

QUALITY IMPROVEMENT PROJECT CHARTER

Falls/Frailty – SCAS & OT Rapid Response Car Pilot (11/08/20 Version 1.0)

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Date	August 2020	Clinical champion	Alison McGinnes
What are we trying to accomplish?			
<p>Problem/opportunity statement</p> <p>Emergency departments (ED) are under significant pressures, the need for changes to be made to move closer to home is now a priority. There is a need to ensure patients get the care they need, fast and to relieve pressures on EDs (British Geriatrics Society, 2019).</p> <p>Patients over 75 often with complex co-morbidities are not getting access to specialist geriatric assessment and care planning soon enough. As a result are often being conveyed unnecessarily to hospital. We know that the likelihood of admission and length of stay in hospital increases with age.</p> <p>Frail older patients are often subject to multiple moves, multiple assessments and significant levels of deconditioning. This can have an adverse impact on patient outcomes.</p> <p>Frailty refers to patients with 1 or more of the 5 frailty syndromes: falls, immobility, delirium, incontinence and polypharmacy</p> <p>Organisationally this causes delayed transfers of care, increased bed occupancy and puts significant pressure on the available bed capacity across the trust. This situation is no longer sustainable.</p>			
<p>Aim Statement</p> <p>HHFT and SCAS aim to reduce the number of ambulance conveyances relating to falls and frailty by 4-6 patients a day by January 2021.</p>			
<p>Key Principles</p> <ul style="list-style-type: none"> • Earlier specialist intervention • Comprehensive multidisciplinary assessment in an appropriate environment for patients • 'Home first' principle • Prevention of deconditioning • Integrated team working and optimisation of current services in collaboration with the current ongoing IIC system wide changes 			
<p>Objectives</p> <ul style="list-style-type: none"> • To maximise the number of unnecessary conveyances to ED relating to falls or frailty (aim 4-6 patients a day by January 2021) • To reduce the time frail/falls patients spent in the emergency department by 50% • To demonstrate appropriate conveyances to ED based on acute medical need that cannot be managed in the community • To develop integrated and partnership working further during the 6 month pilot • Increase patient/carer satisfaction • Improve quality of care and outcomes for patients 			

Measures for improvement

Outcome

- Number of non-conveyances to an acute hospital by the rapid response car
- When conveyance occurs time spent in ED department (comparison to pre-pilot)
- Number of patients discharged directly from the ED following a conveyance (zero day discharge)
- Length of stay (days) of those admitted by the frailty team on arrival
- Improved patient satisfaction

Process

- Number of patients requiring onward referral following assessment at home (and where to)
- Number of patients identified as living with frailty
- Time to commencement of specialist assessment in the home
- Time taken to complete specialist assessment in the home

Balancing

- Readmission rates/further 999 calls (audited for relevance)
- Complaints

What changes will result in improvement?

Change ideas

- SCAS & Front door frailty team become “front door falls/frailty HUB” – when on road OT & paramedic will have access to whole Frailty MDT for support virtually via hot phone (Pharmacist, Geriatrician and Consultant Nurse)
- Develop Frailty Assessment Area to avoid ED in future
- During pilot to look at trialling a **Twilight shift** as data suggests another peak in falls in evenings (this has not been tried anywhere nationally before)
- Longer term look at integrating further with urgent community response team with this model

Method of approach

Our proposal is to deliver a 6 month pilot and quality improvement project to explore the financial savings of a SCAS & OT rapid response car to prevent admission of falls/frail patients requiring an urgent community response to avoid conveyance to ED across North Hampshire. The outcome of this project has the potential to provide a number of system gains, while hopefully also benefiting patient outcome and experience at the same time. We recognise that this pilot forms a big part of the wider IIC system changes and we would hope the pilots findings can be used to inform ongoing changes within the wider IIC.

Cost

HHFT Cost

- Staffing for the 6 month pilot will be provided through 2.0 wte band 7 frailty OT clinicians who are already in post within the front door frailty team at BNHH ED. We are able to support the running of this pilot due to having a trainee consultant physiotherapist from HEE on placement with ourselves for 6 months providing some additional resource to backfill our front door for a pilot period.

SCAS Cost

- To run the 6 month pilot using 2.0 wte primary care practitioners , Including NI/pension contributions, annual leave payments, indemnity insurance, vehicle, fuel, equipment, professional management and supervision, statutory and mandatory education, resilience options = £107,406.00

Measurement of Success

Evidence for proposal:

- East midland ambulances service showed a reduced demand on ED & associated admissions saving £377,000 pa acute costs at non-conveyance rate, this is a well-established model been running for many years now.
- In Berkshire ambulance conveyance rate pre falls/frailty response car was 47.6% post implementation 15.6%
- Dorset Integrated Care System started their falls/frailty urgent response car in March 2020 during COVID and over the first 10 weeks has seen a 95.7% non-conveyance rate to ED on their category 3 and 4 stacking calls, pilot finishes in December 2020.
- East Lancashire as a result of their falls response car 78% of patients were able to be treated and remain at home.
- There are many ambulance services UK wide that are already jointly running falls/frailty rapid response services and they are all reporting non-conveyance rates above 75% that I have found so far.

Note- attached is SCAS fall's conveyance rates for our area.

Link with organisational strategy

- Emergency care improvement programme
- IIC Hampshire
- Hampshire together

Risks

- COVID resurgence
- Long term funding following pilot
- Silo working

Anticipated milestones

Term of pilot

To test a falls/frailty OT/SCAS rapid response care while wide IIC system changes take place
 Phase 1: Plan and implement with one OT/SCAS car
 Phase 2: Analyse result, start 2nd PDSA cycle considering 2nd car and different shift pattern i.e Twilight shift
 Phase 3: Analysis of data/Evaluate and feedback to IIC and confirm long term plan

Milestone	2020/2021									
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4		
Planning/mobilisation of car										
Evaluate first PDSA cycle										
Mobilise 2 nd PDSA cycle & 2 nd response car										
Evaluate through multiple PDSA cycles										
Develop Comprehensive falls/SCAS OT car pathway further/case										
Feedback to IIC										

Stakeholders

<p>Organisations</p> <p>HHFT SCAS NHCCG SHFT HCC GPs Voluntary Services</p>	<p>Site specific delivery group</p> <p>Operational lead Project/improvement lead Nursing lead HCC/Re-enablement Lead Business/data analyst SHFT representative SCAS Lead</p>
<p>Governance</p>	
<p>This pilot will form part of the IIC North and Mid CCG delivery groups in terms of governance. This pilot has come out of the home based IIC task and finish delivery group. All progress and updates have feed back into this group so far.</p>	
<p>HHFT reporting structure</p> <p>Within HHFT the delivery groups will report Julie Maskery</p>	
<p>Next steps</p>	
<ul style="list-style-type: none"> • Paper to be presented IIC delivery group for approval before proceeding with pilot. 	