

Study eyes gap in aiding fall-prone seniors

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A newly published study shows London-area paramedics are spending at least a month's worth of time each year literally picking up seniors who have called emergency services after a fall. And those numbers will increase unless better ways are adopted both to help fall-prone seniors and prioritize emergency resources.

"It's an emerging problem we need to address in North America as Baby Boomers age," stressed Health Studies professor Aleksandra Zecevic, who along with five Health Sciences undergraduate students analyzed paramedics' notes as part of their community-service course, Gerontology in Practice.

Published in the journal *Prehospital Emergency Care*, the peer-reviewed study examined only instances where patients did not need medical care and chose not to go to hospital – the seniors' only pressing need was help to get up to a sitting or standing position.

It was "heart-wrenching" to read some of the patient stories, said Dustin Carter, Superintendent of Community Paramedicine with the Middlesex-London Paramedic Service and an innovator in remote patient monitoring to keep seniors living

longer and healthier in their homes.

The majority of patients interviewed said they would have preferred not to call. But there was no other resource available to them, Carter added. "Some of these people would say, 'I don't have anybody else to call, so I have to call you and wait on the floor until you arrive.'"

Some calls also came from home-care staff and long-term-care facilities with do-not-lift policies.

The study authors say the lift-assist calls aren't necessarily the most timely, cost-effective or medically appropriate use of paramedics' expertise.

Before this study, Middlesex-London Paramedic Service hadn't been able to quantify the number and demographics of lift-assist calls. These calls aren't covered under provincial funding envelopes, are 'uncoded' and their cost of about \$200 per visit must be absorbed by the service.

The numbers are staggering:

- Paramedics responded to 1,121 seniors' lift-assist calls from 611 individuals in 2015.
- Two-thirds were single visits, but about 200 people needed lift assists multiple times during the year (including four who received 16-20 visits).
- Lift assists required 801 hours of paramedics' time – or the equivalent of more than 33 around-the-clock days – at an unrecovered cost of about \$160,000.

In other words, a lot of seniors who fall or slip or can't get out of bed will call paramedics, not because it's the best option for anyone but because it's the only option.

Carter added, "That means our high-level resources are being put towards calls that may benefit instead from a different kind of service."

The study authors recommend:

- Early referrals by [paramedics](#) for fall-prone seniors because falling can be a marker of diminishing health or medication issues;
- Stronger collaborations with home-care, retirement care and long-term care organizations that call 911 because of the agencies' do-not-lift policies; and
- Specifically target naturally occurring retirement communities with lift-assist management and education programs.

Zecevic said the study is an excellent example of how a partnership between community health-care providers and Western students and researchers can create meaningful impact in lives older adults in Canada.

More information: Tyson Schierholtz et al. Impact of Lift Assist Calls on Paramedic Services: A Descriptive Study, *Prehospital Emergency Care* (2018). [DOI: 10.1080/10903127.2018.1483454](https://doi.org/10.1080/10903127.2018.1483454)

Enlisting and training people who are equipped to do safe lifts and who already know the seniors and live in the community could benefit everyone, Zecevic said. But that also requires different ways of thinking about who pays for that service.

Provided by University of Western Ontario

"It doesn't seem these different 'pockets' of government health-care funding are talking to each other about how to streamline expenses. They don't talk about how to make this more efficient and less costly," Zecevic said.

"Instead of sending fully staffed ambulances across the city to respond to a lift-assist call, it would be better to have a dedicated specialized response team, with enhanced skills, operating at a lesser cost, similar to our community paramedicine model."

Said Carter, "Lift assists are not always a benign occurrence. They can be a marker of frailty and health decline in older adults. A proper assessment is still key to addressing underlying issues and reducing future occurrences."

The benefit would be a stronger network of community support organizations caring for seniors, which would in turn allow them to stay at home longer and more safely, and better use of paramedic resources for urgent and emergency care.

Unless the model changes, the issue will grow as more Canadians become seniors, with the increased potential of health issues related to loss of strength and loss of balance. In 2017, for example the number of lift assists increased to 1,861 and is on pace to match or exceed that number this year.

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