

A Public Health Approach to Prevent Fall-Related Emergency Department Visits of Older Adults

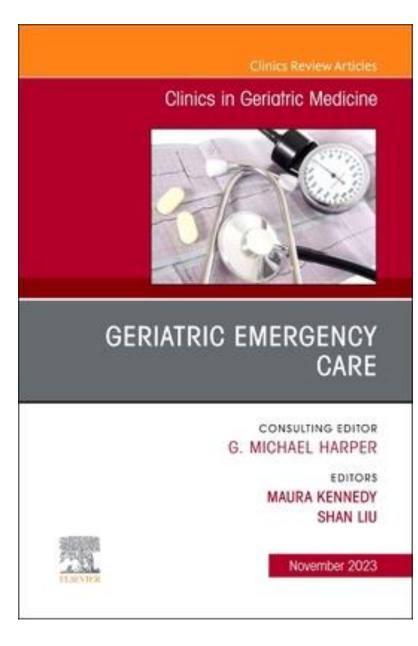
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November, 2024 National Acute Care for Elders (ACE) Conference

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Serious Sentinel Events

Serious Sentinel Events



Serious Sentinel Events Emergency Departments

Key takeaway – Incumbent on us to prevent the next fall – the Emergency department is an ideal location to start fall prevention







Clinics in Geriatric Medicine

nics Review Article

Fall Epidemiology

- One in every three community dwelling older adult falls annually
- 1 million deaths annuals
- Approximately 3 million US ED visits



Tinetti, 1988, CDC, Florence, JAGS 2018 Stevens, 2006, Shankar 2017; PMC9213836/#



Every 20 minutes an older adult dies from a fall in the US. Many more are injured

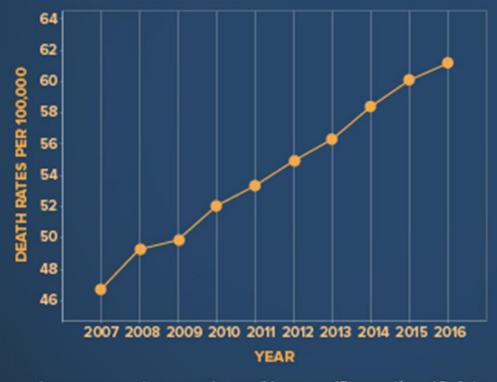


Centers for Disease Control and Prevention CDC 24/7: Saving Lives, Protecting People™



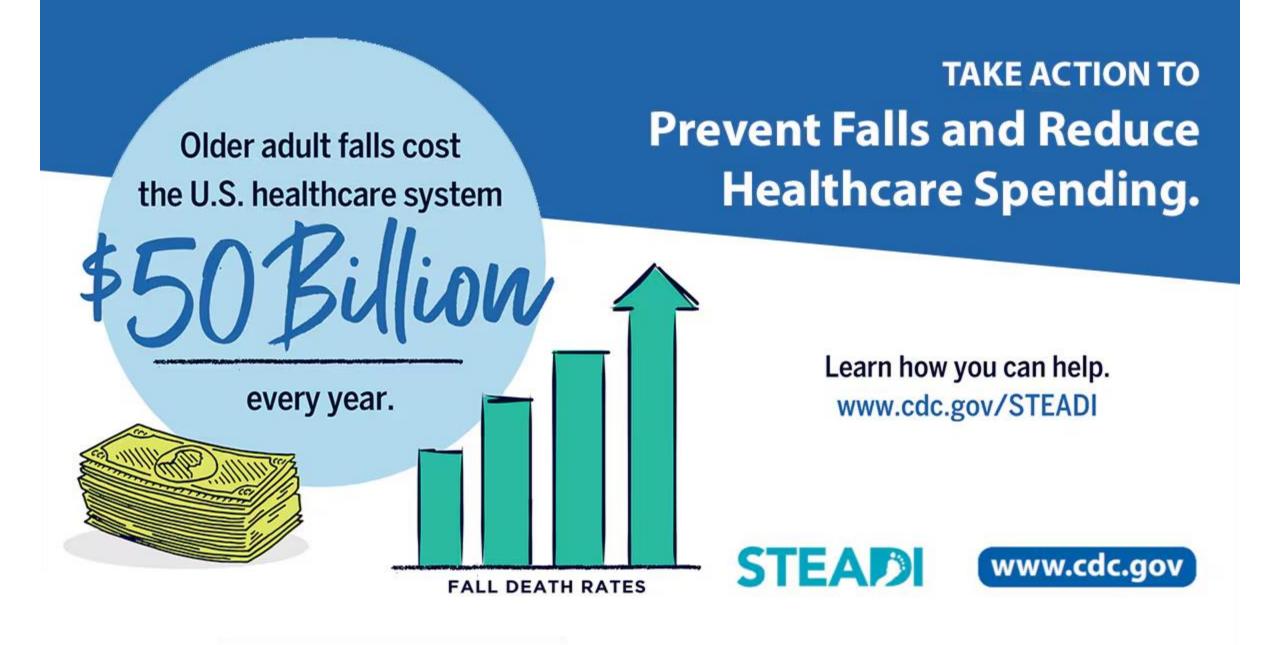
#ICEM22

Fall Death Rates in the U.S. INCREASED 30% FROM 2007 TO 2016 FOR OLDER ADULTS



If rates continue to rise, we can anticipate 7 FALL DEATHS EVERY HOUR BY 2030



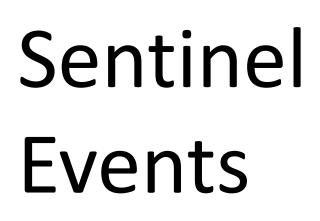


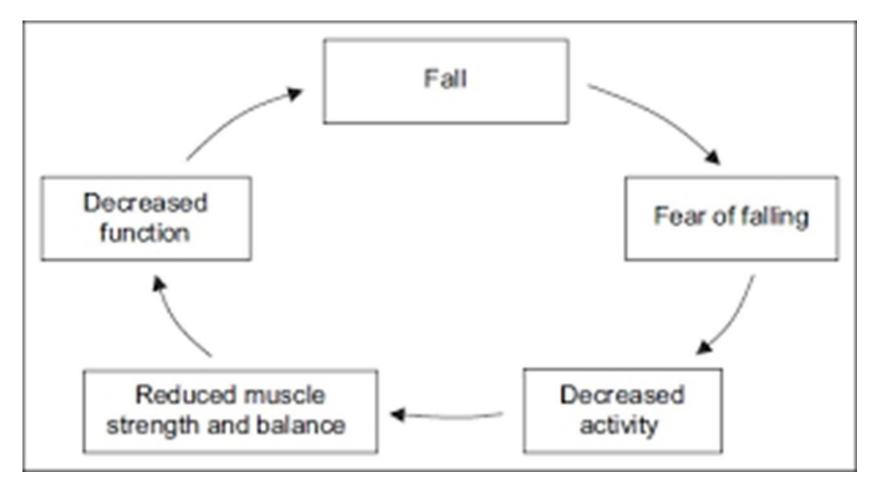
Serious Sentinel Events

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Previous fall doubles risk of future falls







TJC & CMS News Blog Information for Hospitals

Falls Now Included as Sentinel Events

Jun 14, 2021 by <u>Barrins & Associates</u> Related Posts: <u>Patient Safety</u>, <u>Standards Compliance</u>, <u>The Joint Commission</u>



Falls are a sentinel events that require a sentinel response



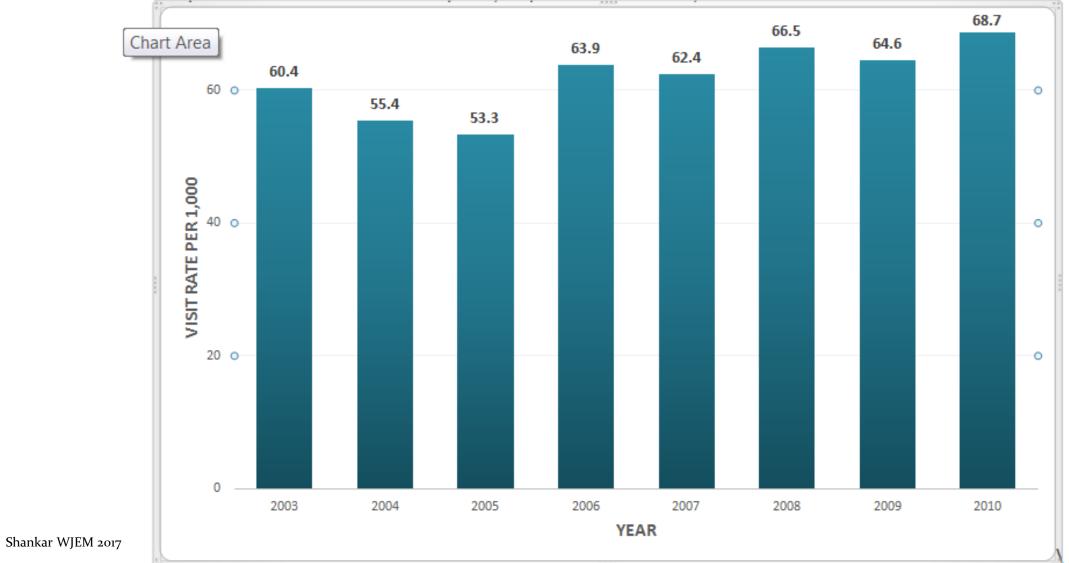


Serious Sentinel Events



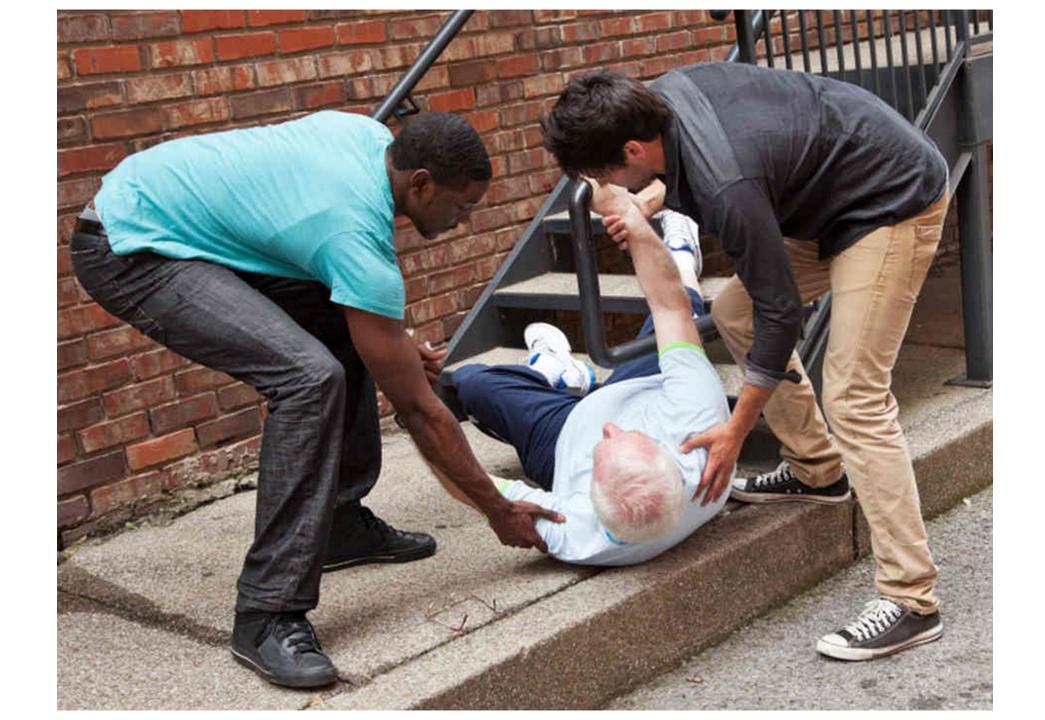
Emergency Departments

Key takeaway – Incumbent on us to prevent the next fall – the Emergency department is an ideal location to start fall prevention









Missed opportunities to prevent falls

N=400 patient charts 87% had modifiable risk factor ED missed opportunities 96%

- High Risk Meds 95%
- Gait abnormality 56%
- Visual acuity 96%



• Davenport, 2020, Ann Emerg Med

ED fall intervention studies

- No effect:
 - Baraff, 1999 AEM
 - Shaw, BMJ 2003 –
 - Russell J Am Ger Soc 2010
- Decrease in falls:
 - Close, Profet study, Lancet 1999 (OR 0.39 after intervention)
 - Davison, 2005 36% reduction in falls
 - Lesser, 2018
 - Goldberg, 2020, GAPCare– aIRR 0.34 fall ED revisit.
 - Harper 2021 Systematic Review multifactorial interventions decreased fall related injuries but not falls





What can we do?

- Identify fall risk ED and international evaluation guidelines
- Interventions
 - ED
 - Multifactorial risk management strategy: needs multiple providers across multiple sites (Primary care, physical therapy, home safety evaluation).



GERIATRIC EMERGENCY DEPARTMENT GUIDELINES





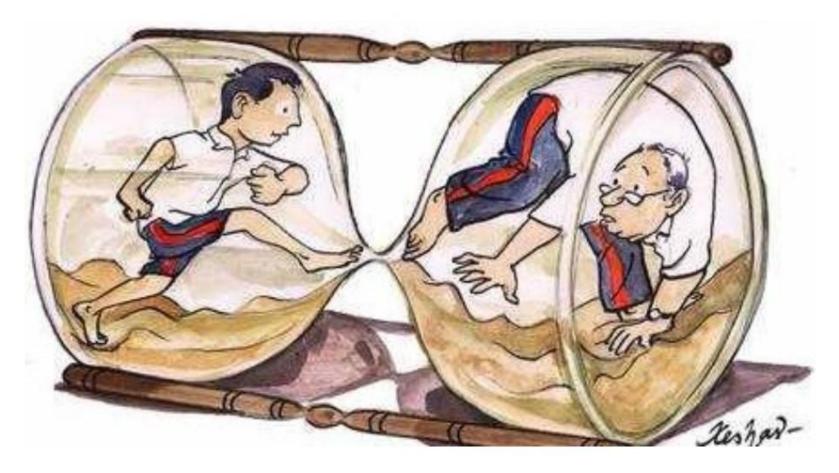
2010 AGS/BGS Clinical Practice Guideline: Prevention of Falls in Older Persons

Summary of Recommendations

The Golden Hour



The time following a traumatic injury when prompt medical treatment has the highest likelihood to prevent death



Trauma Care: The "Golden Hour" Meets the "Golden Years"



Neal Flomenbaum, MD, FACP, FACEP

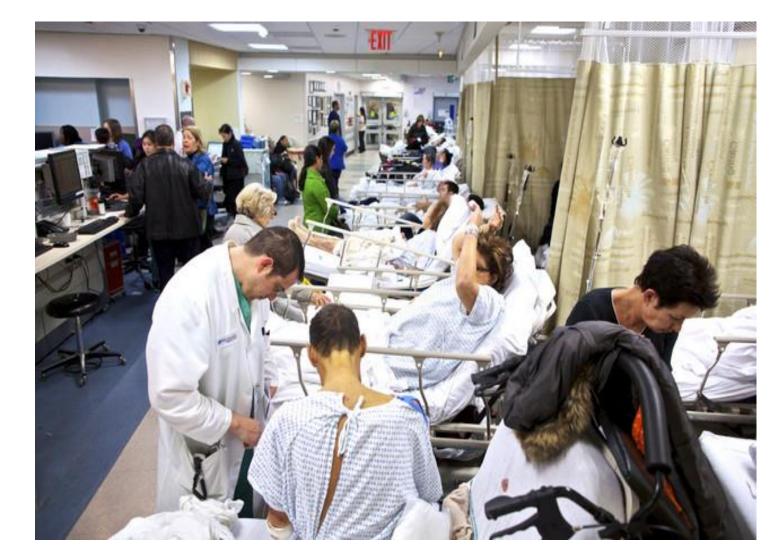
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Challenges

Time

Screening/intervention complicated

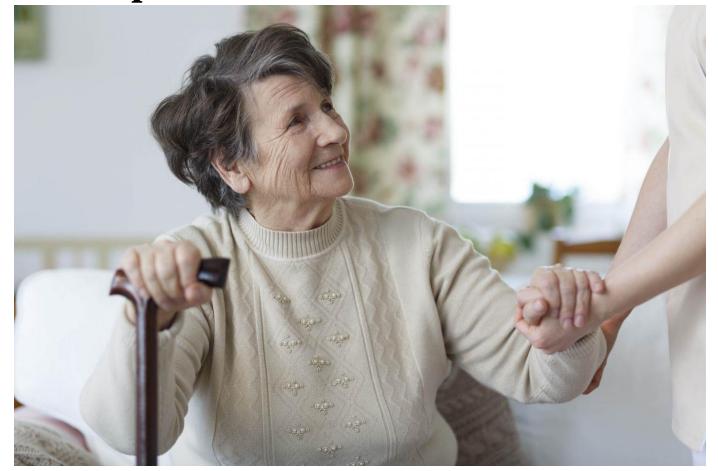
Do patients want intervention?







Solutions? Hope? Need Innovative Solutions



Innovative Virtual Obs Unit Fall Intervention program

Multi-disciplinary Multifactorial Assessment Timely Comfort of patient's home Use of telemedicine





Paramedics

- Paramedic visits patient next day
- Safety evaluation
- Medication system review
- Timed Up and Go test
- Emergency Physician does telemedicine visit and refers to physical therapy



Conclusion

Serious Sentinel ED Paradigm shift



Thank you! Questions?



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