

## Introduction

- When an individual requires assistance with mobilization, emergency medical services (EMS) may be called
- A “lift assist” (LA) call is recorded when a patient is assisted up but does not receive treatment on scene and is not transported to hospital for medical attention
- It is possible this need for assistance represents a subtle-onset of a disease process or decline in function
- Without recognition or treatment, the patient may be at risk for recurrent falls, repeat EMS visits or worsening illness

## Objective

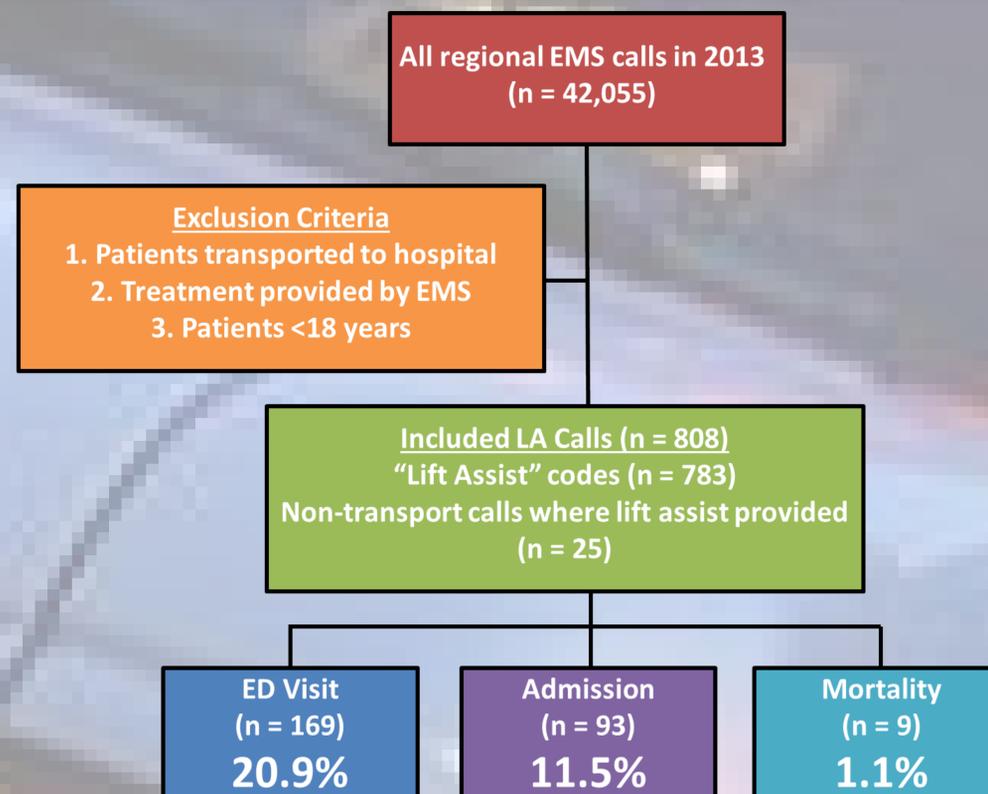
- To determine the 14 day morbidity and mortality associated with LA calls

## Methods

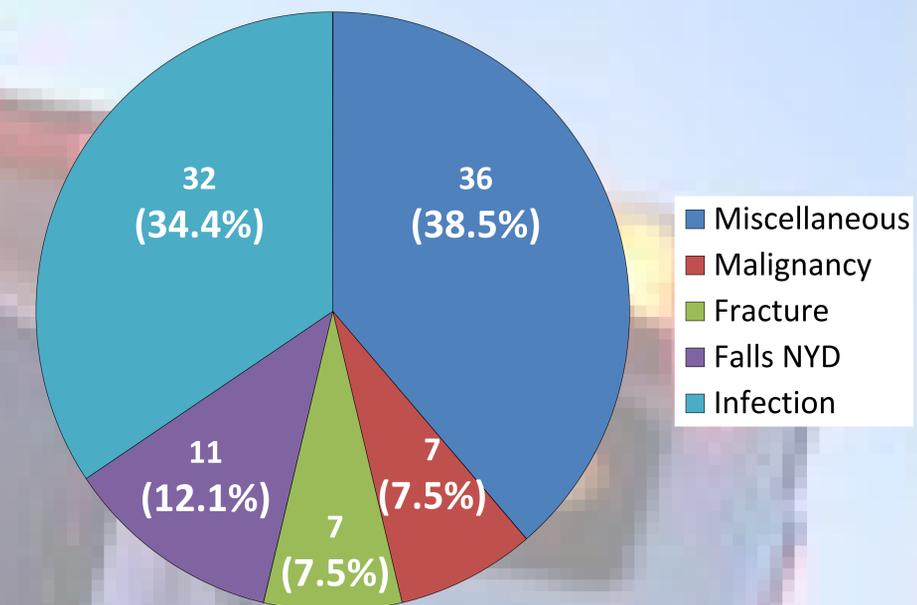
- A retrospective chart review was performed for all LA calls from a single EMS agency over a one-year study period (Jan – Dec 2013)
- Calls were linked with hospital records to determine if LA patients had subsequent visits to the emergency department (ED), hospital admission, or death within 14 days of the LA call

## Results

- Between January and December 2013 there were 42,055 EMS calls; 808 (1.9%) were LA calls
- These calls were for 411 individuals; 272 (66.2%) patients had 1 LA call; 139 (33.8%) had more than 1 LA call
- The number of LA calls per patient ranged from 1 to 34
- Patients were 45% male with a mean age of 74.8 years (SD 14.1)
- 76.5% of admissions were to medicine with a median LOS of 7 days (IQR = 4 – 15.5 days)



**Figure 1.** Study flow diagram with morbidity and mortality outcomes 14 days after LA call



**Figure 2.** Discharge diagnosis of patients admitted within 14 days of LA call

## Conclusions

- LA calls are associated with short-term morbidity, mortality and considerable use of EMS resources
- These calls may be early indicators of problems requiring comprehensive medical evaluation
- Further research is required to identify predictors associated with high risk of morbidity and mortality in LA patients