

Abstract citation ID: afad246.098

Scientific Presentation - Falls, Fracture and Trauma

2005 **How do emergency ambulance clinicians decide what to do for older adults who have fallen? An analysis of qualitative survey data**

I. Gunson^{1,2}, L. Bullock¹, T. Kingstone¹, M. Bucknall¹

¹Keele University

²West Midlands Ambulance Service University NHS Foundation Trust

Introduction: Around 10% of calls received by English ambulance services are for older adults who have fallen¹; with an ageing population there are significant care provision needs. Decision-making on the treatment for people who fall, can impact their future physical and mental health. Previous research in decision-making of ambulance staff found perception of role, confidence, service demands and training to be key drivers². The previous work highlighting drivers, but not the experiences that explain why they occur, leads this study aim to determine the experiences and confidence of frontline emergency clinicians in attending older adults who have fallen.

Method: Online cross-sectional survey of frontline emergency clinicians from one English ambulance service in May 2023. Open questions generated qualitative data for thematic analysis³. Ethical and regulatory approvals, and informed consent, were obtained. Results: 81 participants completed the survey. Analysis identified three themes. Care Provision: Provision of hospital avoidance pathways varies throughout the region. Concerns arose from not knowing what different areas had and reduced accessibility out of hours. Communication: Decision-making confidence was impacted by the participants' experiences; positive experiences encouraged use of hospital avoidance pathways, whilst negative experiences impeded willingness to avoid hospital for fear of repercussion. Shared Decision-Making: Patients, family and clinicians were all valued as part of shared decision-making, with past feedback on decision-making informing future practice.

Conclusion: Confidence of frontline ambulance staff was impacted by the challenge of a regional and 24/7 ambulance service not having consistent pathways available. This variation led to concerns when responding to patients outside of the clinician's usual area, and further challenges ambulance clinicians must balance in their practice.

References 1. Snooks, Anthony, Chatters. *et al. Health Technology Assessment* 2017; 21: 1–218.

2. Simpson, Thomas, Bendall. *et al. BMC Health Services Research*. 2017; 17: 299.

3. Braun and Clarke. (2022) *Thematic Analysis: A practical guide*.



ID NOW™ PLATFORM

KNOW FASTER SO YOU
CAN ACT QUICKER

NOW



Now, you can provide rapid molecular respiratory testing for COVID-19, influenza, RSV and strep A in any acute care setting, where and when it's needed most.



IDNOW.ABBOTT

NOW

IMPROVED WORKFLOW
with single patient swab for
COVID-19 and influenza A & B