

An evaluation of the role of SCAS in the attendance to call-outs and the transport to hospital of older people with dementia

Background

35% of ambulance call-outs in the SCAS region are to people aged 75 and over, and 17% of these known to have dementia. Older people with cognitive impairment and dementia are more likely to stay longer or die in hospital. It is not clear if factors such as out-of-hours call-outs or availability of social care impact on the conveyance rates.

Aim

To explore the impact of out-of-hours call-outs and social care provision on ambulance conveyance rates for people aged ≥ 75 years, including patients with dementia.

Methods

Electronic records for patients aged ≥ 75 years in the South Central region were extracted over one year. The proportion of conveyed patients according to a record of dementia, out-of-hours call, time of year, triage grade, social care provision and indices of deprivation were calculated. Univariate and multivariate analyses identified factors which may influence conveyance and estimated risks. Results

A total of 111,548 electronic records from ambulance attendances were included, 16.5% with dementia. 63.7% of calls resulted in conveyance (59.1% with dementia). Conveyances reduced in out-of-hours periods for all patients. 13.6% more patients living alone and 16.5% more patients living with family were conveyed to hospital if there was no care package in place. Adjusted for other factors, having a care package in place reduced the risk of conveyance in older people living alone by 36%.

Implications for Practice

Availability of social care appears to be an important determinant of conveyance in older people calling the emergency services, both in people with/without dementia. More research is needed to understand the lower rates of conveyance in people with social care and during out-of-hours periods, to improve needs assessments and local referral services and pathways.

Researchers

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