Service To Reduce Risk, Improve Independence and Decrease Emergency admissions

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Caulfield Hospital
To evaluate the feasibility and impact of a collaborative model of care for the over 65 years, community dwelling adults, who sustained a fall and can be attended to in their own home.
Environmental Recommendations

Perform Neurospinal Assessment

Physical Assessment:
Head to Toe Screen

Mobility Assessment
bed mobility, transfers, ambulation, etc.

Perform Neurospinal Assessment

Recognise & Respond to clinical deterioration

Mobility Assessment
bed mobility, transfers, ambulation, etc.

Vital Signs Survey (VSS)

Complete Falls Self Efficacy Scale
FES-I (short form)

Complete Balance Screen
Establish baseline, detect and respond to changes in mobility and balance

Complete Home Environment Screen

Complete Visual Screen
(if Required)

Complete Dizziness Screen
(if Required)

Complete Continence Screen
Inc. Urine dipstick test (if Required)

Analysis and inference

DECISION:
- Is Medical intervention required?
- Is Emergency transfer required?
- Is it safe to proceed?

Analysis, inference and case formulation

ASSESSMENT

Complete Previous Falls Hx and risk assessment

Functional Assessment
Toileting, Bathing, Meal Prep

Assess Quality of Life (QOL)
EQ-5D-3L

Complete Falls Self Efficacy Scale
FES-I (short form)

Complete Balance Screen
Establish baseline, detect and respond to changes in mobility and balance

Complete Home Environment Screen

Complete Visual Screen
(if Required)

Complete Dizziness Screen
(if Required)

Complete Continence Screen
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STRIDE - The Falls Response Service

POST FALL SCREEN

Primary Survey: (DRABC)

History

Vital Signs Survey (VSS)

ASSESSMENT

MANAGEMENT

Prescription of an appropriate gait aid

Prescription adaptive equipment

Environmental Recommendations

Minor Wound Management

Mobility training with the aim of reducing falls risk, improving confidence, functional mobility, exercise tolerance

Motivational interviewing & Health Coaching model

Set up and implement Otago exercise program

Referral to community Services

Liaisons with GP, family, Carer/s

Follow-up Monthly Phone call

Formulate & implement
Referral source

- **ED**: 50.7% of total referrals
- **AV Referral Service**: 19.4%
- **AV Case review**: 17.4%
- **AV Road crew**: 11.1%
- **Hazolah**: 1.4%

- **144 clients referred**
- **83% consented to the service**
- **87% consented to the evaluation**
59% female 

Ave of 2 previous falls in the last 12 months 

76% ≥ 4 medications 

29% reported a severe injury post a fall in the previous year 

Median QOL score 70/100 (EQ5D) 

Mean age 83 

60% were living alone 

89% had ≥1 comorbidity 

80% indicated they had mod-HIGH concern about falling (FES-I) 

85% reported Mod to high falls risk on FROP-Com
Clinician response time

48% of clients declined an appointment within 24/24 of referral when offered.

- 48.3% Seen within 24-hour timeframe
- 10.0% Declined within 24-hour timeframe
- 41.7% Service unable to meet 24-hour timeframe
71.2% of clients received one or more referrals recommendations.
Impact on client outcomes

**Significant decrease in clients’ median ‘fear of falling’ scores at 1 month and 6 months**

**Across all dimensions of the EQ-5D, there was a reduction in the proportions of problems experienced by clients at 1 month and this continued to reduce at 6 months**

**Significant improvements shown in median quality of life scores at 1 month and this was maintained at 6 months**
Satisfaction with service (1 month post initial STRIDE visit)

<table>
<thead>
<tr>
<th>Survey question</th>
<th>Agree / Strongly Agree, n (%)</th>
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</thead>
<tbody>
<tr>
<td>I felt listened to by the STRIDE team and was provided with enough time to ask questions</td>
<td>91 (98.9)</td>
</tr>
<tr>
<td>The STRIDE team explained the results of their assessment and findings</td>
<td>92 (100.0)</td>
</tr>
<tr>
<td>I felt I received useful advice and information during my visit by the STRIDE team</td>
<td>88 (98.9)</td>
</tr>
<tr>
<td>I was satisfied with the intervention provided to me by the STRIDE team</td>
<td>88 (97.8)</td>
</tr>
<tr>
<td>I was satisfied with the referrals and/or correspondence made</td>
<td>74 (94.9)</td>
</tr>
<tr>
<td>Overall, I was satisfied with the care provided by the STRIDE team</td>
<td>93 (100.0)</td>
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</tbody>
</table>

Likert scale (where 1=strongly disagree and 5= strongly agree)

Overall, client satisfaction with the STRIDE service was high, with at least 95% agreeing or strongly agreeing to all questions.
Cost calculations

Average STRIDE clinician cost per client

Assuming an 8 hour/day service, 6 days per week

Average direct clinician attributable time per client: 187min

Average cost of a falls related admission

STRIDE between $312 and $355

ED only $927

ED & short stay $2,776

Acute inpatient $10,385
Lessons learned

- Stakeholder engagement and partner collaboration

- Significant proportion of target population require an ED transport, medical assessment and/or imaging to screen for serious pathology

- Positive client outcomes and support for the service by clients, clinicians, referrers and partners indicate the service has value and that it is meeting an unmet need in the community and the health service

- Demand does not appear to be there to sustain stand alone service

- Hospital data also shows potential for the STRIDE service to show a reduction in Alfred hospital ED re-presentations

- Control group to compare subsequent falls and health care utilisation