Taking the Fall: Can We Treat and Release Those in Assisted Living Facilities?

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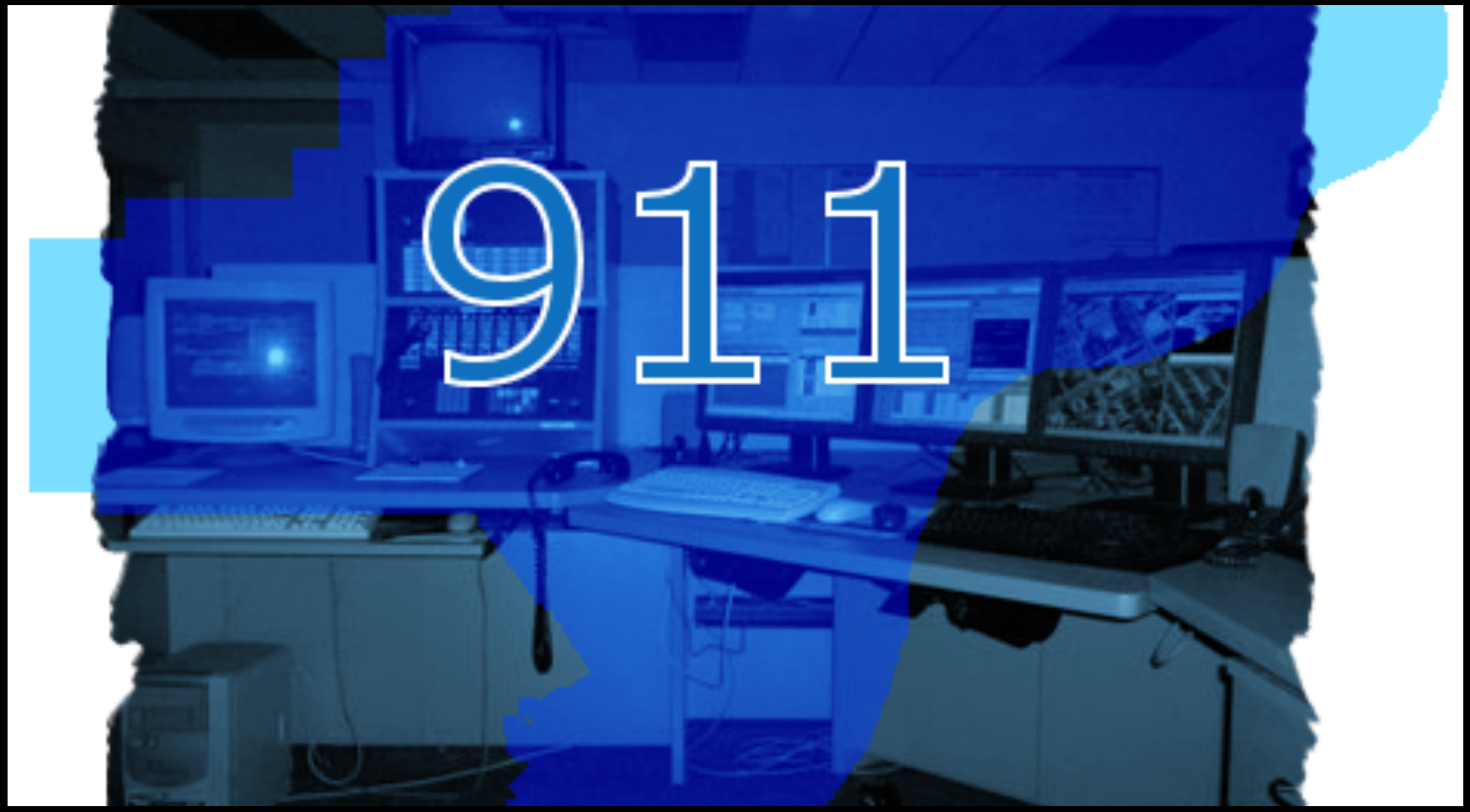
Bitch

Calls



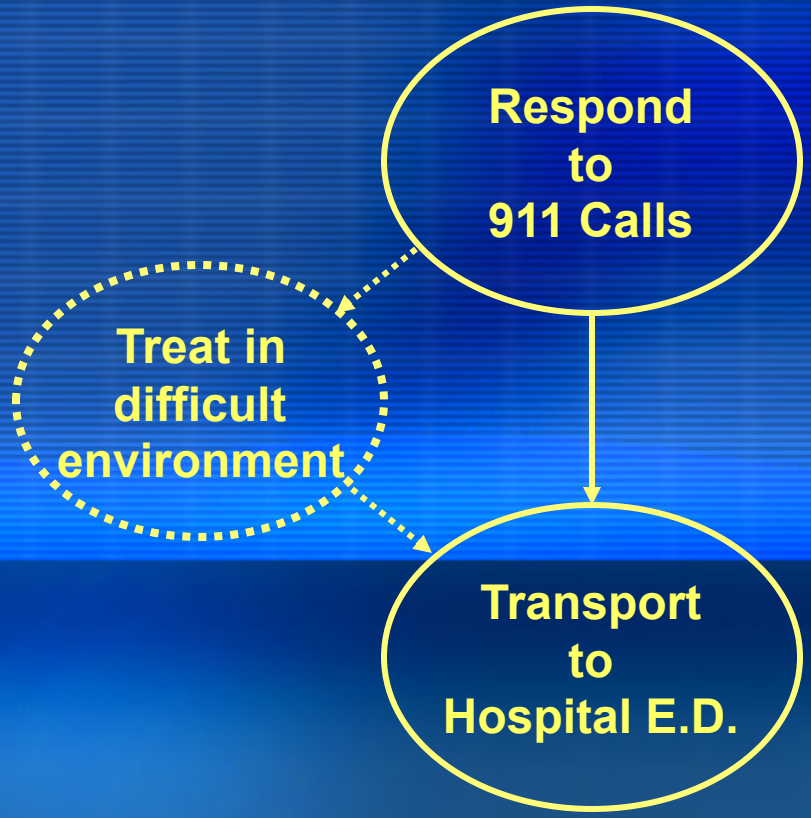
Falls

And Big Brass Balls

The Three R's

- **Respond:** Critical medical emergencies occur and require an experienced paramedic to mitigate
- **Redirect:** Not all patients need an emergency dept evaluation – experienced paramedics can help with destination decisions
- **Reduce:** Well-person checks for diabetic patients, CHF patients, etc.

Historical Scope of Service



Desired Scope of Service

Reduce 911 calls in Special Populations
- Repeat users (frequent flyers)
- Diabetes
- Pediatric Asthma
- CHF
- Homeless

Respond to 911 Calls

Treat in difficult environment

Transport to Hospital E.D.

Redirect
- Treat/release from scene
- Refer - get appointment
- Transport elsewhere

Falls In Assisted Living Facilities

- 1 to 5 transports per day for our EMS system
- Majority are patients who are “found down” with no obvious injury or complaint
- Risk creation strategy for the facility is to summon EMS for transport to the emergency department

Inclusion Criteria

- Patient suffers and apparent fall (17 card for those of you MPDS folk)
- Fall in assisted living facility (not including SNF at this point)
- Patient of Doctors Making Housecalls group
- Informed consent form is on the patient's chart

Exclusion Criteria

- Patient not under care of Doctors Making Housecalls
- Other emergency medical condition is identified – then dispatched based upon MPDS
- Advanced Practice Paramedic does not check en route within 45 minutes (rolls to non-emergent ambulance dispatch)

Transport Required

- Uncontrolled hemorrhage
- Open/dislocated fracture
- Acute neck pain
- Altered mental status compared with baseline
- Laceration requiring repair
- Abnormal vital signs compared with baseline

Transport Not Required

- Simple skin tear
- No complaint
- No external signs of trauma
- Hip pain with full range of motion and no change in ambulatory status

Discuss with On-Call DMH MD

- Patient utilizing anticoagulation
- Unclear spinal exam
- Patient requiring pain control beyond that previously on DMH orders
- Abnormal lab values
- “Border line vitals”
- Other uncertainty regarding need for transport

In All Cases

- Advanced Practice Paramedics have real-time access to the DMH Electronic Medical Record
- This includes the ability to schedule a follow-up visit within 24 hours in every case, with 12 hour follow available if indicated

Falls in Assisted Living Facilities

- IRB approval is in place to study all such transports for the past year:
  - Evaluate safety of a decision tree that would allow APPs to evaluate patients on-site and avoid unnecessary transports
  - Determine proportion of patients with any findings on evaluation that required intervention
  - Determine costs associated with the evaluation

Falls in Assisted Living Facilities

- 1500 such transports were made last year
- ~$2.5 million dollars in healthcare expense
- Evaluation of the first 150 of these patients, 81% did not require admission and were discharged from the emergency department

Falls in Assisted Living Facilities

- Prospective evaluation will begin soon (hopefully in next 6 months)
- Public/private partnership with Doctors Making Housecalls (DMH)
- No ambulance will be dispatched; rather, APP only to simple falls
- Common medical record with DMH
- On-going evaluation of safety and costs

Low Acuity Callers

- Data Driven triage score
  - 1 very ill/injured
  - 2 and 3 need prompt evaluation
  - 4 and 5 – can safely go to the waiting room
- We are working to implement this scoring mechanism
- ~20% of our transports are level 4 and 5 (~$3.5 million in transport charges per year)

Summary

- Better health: we are providing the right destination at the right time for the right patient – this is better care for the patients
- Better healthcare: we are conserving scare resources for the patients who need them while building surge capacity in both the prehospital and inhospital environments

Summary

- Lower costs:
  - Alternative Destinations for SA/MH = ~ $350,000/year
  - Falls in Assisted Living = ~$1.75 million/ year
  - Low acuity transports = over $1.75 million/ year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