

Cork Integrated Falls & Fracture Prevention Pathway

P. Barry & E. Moriarty March 2016

Cork Integration Falls & Fracture Prevention Pathway

- *Why?*
 - *Purpose of the project*
 - *Context*
 - *Planned outcomes/ impacts / evaluation*
- *How we are going about implementation*
- *Where we are right now*
- *Next steps*

Overall purpose of this phase of the project

- *To ensure that people at risk of falling have access to timely assessment by health professionals with the **knowledge and skills** to do a **comprehensive standardised** fall risk assessment in the **appropriate setting** whether community or specialist falls services.*

This phase of the project will:

- *Improve the connectivity and communication between existing services in Cork City and environs.*
- *Significantly scale up existing assessment capacity*
- *Stream people to the appropriate setting for assessment*

Levels of Awareness Raising, Screening and Assessment

- *Fall risk awareness*- targets well aged, purpose education and awareness raising
- *Falls risk screening*- targets vulnerable older persons- purpose to determine those at higher risk and to determine those who warrant more detailed assessment
- *Fall risk assessment* –Multi-factorial Falls risk assessment, targets high risk older persons- to identify an individuals risk factor profile, determine referral pathways and to target and tailor interventions.

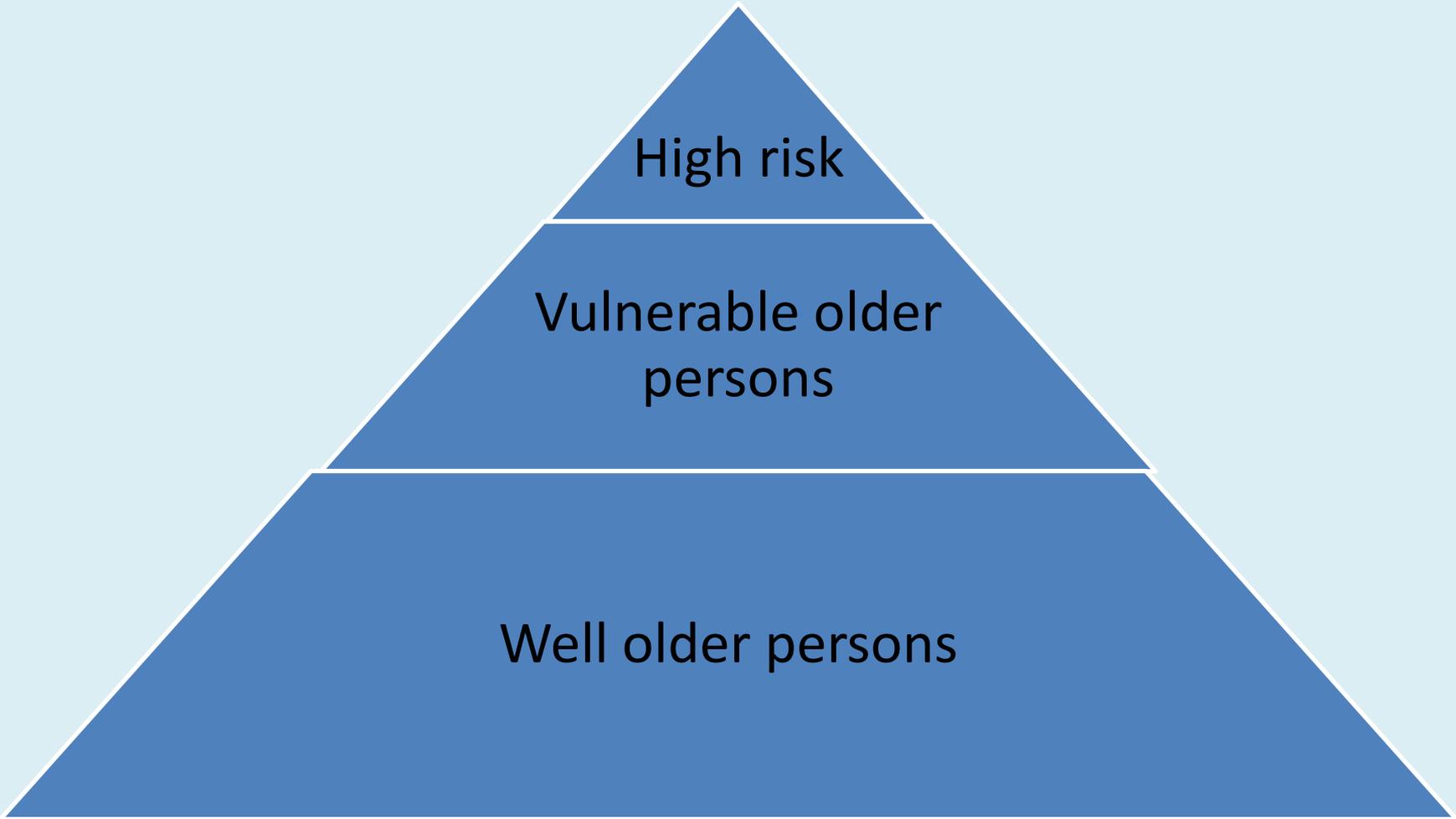
Context

- *Personal, societal and healthcare costs.*
- *National Context*
- *Previous Work done locally*
- *And now since Q3 2015—project underway to implement an Integrated Pathway for prevention of Falls and Fractures in Cork City and environs*

Cost of Falls

- *Fall injuries described as an epidemic: World Health Organisation Report: Prevention of Falls in Older Age(April 2007)*
- *Estimated direct costs for people over 65 years in Ireland in 2007 – €161.68 million, accounts for 40.3% of overall burden €402 (Technical report on the Economic Burden of Illness Study of Falls & Fractures among people 65 years and over in Ireland)*
- *Projected direct costs to increase to between €434 million and €371.6 million by 2020 assuming non implementation of national falls strategy*
- *People over 65 years represent 11.7 % of the national population figures, corresponding figure for Cork & Kerry is 12.6 %, and for Cork city 15.1 %.*

Population based Approach to Falls Prevention



High risk

Vulnerable older
persons

Well older persons

Our project will deliver

- *6 Community based assessment clinics – (4 in Cork city one outlying clinic North and South of the city) using standardised assessment tool.*
- *Specialist Falls Service: a single referral pathway to specialist falls assessment services in the ATC (incorporating a number of existing service strands and a new a rapid access specialist clinic by Dr. Pat Barry) .*
- *Improved integration between ED & Urgent care Services/ Community Services and Specialist Falls Service- Falls Service Office based in ATC – single point of contact.*
- *Pathway testing and implementation process testing.*
- *Activity metrics on case identification, waiting times for assessment and assessment outcomes/ onward referral*
- *Continuing care setting- standardised approach to falls in 7 selected sites (Youghal Community Hospital, Midleton Community Hospital, Fermoy Community Hospital, Bandon Community Hospital Clonakilty Community Hospital, Millstreet Community Hospital Kanturk Community Hospital)*

Assessment Tool- Quickscreen and FRAX

Quickscreen (Tiedemann) – despite the name this is a multi-factorial fall risk assessment tool

- Includes falls history , medications and objective tests for vision, sensation, strength, reaction time and balance
- Prospective Validity reported for community dwelling older adults
- Provides a risk rating
- Results of stratification into high, and low risk groups based on 4 or more intrinsic risk factors sensitivity 74% and Specificity 63%
- Widely used Australia & Tasmania.
- To be used in conjunction with a cognitive assessment if indicated
- Time to complete (local sample N= 30)

Quickscreen = 15+/- 5 mins

Quickscreen + 23+/- 11

FRAX – Fracture risk assessment (WHO)

Ger Reaney
Chief Officer
Project Sponsor

Project Implementation Group
Gabrielle O'Keeffe (Chair)/Susanne O'Sullivan, Eileen Moriarty Project Manager, Kieran O'Connor, Pat Barry,
Falls Development Person, Liz O'Sullivan, Work Stream Leads

Community Capacity Building
Co Leads- Eileen Cronin/ ADPHN
CR&ST, Physio OT, Nursing,
Community Workers, Health Promotion

Specialist Falls Service
Liz O'Sullivan
Kieran O'C, Pat Barry, ATC, CR&ST
CR&ST, Falls Dev, ANPs

Continuing care
Chair Rosemary T. Murphy
DONs Community Hospitals & CNUs

Evaluation workstream
Chair Olivia Wall
Falls Dev & Admin Support Persons, Eileen Moriarty
Kieran O'Connor

Integrated Falls Pathway

Clinical Perspectives

Falls

- On the rise
- Function of ageing and frailty
- Little capacity currently for falls
 - Increased demand
 - Complex
- Evidence base established for 2 decades
 - Close et al
 - Otago interventions

Falls

- Pre-hospital
- Hospital - discharge
 - ED
 - AMU
- Admitted Hospital with fracture
- Community falls
- Falls screening

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Falls Service

- Screening function
 - Healthy Ageing Groups
 - Health Centres
 - Primary Care Teams
- Any time somebody touches a service with a fall, we should try to respond, if not, it is a lost opportunity
- Ambulance, ED, AMAUs, MUCC etc

Integrated Falls Service

- *Pathways*
 - *Acute – ED and AMU*
 - *Community*
 - *PCT and Primary Care*
 - *FRAC clinics*
- *Simple, standardised*
- *Triage in ATC to one of several pathways*
 - *FRAC*
 - *ATC Clinic*
 - *CR&ST*
 - *Medical including Acute Medical Assessment Unit or OPD*

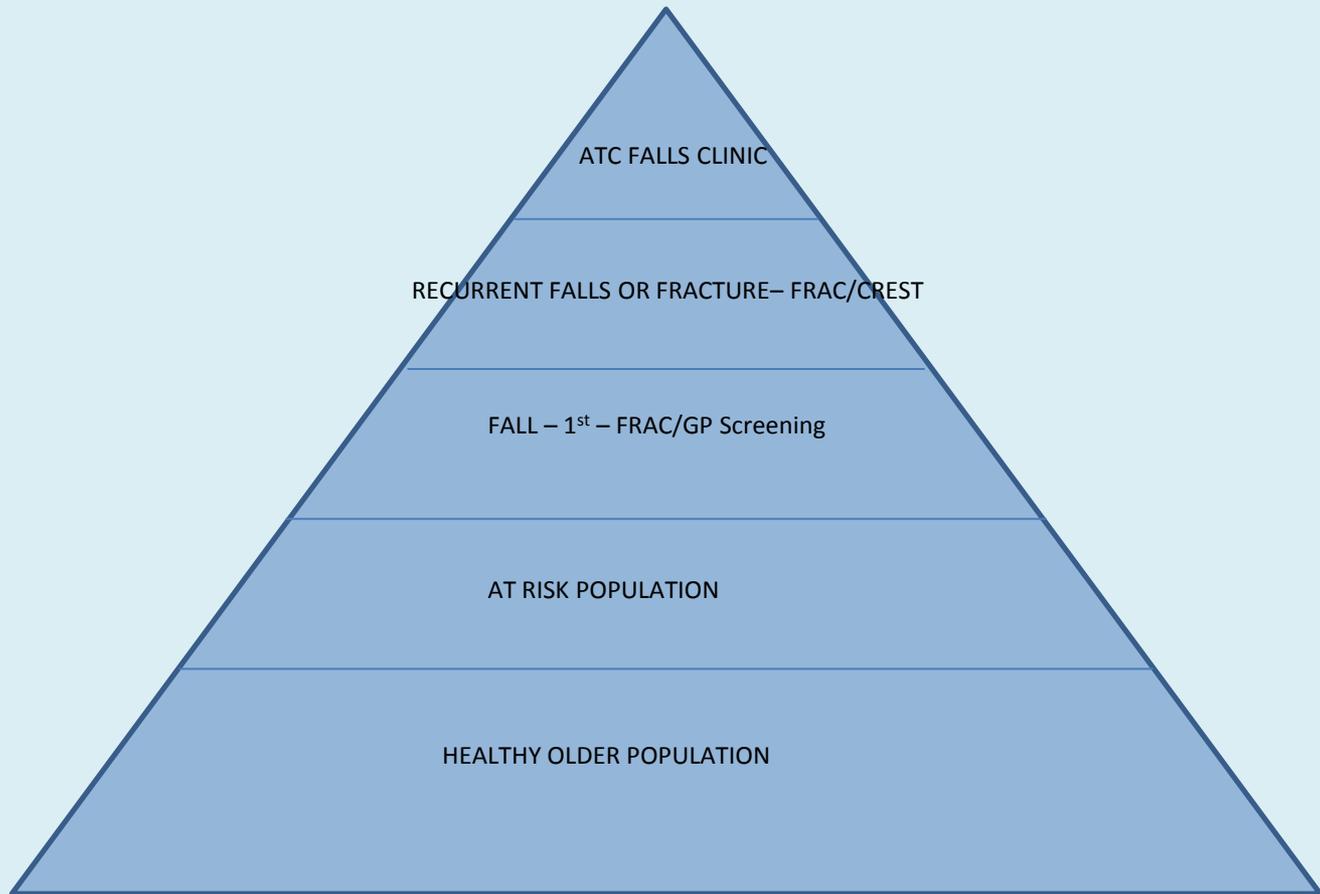
ATC Falls Clinics

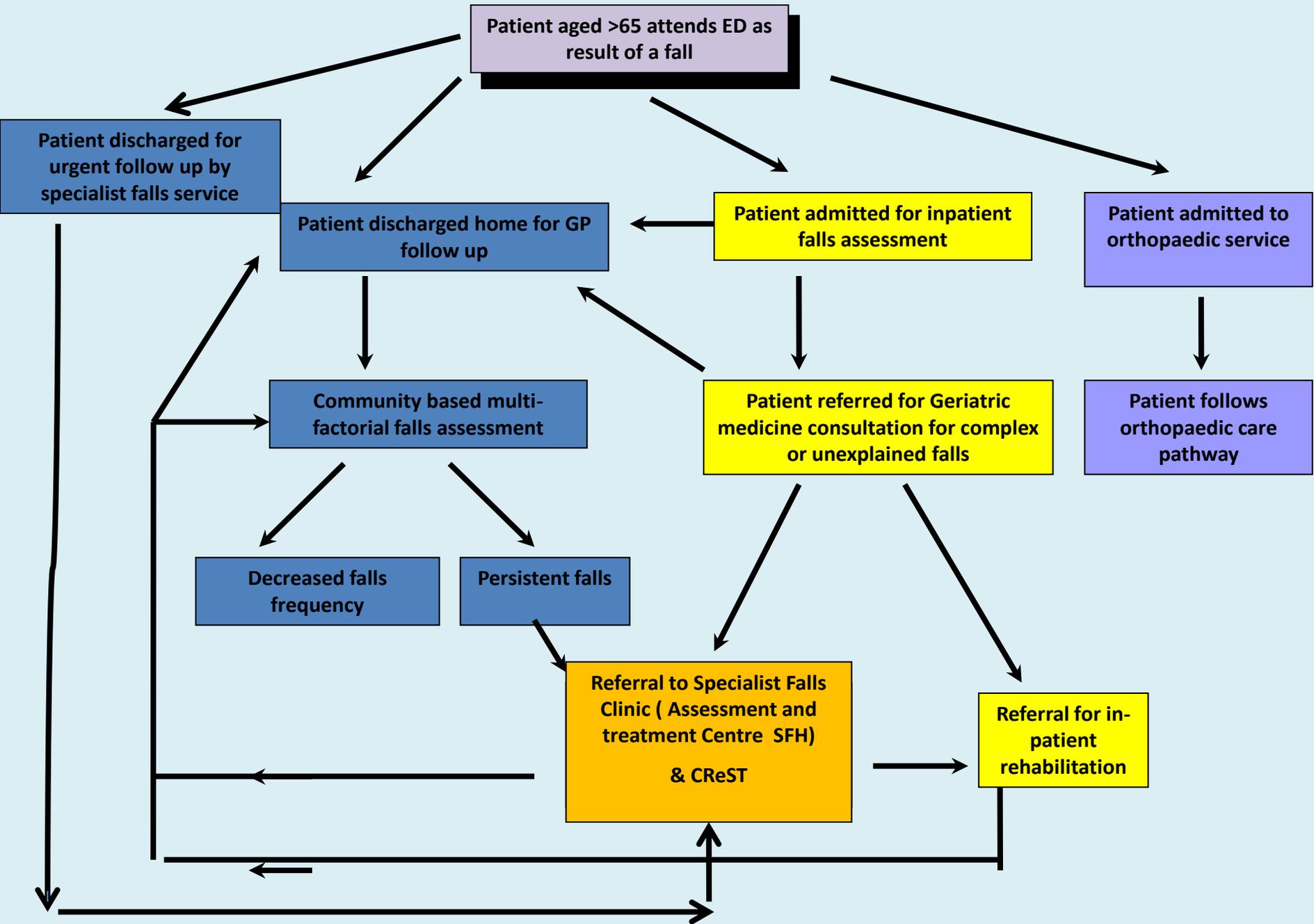
- *'Umbrella' service*
- *Supporting several functions*
- *Small volume, high level input*

- *Specialist Falls Syncope Clinic – Dr Kieran O'Connor – Tuesday pm*
 - *Small volume, high complexity*

- *Interdisciplinary Falls Clinic – Medical, Nursing, Therapy – Thursday am*
 - *Large volume, moderate complexity*

Planned Service





Next Steps

- Complete and evaluate this phase of implementation
- Extend to remainder of Cork & Kerry
- Further opportunity for integrated work on prevention of fragility fractures

References

- K. Akesson et al: “Capture the fracture: A best framework and global campaign to break the fragility fracture cycle. Osteoporosis Int DOI 10.1007/s001-013-2348-z, published on line April 2013