

# Managing Falls- Avoiding the need for conveyance to hospital with early community therapy and specialist paramedic intervention, a winter initiative

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## Introduction

Falls with minor injury are common within the ageing population and a common cause of fragility fractures. Following a fall many older people suffer a loss of confidence and reduction in independence and function. Older people admitted to hospital following a fall may also experience further challenges, such as hospital induced disability, deconditioning and increased risk of social isolation on discharge.

SPPOT, specialist paramedic physiotherapist and occupational therapist service, was developed to provide a specialist intervention for the assessment treatment of people over the age of 65 who fall at home with the aim of reducing conveyance to the emergency department (ED).

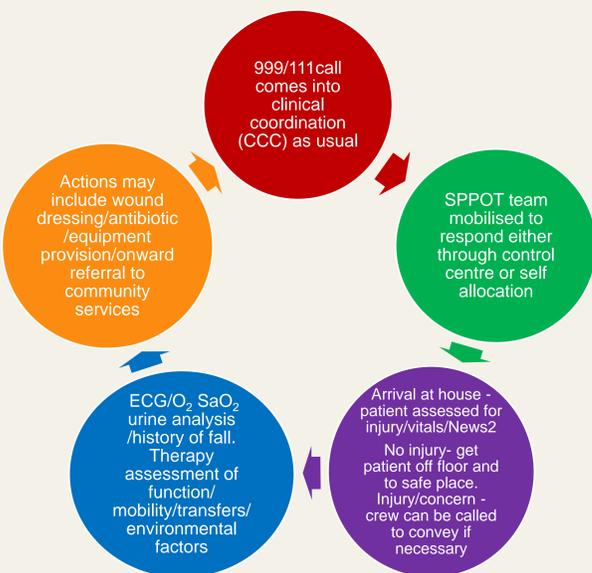
## Method

A review of falls data across Oxfordshire was undertaken in partnership with South Central Ambulance Service (SCAS) to establish the frequency, location and timing of calls to the ambulance service following a fall.

Winter initiative funding was allocated to the ambulance service who seconded a physiotherapist and occupational therapist, from the Community Therapy Services, to provide an enhanced service to assess, treat and signpost people who fall.

The adapted ambulance car provided specialist equipment to get patients up safely from the floor, following specialist paramedic assessment for injury. The therapy team undertook a comprehensive mobility and environmental assessment with the aim of delivering advice and interventions to reduce further falls. Ongoing community referrals for further interventions and assessment by the specialist teams was completed if required.

## HOW IT WORKS



- Visits took on average 1.5-2 hours depending on needs of patient
- Patients could be taken to EMU/RACU rather than ED if appropriate. E.g. IV antibiotics/fluids and then return home after this intervention. This would avoid Acute admission
- Advice was provided by SPPOT team therapists, to other crews attending falls, which resulted in appropriate referrals to community services rather than conveying to ED
- Data from November 18 – January 19 shows 93 visits with 85% non-conveyance rate. Reasons for conveyance included spinal tenderness, #NOF, sepsis

## Meet the Therapists

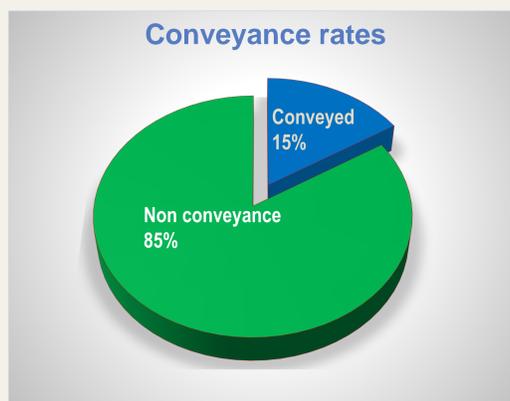
**SPPOT Team**  
(Specialist Paramedic, Physiotherapist, Occupational Therapist team)



## Results

- Over **78 operational days**, the service saw **132 patients** who had fallen in their own home for assessment and intervention by the specialist team, SPPOT
- This team consisted of a specialist paramedic and a senior physiotherapist or senior occupational therapist
- **85% of patients were successfully assessed and treated at home** – this is the non-conveyance group
- **15% of patients were conveyed to a hospital environment**, 18 patients to an acute hospital emergency department (ED) and two to the Emergency Multidisciplinary Unit
- For **24%** of patients this was their **first fall but the remaining 76% had previously fallen**

## Take a closer look....



## Outcomes

- Improved access to community pathways
- Reduced ED attendance and associated acute admissions and deconditioning
- Promoted independent living
- Reduce risk of low mood/ confidence following a fall
- High patient and carer satisfaction
- Reduced future demand pressures through early intervention
- Reduced conveyance to ED, frees up core ambulance crews
- Gained experience and knowledge in integrated partnership working

## Feedback

Fast response – normally wait about 4 hours for ambulance for fallers- really good having therapist to address issues that paramedics couldn't and provide equipment to stop further falls (lifeline responder)

"Brilliant all round assessment which meant I didn't have to go to hospital"

"Good to know I will get follow up as have been struggling for a while but wife didn't want to ask for help"

## Conclusion

- 5 month winter initiative providing a 7am-3pm clinical response with a therapy assessment for Oxfordshire residents following a fall/ non injury
- This short trial did not allow us time to consolidate and solve some of the issues raised in order to improve the project further.
- Patients were mainly age 65 and over who fell at home
- Prevented unnecessary conveyance to the Emergency department
- MDT working with a pro-active approach to prevent further falls and support older people to remain safely at home
- Vehicle carried usual paramedic equipment, manger elk, basic therapy equipment e.g. walking frames, ferrules, toilet seat but further equipment available at peripheral store at ambulance station where service is based
- 85% of pts seen during the project were not conveyed to acute hospital
- Onward referrals to community services would be completed to support patients within their own home

## Areas for development

- Providing advanced basic life support training to therapist to feel confident assisting with deteriorating patients
- Timings of shift patterns. A/L cover and overtime
- Continuous access to SCAS software to self deploy and collect data more easily
- Improve Communications between control centre, triage and SPPOT clinicians to improve number of visit and appropriate referrals

## Contact Information

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