



CASE STUDY -

Breaking the cycle of unnecessary hospital transfers for falls patients

Consultant Connect is helping community rehabilitation nurses in Cardiff and Vale University Health Board **access rapid senior clinical advice for falls patients**, supporting safe decision-making and avoiding unnecessary transfers to A&E.

Susan Eshel, Senior Nurse managing the community rehabilitation wards, explains why the team introduced the service and how it has changed the way they care for patients.

The team began using Consultant Connect around 18 months ago after **identifying a need for rapid senior advice from EU consultants** for patients who had fallen at their satellite community rehabilitation site.

‘Because the site is not an acute hospital, **patients who fell would often be transferred to A&E by ambulance** so that investigations, such as CT head scans or X-rays, could be undertaken. **In many cases, these investigations were not required**, and the consultant would subsequently discharge the patient back to the community rehabilitation ward.’

The process involved waiting for an ambulance, hospital assessment and screening, and then returning to the original place of care.

The new pathway enables nurses to contact the on-call EU consultant through Consultant Connect for advice on whether a patient needs to be transferred. In around **nine out of 10 cases, the consultant advises that the patient can remain on site.**

‘We look after older patients, some of whom have cognitive impairments, and transferring them in an ambulance out of hours **adds undue stress on them and their families.**’

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Supporting nurses with senior clinical advice

Doctors are available on-site between 9am and 5pm to assess patients after uncomplicated falls. Overnight, nurses are responsible for making these decisions, and **without access to a consultant, patients are usually transferred as a safety precaution.**

The health board's Falls Implementation Lead Group developed a falls proforma identifying when nurses should contact the EU consultant. The nurse relays their clinical assessment, and **the consultant advises on whether the patient needs to be transferred to A&E.**

Where a transfer is not required, **an action card guides the nurse through the necessary steps**, including reassessing the patient, completing incident and post-falls assessments, informing relatives, and carrying out observations. If a hospital assessment is needed, the team calls 999 and continues to monitor the patient whilst awaiting an ambulance.

'These are patients who would have been cared for on an acute site somewhere in their pathway, and it has been suggested that they require a longer period of rehabilitation, so they come here for extended recovery. This cohort of patients is at a high risk of falls. **The new pathway breaks the cycle of returning to an acute hospital when not clinically indicated.**'

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Building confidence and extending the benefits

Before the pathway was introduced, there was no other mechanism for the nursing team to contact a consultant directly for advice. **The pathway provides an additional layer of senior clinical decision-making for patients who sit in a grey area** – where a nurse may otherwise transfer the patient as a precaution, particularly if they do not feel sufficiently senior to make the decision independently.

'**The nurses' feedback has been really positive.** They were hesitant at first, but once they'd used it and received a good response, there was buy-in across the board.'

The benefits have extended beyond the original falls pathway. When a nurse accidentally used the service for urology input about a blocked catheter, **the consultant provided advice that enabled the issue to be resolved on-site.**

As a result, the team is now considering how to expand the pathway to include other specialties.

A record of every conversation

For Susan, **one of the less-visible benefits of Consultant Connect has been the ability to access call recordings.** Following a fall that resulted in a fractured hip, a safeguarding concern was raised about whether the patient's care had been escalated quickly enough.

Reviewing the Consultant Connect recording established that the nurse had followed the protocol correctly, whilst the locum consultant who answered was unfamiliar with the procedure. The team subsequently refined the falls proforma to clarify expectations for both nurses and consultants.

'It can be difficult to prove a negative, so **the recorded call for the nurse was a real benefit.**'

The updated process was implemented quickly, and the team has not experienced a similar incident since.