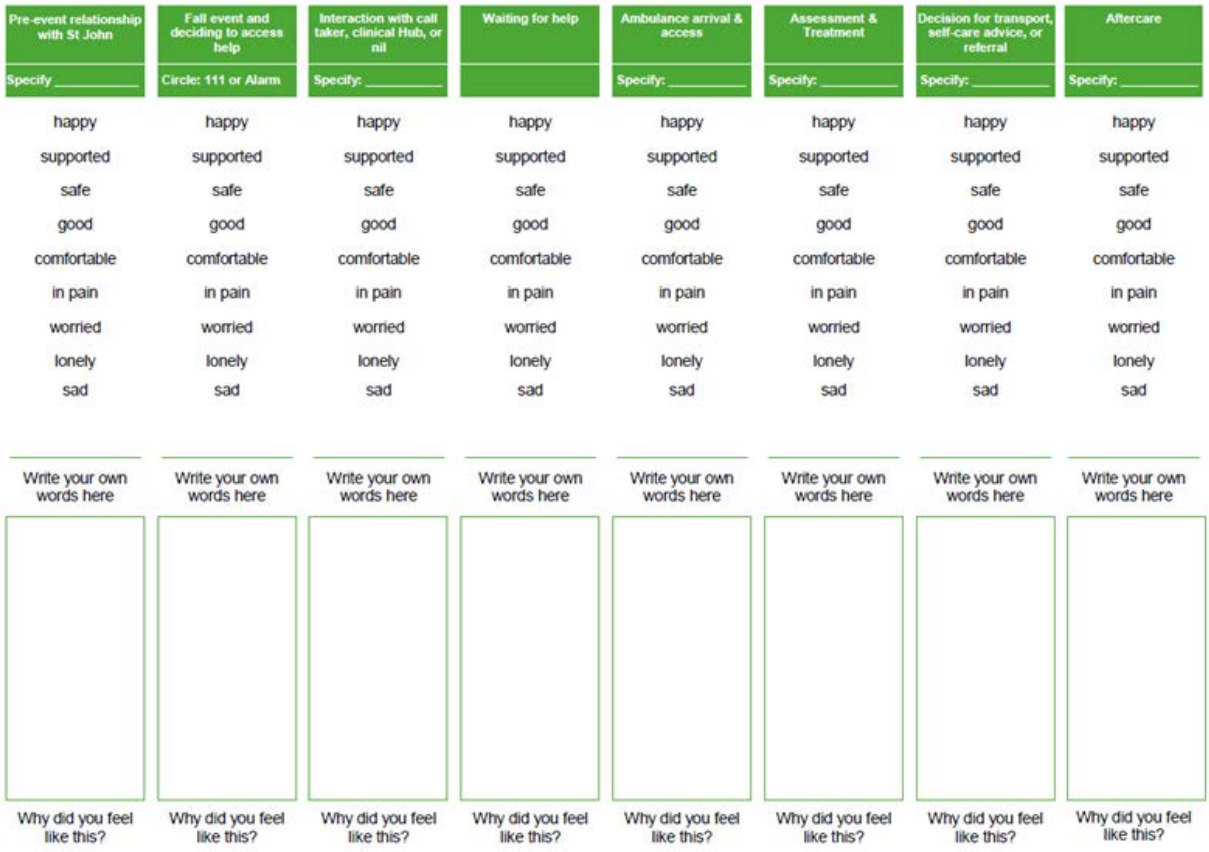
We aimed to identify the most appropriate ambulance response for patients who have fallen in their own home and may require help to get off the floor and an assessment of their ongoing risk of falls, but are uninjured and do not need transport to an emergency department**.**

Capture

We began by identifying patients who have previously fallen and called 111, and who were not transported to hospital. This process was challenging because, due to the nature of our work and paper-based records, we do not always have up-to-date medical information and therefore health status of the patients. We were able to identify one patient who has used our service regularly for ongoing falls and was willing to work with us throughout the project as our consumer representative. Together we mapped the process following a fall and a call to 111 to identify all the touch points.

We then adapted the UK NHS's experience-based design (EBD) questionnaire and started to engage other patients in the process.

Figure 2: St John's EBD questionnaire[1]



This engagement also proved challenging but we identified a small cohort of patients we had seen at home and who were referred to district health board (DHB) physiotherapy services. We used this opportunity to also review the experience of referrals to other health services.

To explore themes with patients, two team members (the paramedic and the consumer representative) visited patients in their homes to talk to them about their experience and complete the EBD questionnaire. We were only able to identify and visit five patients in total due to lack of information on the patient report form and lack of capacity within the team.

[1] Adapted from: NHS Institute for Innovation and Improvement. 2009. *The EBD Approach.* Coventry, UK: NHS Institute for Innovation and Improvement.

Understand

We met as a team and reflected on the EBD process map to identify themes and areas of opportunity. We brainstormed areas for improvement and had open and transparent discussions about limitations and opportunities.

The most common themes we identified were:

- the need for better understanding of the patient's wishes prior to arrival (ie, full assessment and transport vs 'just get me up' and do not transport)
- how it feels to be waiting on the floor for a response
- feeling safe/confident someone is there/coming to help
- equipment provided during follow-up, which has made a significant difference to independence.

Improve

Working with our consumer representative, we identified the following business improvements that would start to address the issues identified above:

1. Telecare business (medical alarms) – better understanding of patient wishes when using a medical alarm in regard to response, assessment and decision-making, and linked to patient care plans.
2. Focused response/resource to falls (right knowledge, equipment and understanding of primary care) to manage patients in their homes more effectively and safely.
3. Sharing experiences to guide training and our approach to falls assessment to improve patient satisfaction and experience.
4. Training crews to complete an environmental scan to reduce falls hazards.

Working as a co-design team

By working as a co-design team, we now have a more holistic understanding of the different parts of the puzzle, such as standard ambulance practice, patient emotions, process steps and overall experience. Understanding each other's points of views from different parts of the community has added further value due to varying patient situations and personal contexts.

We now have the opportunity to increase knowledge and skills within the organisation so more people can confidently use the tools and collect patient experience stories.

Organisational spread

While we are not able to co-design and put improvements in place immediately, we have a number of opportunities to spread learning and influence in the organisation.

We are currently working with the Accident Compensation Corporation (ACC) to identify improvements we can make for patients who fall. This work, and our co-design recommendations, will form part of the ACC business case, in particular, the training of telecare staff and ambulance officers to identify environmental falls hazards, and the

provision of appropriate equipment to help lift patients from the floor. This will allow us to send a single-crewed response to the patient thereby reducing the time taken to respond.

Lynne Maher, the Partners in Care programme facilitator, presented a summary of the process and recommendations to our executive management team to highlight the importance of co-design in business improvement and delivery of health services.

Four staff participated in a one-day workshop on 'transforming the patient' at Ko Awatea in July 2015. This has helped build their capability and confidence to participate in a co-design project to improve our non-emergency patient transport services.

Our project team

Name	Role	Email address
Simon Barnett	Improvement Manager and ICP	Simon.barnett@stjohn.org.nz
Cath Timlin	ICP	cath.timlin@stjohn.org.nz
Lesley Tait	Consumer	taitmfl@xtra.co.nz
Jo Goodfellow	Development Manager	Jo.goodfellow@stjohn.org.nz
Neil Porteous	General Manager	Neil.porteous@stjohn.org.nz

From left: Jo Goodfellow, Cath Timlin, Neil Porteous, Lesley Tait and Simon Barnett.