

Collaboration between EMS and primary care physicians could reduce unnecessary emergency transport for fallen seniors

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A protocol that couples paramedic assessment with primary care physician consultation and timely follow up significantly reduced unnecessary ambulance transport for fallen elderly residents of assisted living facilities. The findings of a prospective cohort study are published in *Annals of Internal Medicine*.

Unintentional falls are the leading cause of nonfatal injury for adults aged 65 years or older who are treated in emergency departments in the United States. Residents of assisted living facilities who fall may not be seriously hurt, but policy still dictates that they be transported to the emergency department. These policies burden the health care system and place patients at risk for harms, such as unnecessary tests or exposure to infection. Therefore, limiting unnecessary transport is desirable.

Researchers from Wake County Emergency Medical Services sought to determine whether unnecessary transport to the emergency department could safely be avoided for patients who experienced a ground-level fall in an assisted living facility. Wake County Emergency Medical Services collaborated with Doctors Making Housecalls, a group of [primary care physicians](#) specializing in home care for older adults, to develop a protocol for specially trained paramedics to identify a subset of patients who would not be transported to the emergency department but instead would be scheduled for a visit with a [primary care](#) provider within 18 hours of the call for [emergency medical services](#).

The study involved a convenience sample of 953 residents, 359 of whom had 840 ground-level falls over 43 months. The protocol recommended nontransport after 553 falls, which marked a substantial decrease (62.9 percent) in transports. The researchers concluded that 98 to 99 percent of nontransported patients received safe, appropriate care. If implemented on a widespread basis, this approach could potentially avoid large numbers of unnecessary ambulance transports to the [emergency department](#) for simple falls.

More information: *Annals of Internal Medicine* (2017).
annals.org/aim/article/doi/10.7326/M17-0969

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