

An Integrated Response to Emergency Ambulance Calls from Nursing Homes (NH) improves Timely Access to Comprehensive Geriatric Assessment (CGA)



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Introduction - Frail adults should be offered comprehensive geriatric assessment. Falls are the most common reason for conveyance to hospital for Nursing Home (NH) residents in SBUHB and are associated with mortality, morbidity and are a significant burden on Welsh Ambulance Service (WAST) and the Emergency Department (ED). Older people are often subject to long ambulance waits and offload delays. By using a collaborative approach, we aim to reduce hospital conveyance rates and adverse patient outcomes.

Intervention

Phase 1 – Jan 2020 – Feb 2022.

Welsh Ambulance Service (WAST) calls analysed from SBUHB NH concerning Falls/Potential Falls where an Emergency vehicle attended the scene. A survey was sent out to NH to see how the staff treated falls. Education was provided about CWTCH to Swansea NH in March 2022.

Phase 2 – March – September 2022

WAST calls analysed during this period. Development of a referral pathway with Acute-GP unit (AGPU) and Advanced Practice Paramedic (APP) colleagues who review the WAST "live stack" allowing calls to be diverted to Older Person's Assessment Service (OPAS). OPAS also offer same-day assessment for NH residents (and others) directly.

Results

Phase 1 – 4907 calls, 866 were coded as falls (17.65%), 1032 were potential falls (21.07%). Over the pandemic the calls for falls were consistently higher than those for COVID-19. Of all calls, 60.45% were conveyed to hospital (See Graph 2). Education was delivered to all Swansea NH, 100% staff feel more confident with 90.98% less likely to contact 999.

Phase 2 – 1408 calls from SBUHB NH, 276 falls (19.6%), additional 314 potential falls (22.3%). There was significant change in conveyance ($p < 0.05$) with no change in call nature or call frequency ($p > 0.05$). Per month, the mean conveyance reduction was 20 patients in those where an emergency vehicle attended via WAST. Additionally, OPAS review an average of 12 patients from NH directly each month, bypassing WAST.

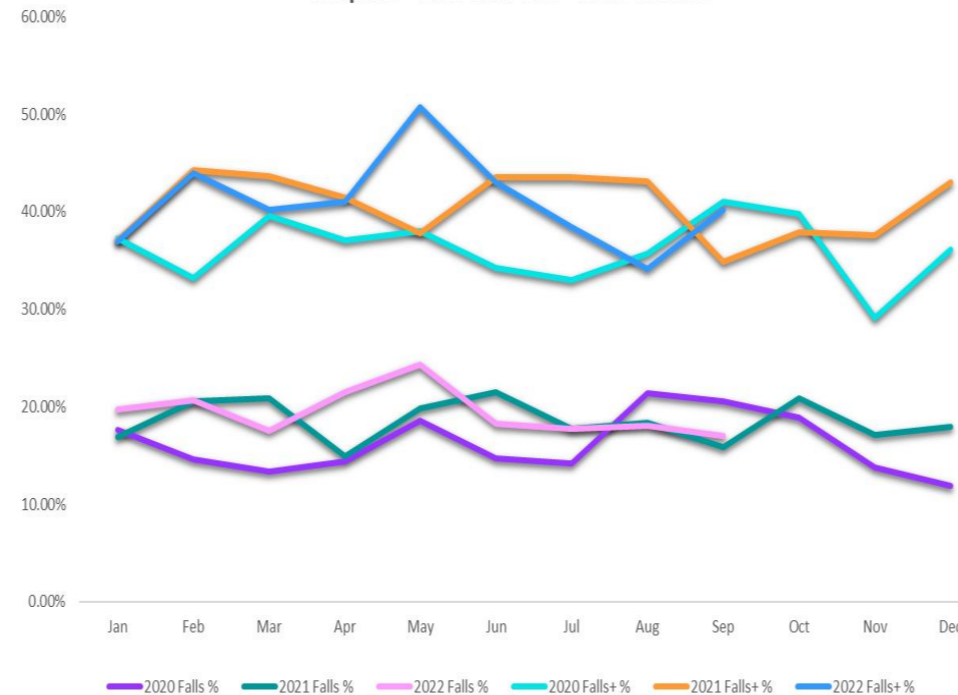
Conclusion

Falls remain a significant burden on ED and WAST and we have shown education plus collaboration between AGPU, WAST and OPAS shows significant conveyance reduction, ultimately delivering a better patient experience and system efficiency.

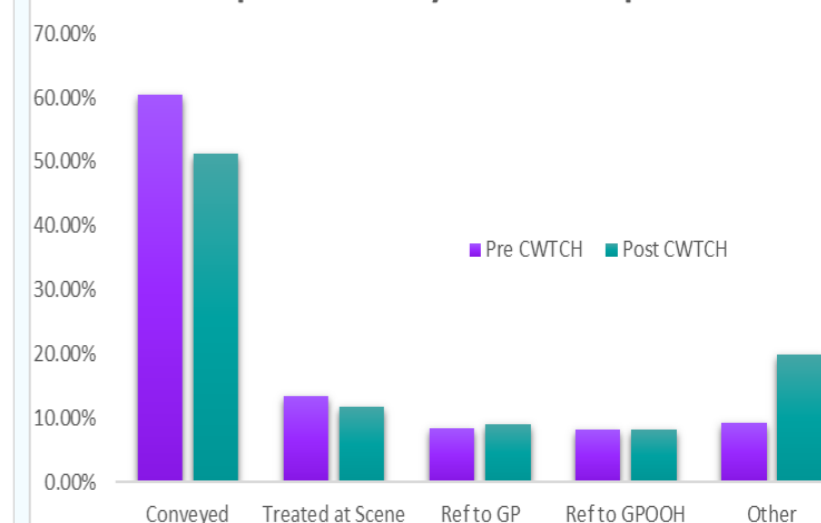
Each call-out has a cost per hour of £101.34, with average offload for those >65 years old being 406 minutes, saving a least £27000 per month on offload delays.

Future directions include expanding post-fall education to NH in Neath/Post Talbot and WAST first responders in order to be able to assess those who fall in Residential Homes and in their own Homes. We are piloting a rapid-response vehicle to assess fallers in the community and are developing a MDT rapid-response model of care.

Graph 1 - Falls and Fall+ each month



Graph 2 - Conveyance to Hospital



What can we do for our elderly fallers to reduce exposure to a long lie?

We can give them a CWTCH

**C
W
T
C
H**

Can you move them

Will it harm them (any new neck or back pain)

Treat (wounds / pain relief)

Cup of tea (in most cases they can eat/drink)

HELP (when to call)