

## **An Evaluation of the Nova Scotia Paramedic Fall Referral Program: a Retrospective Observational Study**

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**Site:** Emergency Health Services Nova Scotia & Nova Scotia Health Authority

**Background/ Rationale:** Older adults commonly call 911 because of a fall. One third of older adults (65 years and older) in Nova Scotia who call 911 for a fall related complaint are subsequently not transported to hospital. A frequently cited reason for falls related non- transports is the lack of serious injury to the patient or simple “lift assist” from the ground. The “lift assist” is known to be a dangerous term in Emergency Medical Services (EMS) and all too commonly is indicative of more serious illness. Cone et al. performed a descriptive study of lift assist patients treated by EMS that required a return visit within 30 days of the original call. Over 50% of patients who originally called for a lift assist had a re-lapse call within 30 days (Cone et al. 2013). Community-based falls prevention strategies can mitigate frequent EMS use by ensuring the mobilization of services for patients and early identification of underlying serious health problems requiring examination. Even so, mixed results have been observed when EMS fall referral programs were implemented. In Nova Scotia, patients who present to paramedics with a fall related complaint and non-transport disposition can be referred to a fall prevention program in some parts of the province. In this study, we will describe the implementation of the program and barriers to referral in order to develop recommendations to optimize its use. **Research Objective:** Our primary objective is to describe the referral rate (paramedic decision to refer or not) and barriers to the referral process. Secondary objectives include determining whether a fall referral leads to a reduction in falls related EMS use within 12 months of the original call. We will evaluate factors that may impede fall referral by comparing the characteristics of those offered referral to those who were not.

**Methods:** We will use mixed methods including a retrospective analysis of all patients with a ground level fall and non-transport outcome in the catchment areas identified (Truro, South Shore, Annapolis Valley). All patients with a falls complaint with non-transport disposition between February 1st, 2014 and January 31, 2019 will be included. We will conduct a semi-structured interview with paramedics to understand barriers to referral. **Why should this project be funded/ supported/ why should you be selected?** Canada’s population is ageing. This means that ageing related complaints will become more common. Paramedics can play a proactive role in identifying and referring older adults at risk for age related healthcare issues such as falls. Identifying a patient at risks for falls earlier and intervening may prevent future injurious falls.

1. 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.