

One in Two Lift-Assist Emergency Medical Services (EMS) Calls in Community-Dwelling Older Adults are Associated with a Return EMS Call within 30 Days

STUDY OBJECTIVE

To describe the frequency of "Lift-Assist" (LA) calls, the frequency of return EMS calls and hospital transport involving the same patient, in a single community.

STUDY DESIGN

Design: Descriptive epidemiological study

Setting: Suburban New England community with above-average representation of older adults and with single EMS system coverage, 2004 through 2009.

Data Analysis: All EMS calls for LA as identified by EMS "exit codes" recorded in the computer-aided dispatch system between 2004 and 2009 were collected for analysis. Exit codes were based on the nature of the incident as determined by the EMS provider on scene and distinct from the caller's complaint. Estimates for total calls and proportion of all calls were calculated. Return EMS calls were defined as an EMS response to the same address within 30 days after an index EMS call for LA. Names of persons were used to determine return calls, and when unavailable, age and sex were used to match return and index EMS calls. Cases without sufficient identifying or demographic data to allow for the return-visit analysis were excluded.

Outcomes: Return EMS calls responded to at same address as index LA EMS call within 30 days.

MAIN RESULTS

There were 1,087 LA calls during the study period, accounting for 5% of all EMS calls. Fifty-two percent of index LA calls were associated with a return EMS call within 30 days and averaged 21.5 minutes of EMS crew time per call. Key patient data were available for 214 (38%) return calls and showed that 182 of 214 (85%) were for the same person. Among these 182 calls, 101 resulted in transport to the hospital.

CONCLUSION

This descriptive study demonstrates that LA calls are associated with a large proportion of return calls and significant EMS service time. A significant number of these return calls required transport to hospital, suggesting that the initial LA call could serve as a "sentinel event" to trigger an appropriate assessment for falls prevention and medical screening.

ABSTRACTED FROM

Cone DC, Ahern J, Lee CH, Baker D, Murphy T, Bogucki S. A descriptive study of the "lift-assist" call. *Prehosp Emerg Care* 2013;17(1):51-6.

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COMMENTARY by Alex Lo, MD, PhD (University of Alabama at Birmingham)

"Lift-assist" EMS calls represent a small percentage of total EMS calls but is associated with a significant frequency of return calls within 30 days for more serious complaints and often requiring transport to hospital. Predominantly involving older persons, these seemingly benign index calls to EMS often represent much more. The authors of this study appropriately consider these to be sentinel events in older patients that should trigger efforts aimed at either fall prevention or safety intervention. In 2012, the British Geriatric Society and American Geriatric Society falls prevention algorithm identified an acute fall as a positive screen requiring a comprehensive medical assessment to determine risk of future falls.[1] LA calls may also be triggered by non-fall issues, such as syncope, dizziness or generalized weakness, all of which themselves can represent a range of geriatric syndromes or conditions. EMS personnel are capable of screening for fall-risk in community-dwelling older adults[2], as well as initiating referral for social services.[3] EMS geriatrics education can improve their comfort in caring for older patients.[4] Further studies across a wider range of communities and EMS systems will help determine how generalizable the experiences of this study's single community are. These future studies will be critical to clarify both the feasibility and cost-effectiveness associated with implementation of EMS-based geriatric screening and referral programs in other communities.

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