



Case Study

How Dorset UCRT are using Raizer Chairs to keep 80% of Fallers in Their Own Homes

The Client: Dorset UCRT | The Solution: Raizer Lifting Chairs

Case Study at a Glance

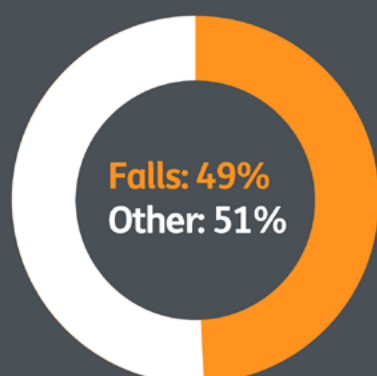
Dorset Urgent Community Response (MSE UCR) Service implemented rapid response vehicles, with [Raizer Lifting Chairs](#) onboard, to enable them to respond to falls and reduce pressure on the ambulance service. This allowed them to reduce system-wide pressure by keeping 80% of fallers in their own homes, avoiding a projected 3,434 hospital admissions each year.

The Headline Stats*

Over a 12 week pilot period, 49% of Dorset's UCR callouts were to falls. And of those fallers, 80% were kept in their own home - by lifting them up from the floor quickly with the Raizer chair and meeting any clinical needs there and then.

Dorset UCR Services 12 Week Pilot | The Stats

Causes of UCR callouts



Nearly half of all UCR callouts were due to falls

...and of those persons:



By lifting them up from the floor with the Raizer Chair and meeting any clinical needs

**These statistics are covered in more detail in Section 7: Cost Savings*



The Full Case Study Video

Click on the image below to watch



The Challenge: An Ageing Demographic Putting Pressure on the Ambulance Service and ED

The county of Dorset is in the top 11 most ageing areas of the UK¹. With 1 in 3 people over-65 and half of people over 80 falling at least once each year², there were a high volume of calls through to 999 for non-injury falls. Due to the demand pressures on the South Western Ambulance Service (SWAST), these persons were experiencing long lies, resulting in significant pressures on the Emergency Department (ED).

Community teams in Dorset have always provided a rapid response service, but the requirement for enhancing this service was highlighted when the NHS Long Term Plan set out guidance for moving care closer to home, with a mandatory rapid 2 hour response from 8am to 8pm, 7 days a week.

“By 31st Jan 2022, Urgent Community Response is nationally mandated to provide a 2 hour crisis response to support people in their own home to avoid hospital admission. This response should be available from a multiagency team, have a single point of access, and link closely with 111 and 999.”

NHS Long Term Plan³

1: [Living longer: trends in subnational ageing across the UK, ONS July 2020](#)

2: [NHS Website > conditions > falls](#)

3: [NHS Long Term Plan](#)



With falls being the most common reason that the Dorset UCR Team would go to a patient's home - at 49% of callouts - it was clear a more comprehensive service with improved falls response was needed to meet these needs and comply with the NHS guidance.

The Solution: Implementing Raizer Lifting Chairs in Rapid Response Vehicles

Dorset UCR set up a new Urgent Community Response centralised at the 111 Hub in Bournemouth. They have 4 rapid response vehicles covering the county, each crewed by an Advanced Nurse Practitioner and an Occupational Therapist. This enables them to carry out checks and tests, treat minor injuries, prescribe medication, check the patient's suitability for staying at home, and provide any needed daily living aids.

Each vehicle is equipped with a [Raizer Lifting Chair](#) and other nursing and medical equipment - a mini 'hospital on wheels'. Whilst in the patient's home, the UCR Team have access to the relevant acute and community systems for real-time patient information that can inform their response.

If the person has fallen, they will use the Raizer Lifting Chair to get them off the floor quickly. Following this, the team will administer any necessary medical support, and complete a Complex Geriatric Assessment (CGA) to check that the person is fit and safe to stay at home. Before leaving the property, the UCR Team members will coordinate follow-up referrals and any further medical interventions with the other community teams and, if necessary, link them with the local GP.

What is the Raizer?

The Raizer is a motorised lifting chair that assembles around a fallen person and lifts them up to a seated or perching position.

It is easy to assemble and use for the caregiver, and it is safe, smooth and very reassuring for the fallen person.

Find out more





The Impact and Results: Keeping People at Home and Reducing Ambulance Callouts

‘Hospital at Home’

By utilising this ‘Hospital at home’ approach, the Dorset UCR Team are able to intervene earlier and treat more patients at home. They can reduce the impact of a long lie by getting to them much quicker than an ambulance would, avoiding ambulance callouts and admittances to ED.

Improved Triage

Because the UCR Team is centralised at the 111 Hub in Bournemouth, they can proactively pull patients off the 111 and 999 call stacks. This allows them to respond to a wider range of calls that may have waited for an ambulance response while ambulance control were unsure of the scope of the UCR service.

Avoiding Hospital Admissions

Avoiding a hospital admission reduces risk to the patient, including deconditioning, loss of independence and exposure to hospital acquired infection – especially important during the increased risk of COVID-19 peaks. At a system level, this frees up capacity across acute settings. The ambulance service can then improve response times for Category 1 and Category 2 calls and the A&E department is able to see more patients within the 4 hour target.

More Appropriate Pathways

By initiating an advance care plan whilst still at the patient’s property and referring them to the relevant community services, the UCR Team reduce future demand pressure to the system. This approach allows Dorset to admit patients to hospital by choice – when it is appropriate - rather than being forced to do so when it was not necessarily the best pathway for the patient.

Integrated Working

The success of this project has been enabled by the Dorset UCR Team working with partners and providers across the system. By working with the Ambulance service to respond to 111 and 999 callouts and working with locality teams to ensure implementation of onward care plans, they have delivered better care and performance across the county and, importantly, improved patient care.

As a result, Dorset can provide the right care, in the right place, by the right person, at the right time – improving quality of care for the patient.



The Ambulance Callouts Avoided and Cost Savings

Number of Hospital Admissions Prevented

Number of Rapid Response Vehicles in Dorset	4
Number of callouts, per vehicle per day	6
Total Number of callouts per day (4x6)	24
Percentage of UCR callouts that are related to falls	49%
Number of callouts to falls per day (24x49%)	11.76
Percentage of fallers Dorset UCRT keep at home	80%
Number of fallers kept at home per day (11.76x80%)	9.41
Number of hospital admissions prevented per day	9.41
Number of hospital admissions prevented per month (9.41x30)	282
Number of hospital admissions prevented per year (9.41x365)	3,434

The Cost Savings in Ambulance Callouts avoided by lifting fallen persons with the Raizer

Number of fallers kept at home per year (avoiding an amb callout)	3,434
Average cost of an ambulance callout	£252
Ambulance callout costs saved per year (3,434 x £252)	£865,368

What next for Dorset UCRT and the Raizer?

Having experienced success in improving care and reducing pressure on the ambulance service, Dorset UCRT are now looking at a falls-specific service for non-injury fallers. This will free up the UCR Teams to go out to minor injury fallers or who are medically unwell and require a little more intervention.

This will enable community response services to respond to a wider range of calls that would otherwise need an ambulance callout, in turn reducing ambulance callouts further and helping the ambulance service to better meet its response performance targets.



Advice for other UCR Teams

Amy's advice for other ICS's looking to set up or improve their UCR Team is twofold;

Firstly, having the right provision of clinical skillset in the response vehicle is very important. Having both the therapy and medical offering in the vehicle means the team can provide a multidisciplinary team (MDT) holistic response to the individual, ensuring their needs are met in the best way and maximising their chances of staying in their own home. This is particularly relevant when dealing with older more frail patients and fallers who may have multiple needs.

Secondly, Amy fully recommends having a Raizer chair in each response vehicle. As highlighted, 49% of the UCR Team's callouts were to falls, so an effective solution to this is essential.

"We always have 2 people in the car. However, the Raizer allows a single person to get the fallen person off the floor. The patient feels secure, with the straps, the way it's fitted and supporting, and it's really easy to follow and really quick and easy to set up and use. The patients are always really pleased."

*Amy Hassan
Head of Dorset UCRT*

Learnings & Conclusions

By implementing rapid response vehicles - with Raizer Chairs onboard - Dorset UCRT are;

- Keeping 80% of fallers in their own homes, reducing hospital admissions
- Proactively responding to callouts that would otherwise receive a delayed ambulance response
- Reducing system-wide pressure and improving care for the patients, in their own homes
- Predicting a projected saving in avoided ambulance callouts of £865,368 every 12 months

Inspired to Implement This in Your Area?

To find out more and get started today, please reach out to one of our experts

And click here to find out more about the Raizer 2 Emergency Lifting Chair