

Wide variation in emergency service response to elderly falls patients

March 27 2012

The ambulance service response to emergency calls for elderly falls patients varies widely across the UK, reveals research published online in *Emergency Medicine Journal*.

Falls are the principal cause of injury among those aged over 65, with around one in three in this age group sustaining a fall every year, say the authors.

And in London alone one in 12 emergency calls for ambulance services are made for older people who have fallen.

The authors surveyed all 13 UK ambulance trusts about their response to all categories of emergency calls received for people suspected of having had a fall.

Eleven (85%) of the 13 trusts responded. And the responses showed that ambulance services have dedicated considerable resource to handling these types of calls.

But the responses also show that the provision of care varies widely across the trusts, and it is unclear what works best and represents the best value for money.

All of the ambulance trusts had set up systems to transfer emergency calls involving elderly falls patients to phone based clinical advisors.

One service additionally deployed a triage system to categorise the urgency of the call, with those considered to be less urgent referred to a dedicated "falls team" to be dealt with later. Two other services said they had plans to implement similar schemes.

Seven services had local response mechanisms in place for calls placed from personal alarm services; one service had plans in place to adopt a similar scheme.

All the services deployed specially trained [healthcare workers](#), such as emergency care practitioners, to respond to calls for elderly falls patients.

But seven services dispatched vehicles that were not crewed by emergency technicians or [paramedics](#), while all 11 services said they sent vehicles crewed by just one member of staff to older patients who had fallen.

One service was testing out the deployment of non-clinical staff while another had a specialist falls response ambulance, crewed by a paramedic and a social worker. The proportion of patients left at home ranged from just 7% to 65% for nine of the services, with only two services achieving a proportion below 42%.

Referrals to other services were made by various different categories of staff, while the method of making the referrals also varied, with some made at the scene, others from base stations, and others from the communications room.

Several trusts said there were restrictions on the type of referral they could make and to whom/where; not all staff had been given additional training in this area.

The authors point out that their findings show that UK ambulance services have gone to some lengths to ensure that elderly falls patients do not have to endure delays in response, which are an inevitable consequence of rising demand on these services.

"However, although service innovation for falls is widespread, clinically effective and cost effective service models are yet to be developed," they write.

Emphasising the wide variations in provision of care, the authors conclude: "These findings highlight the urgent need for research to inform policy, service and practice development for the large and frail population of older people who have fallen and for whom a 999 call has been made."

Provided by British Medical Journal

Citation: Wide variation in emergency service response to elderly falls patients (2012, March 27) retrieved 26 April 2024 from

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