The Burdett Falls Project:
Transforming a Fragmented City Wide Falls Service into a Coherent Patient Centred Resource

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Population 550,000
Ethnically diverse – 19% Black & Minority Ethnic
Large student population – Sheffield and Hallam universities
86,000 over 65s (16% of population)
4,300 over 90 (an increase of 26% since 2001)

Sheffield Teaching Hospitals NHS Foundation Trust

• 5 teaching hospitals, including A&E services
• 15,000 employees
• Major Trauma Centre for Yorkshire & Humber region
• Specialist medical and surgical services
• Recent integration with community services
• Strong partnerships with the universities, other health and social care providers and industry
Burdett Citywide Falls Project Aims

• Empower nurses to lead, integrate and transform a citywide falls service using the internationally validated quality improvement methodology of Clinical Microsystems driven by robust data.
• Deliver a service designed by staff and users to optimise patient-centred evidence based care in falls prevention and management.
• Maximise community engagement and networking in falls prevention while sustaining continuous improvement.
• Improve access and effective delivery of care.

The Team

- Project lead: Senior staff Nurse – elderly care
- Facilitator: Physiotherapist – falls and long term conditions
- Facilitator: Physiotherapist – musculo-skeletal conditions

All 2 days/week plus clinical roles
- Community Matron – long term conditions

Seconded 1 day/week
Why?

Hip fractures
2013: 544
Jan – Aug 2014: 407

Fractured neck of femur rate
17%
Higher than National Average

Patients attending A&E with fall/suspected fall per year:
- 2011: 5257
- 2012: 5531
- 2013: 4896

Falls with fragility fractures attending A&E:
Aug 2013-Aug 2014: 681

Falls with fragility fractures attending A&E:
Aug 2013-Aug 2014: 681

Potential cost savings from preventing 50 hip fractures:
£500,000

Not including:
– Social care
– Effects on quality of life:
  • Loss of independence
  • Loss of confidence
The Sheffield Falls Pathway in 2012

Pockets of Excellence with:

- Strong evidence-based background
- Well trained, committed staff
- High quality care offered

But:

- Barriers to communication
- Variability in access
- High fractured neck of femur rate
Starting Out...

Pre-phase - Managing up:
• Macro & meso-system level discussion from Sept 2012 onwards and ongoing
• 30,000 feet process map with Stakeholders Dec 2012
• Identified the main services involved in Falls
• Individual approach to service managers Dec/Jan

Action Phase - Team coaching
• Began in earnest Feb/March 2013
• Networking and gathering opinion

Microsystems

• Initially worked with different teams within the Falls Pathway:
  o Falls Prevention Team (FPT)
  o Front Door Response Team (FDRT)
  o Community Integrated Care Service (CiCS)
  o Assessment and Rehabilitation Centre (ARC)
Early Findings

Mesosystem – Sheffield Falls Project Group

Fortnightly meetings
Multi disciplinary
Operational front line staff from all levels
Data collection
Small tests of change
Outcome measures
Level hierarchy
Expanding attendance as needed
Limited to within the Trust
To this......

Mary's Journey

Day 0
GP Referral received by Falls Prevention Team
(19/02/14)

Day 40
MFFRA Completed by SpTA
(31/03/14)

Day 54
GP referral received by Falls Clinic
(14/04/14)

Day 117
Attended Falls Clinic
(16/06/14)

Day 103
Falls Clinic Appt
(02/06/14)
Cancelled by patient

Day 169
Completed 6th & final session of
1:1 Physio
(07/08/14)

Day 204
Due to commence Falls Programme
(Group) at ARC
(11/09/14)

Total number of days Mary has
spent waiting along her journey is

162
Falls Clinic Waiting Times

Mean wait time from referral to clinic (work days)

Monthly wait time averages

Month of referral

- okt-13
- nov-13
- dec-13
- jan-14
- feb-14
- mar-14

Macrosystem - Clinical Pathway Meeting

Result of period of change

- Monthly meetings
- Multi disciplinary
  - external agencies included: local authority, patient rep
  - Front line staff
  - High level staff
  - Finance, IT, Managers, Strategy & Planning
The Challenges

Challenges faced:
- Linking silos
- Confusion
- Numerous waiting lists

How we met them:
- ‘ARC’ group redesigned the “Ideal pathway” and simplified the process
- Patient experience as the focus
- Engaging the wider community

Fragmented Services

Challenges faced:
- Linking silos
- Confusion
- Numerous waiting lists

How we met them:
- ‘ARC’ group redesigned the “Ideal pathway” and simplified the process
- Patient experience as the focus
- Engaging the wider community
John’s Story

Potential opportunities to refer to falls pathway
Lack of Higher Level Support

Challenges faced:
• No executive representation
• Frontline staff squashed in the middle

How we met them:
• Organised meetings with people higher up the ladder
• Used opportunities as they arose

Dynamic Environment

Challenges faced:
• Turbulence
• Large scale changes occurring from the top

How we met them:
• Acceptance & understanding at all times!
• Saw the changes as opportunities
Trust

Challenges faced:
• Cynicism/Skepticism
• Hostility
• Resistance

How we met them:
• Transparency
• Regular communication
• Facilitating ‘ownership’
  not ‘buy in’

Red Tape

Challenges faced:
• Commissioned services
  - Pathways
  - Age restrictions
• Financial implications

How we met them:
• Met with Commissioners
• Understanding the ‘knock on’
  effect to other services
Time

Challenges faced:
• Juggling clinical jobs/job creep
• Maintaining momentum
• Slow progress
• Winter pressures

How we met them:
• Acceptance – it’s a huge undertaking
• Regular team meetings and action plans

Acknowledgement:
The Burdett Trust for Nursing
Any Questions?