

## CONFERENCE ABSTRACT

# Designing an integrated care pathway for falls prevention in University Hospital Waterford.

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**An introduction:** (comprising background and problem statement) In Ireland, 30% of people aged over 65 fall each year. Fall injuries were described as an epidemic in WHO report 2007. As the population ages and patients become more frail and complex the need for an integrated care pathway for falls is apparent. Many people who fall and are at risk of recurrent falls present to the emergency department. In our area there is currently no integrated falls pathway in operation.

**Theory/Methods:** We carried out a prospective review of the fallers in the emergency department. We aimed to determine the number of older people presenting with falls, risk factors, injuries sustained, and reasons for admission.

Data collection was carried out by two methods. The Integrated Patient Management System Database was screened using selected keywords for the same time period. The frontsheets of the ED record were then examined to determine if the presentation involved a fall. In the same period doctors in the ED were asked to complete a form each time they saw a patient who had fallen. The forms were entered into a database and coded on a daily basis.

**Results:** Data were collected prospectively from 17/10/2016-5/11/16. A total of 109 patients were identified to have presented to ED following a fall. Database screening identified 83 patients presenting with falls. Doctors submitted forms for 22 of these patients and a further 26.

45.8%(22/48) patients were admitted;12 medically, 10 orthopaedic.

2 of 11 patients with previous fragility fractures were on bone protecting medication on admission. 3 patients represented during the study period.

**Discussions:** Given our findings, we have designed an integrated care pathway for falls in our area. Phase 1 incorporated establishing a pathway from ED. We aim to improve identification of fallers in ED and to provide an integrated care pathway to improve management. Patients referred via this pathway will be triaged by a consultant geriatrician and seen in either specialist consultant led falls and syncope unit one session per week initially or seen in a community based MDT led falls unit.

**Conclusions:** There are a high number of older people presenting to the emergency department (approximately 6/day) and being admitted to the hospital following falls.

**Lessons learned:** Using an integrated care approach, we believe the number of presentations, representations, admission and length of admissions can be reduced.

**Limitations:** Difficulties in accurately recording the numbers of fallers presenting to ED are well documented. We attempted to ensure comprehensive data collection and service needs analysis by using both data forms from reviewing doctors and database screening.

**Suggestions for future research:** We intend continuing data collection following the implementation of the pathway in January. We will also monitor our falls and syncope clinic as per ESC guidelines.

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**Keywords:** falls; emergency department; older people

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