

Over the years as a Paramedic, I have responded to and experienced the impact of falls! Although they are often not perceived as a life threatening, traditional blue light event, the impacts of falls are enormous and far reaching!

People often wait for hours, unable to get up, unable to access support and often in pain or discomfort. Neighbours and family who used to help and support are now often unavailable or are unaware of those who are at risk within

Imagine being on the floor, unable to move and unable to lift yourself up. A once fit, able, mobile person is now unable to stand as a result of a fall. You phone 999 for an ambulance, but due to current pressures, you are informed that an ambulance will not be available for 6-8 hours. Imagine lying in bed, awake for 8 hours, that seems long enough, eh?

But now imagine lying on a hard floor, unable to go to the toilet, unable to move and unable to drink or eat? Imagine hoping someone is coming but you don't know when? Then imagine when someone turns up and tells you because of the amount of time you have been on the floor, you now must go into hospital. When you arrive at the hospital there is a wait- due to the hospital being full, and then you struggle to walk (when asked) because you haven't been able to walk for nearly 20 hours. After a few days in hospital, there is talk about you coming home, but now you are struggling to walk. On top of the difficulty in walking you now feel a "fear of falling", you worry that if you fall again, you will be waiting, unable to access help or will have an injury. You start to feel that walking is too risky and start to reduce your activities.

Every year in Wales between 230,000 and 460,000 people fall each year aged over 60. Over a third of people aged over 65 and half of those aged over 85 will fall each year!

Each year the Welsh Ambulance receives over 50,000 incidents because of a person experiencing a fall. This cycle of deconditioning is very real and impacts of people, families, and communities. In 2016, I began looking at new ways that we could assist people who had experienced a fall. We were aware that there was an increased in Serious Adverse Incidents and concerns and the overarching concerns from patients was the timeliness of response. So, something clearly needed to change, to seek system wide improvements.

We decided to implement a simple framework- which focused on 3 levels of response to falls. Level 1 was a non- injury falls response, focused on those patients who were clearly not injured. We developed and tested a new role, in full collaboration with colleagues from the St. John Ambulance. The organisation felt uneasy as we were departing from our traditional ambulance response, we were entering into the unknown. However, there was a recognition that our system was not providing a quality response and sometimes was contributing to or causing harm. When I think back to this time, the eight stages of Kotter's model were properly advancing at pace. There was a sense of urgency, a guiding coalition, a clear change vision, communication across the whole organisation, empowerment, celebration of improvements and a sense of total commitment to continuous improvement. Alongside the Level 1 teams, we developed a Level 2 Falls and Frailty Response. This consisted of a therapist and Paramedic Response. This team could respond on blue lights and sirens (emergency conditions) to calls where patients had experienced a fall and complexity. Routinely this amazing multidisciplinary team ensure under 70% of the patients they attend are not transported hospital. Our traditional ambulance response normally transports around 60% to hospital, demonstrating a system wide improvement. Level 3 represents the emergency ambulance response, and we recognise that for some patients an ambulance response will be entirely necessary.

When we reflect on our achievements prior to 2018, over 70% of all 999 calls for falls, received a response by a frontline emergency ambulance. However, since the increase in alternative roles within the service, now only 45% of falls incidents require an Emergency Ambulance Response. Not only has this provided a quicker response for patients who have fallen, but its released capacity to ensure patients who are experiencing a life-threatening call can have a rapid response.

We know that we need to develop a community that has a sense of resilience, one which can respond to those most at risk during their time of need. Does the ambulance deal with all the demand, can it respond in a timely manner? Does it have enough resources? The answer is no. As a society as neighbours, we need to be confident in helping fellow individuals in their time of need. Our vision is that communities will be able to respond quickly to those patients who are at risk. This includes a community where neighbours, friends, family or volunteers are able to safely lift people from the floor and support our population to remain independent. We will be shortly looking to recruit a number of volunteers who are able to support patients, provide welfare and monitor patients if necessary, within the community. This could be during the time waiting for an ambulance or helping to relay important information to our clinicians over the phone, to make the best decisions, often caring for patients at home.

Our model has been shared across the UK and has influenced national policy and procedures. What started as a simple framework has changed and challenged our status quo. It has led to buy in across organisations and developed an energy that seeks to make significant improvements.

Was it difficult to achieve- yes! Did we have all the answers- no! Was it complex- absolutely. However, as an organisation, we fully recognised the need to change, we developed a vision of a future state and we continue to build on this improvement journey of improvement. Patients were at the forefront of our improvement and stories from patients and families kept us focused on the need to change.

Ask yourself the question? Could you help? What more could you do? How could you support someone close by who has fallen, to enhance their quality of care! It's a significant challenge, but one with a vast number of opportunities. We really feel that developing community resilience is key to help us improve and provide sustainable improvements. When looking back at our improvements across the system I think of Robin Sharma who says, "Change is hard at first, messy in the middle and so Gorgeous at the end." We continue our journey of improvement and hope you will join us to develop services that our fit for the future.