TAKING STEPS TO ADDRESS THE PUBLIC HEALTH IMPACT OF FALLS IN IOWA: PART III FOCUS ON EMS

https://www.iowaaging.gov/falls-prevention
BUILDING IOWA’S EVIDENCE-BASED FALL PREVENTION NETWORK

- Grant funding by the Administration on Aging/Administration on Community Living
- Administered by Iowa Department on Aging

Grant Goals
- Provide evidence-based fall prevention programs
- Increase awareness of falls and fall prevention
- Increase participation in fall prevention programs as a way to reduce number falls
WEBINAR OBJECTIVES

- Discuss prevalence of falls
- Review the impact of falls on EMS
- Recognize the role of EMS providers in providing falls prevention intervention and education
- Identify fall prevention tools and resources
  - Matter of Balance
  - Stepping On
  - Tai Chi
WHAT IS THE IMPACT OF FALLS IN IOWA?

- Falls are the leading cause of injury-related hospitalizations and emergency room visits in Iowa.
- Older Iowans die from a fall six times more often than all ages combined.
- 1 out of every 27 older Iowans is hospitalized for fall-related injury.
Linda Frederiksen
Iowa Emergency Medical Services Association
Jim Fox
Des Moines Fire Department
Barb McClintock
Iowa Falls
Prevention Coalition
JOIN US FOR PART IV
2016 FALLS PREVENTION SYMPOSIUM

SAVE THE DATE

SHARING THE VISION AND EXPANDING OUR REACH

FALLS PREVENTION SYMPOSIUM 2016

FRIDAY, JULY 8

8:00 a.m. - 4:00 p.m.
FFA Enrichment Center
Des Moines Area Community College
Ankeny, Iowa

For more information, contact:
Mark Hanson
Grant Administrator
Iowa Assoc. of Area Agencies on Aging
515.210.7308
mhanson@i4a.org
THANK YOU

For questions contact: Carlene.russell@iowa.gov
Please *Don’t* Fall!

How Fall Injuries Impact the Emergency Medical Services System

*Linda Frederiksen*

*February 29, 2016*
The Problem: A steady increase in fall related injuries in Iowa, expected to increase even more with an aging population.

“…Among U.S. adults 65 and older, falls are the leading cause of non-fatal injury and injury death.”
Information from the Agency for Healthcare Research and Quality (AHRQ) reveals:

- **More than 2 million patients aged 65 and older** were seen at a hospital ED nationwide for a fall-related injury.
  - **29.6% of these visits** resulted in a hospital admission.
  - **Cost to hospitals?** Nearly $7 billion
- **Future trends** suggest that the high cost of burden will likely **increase** at a marked pace with the aging population.
  - **Estimates in Iowa** predict that the population for those over age 65 is going to increase by 52% by 2030.
  - **Predicted strain** on patients, the healthcare system, and society overall
Iowa Trauma Registry Data

- Review of Iowa’s Fall Injury Report, a retrospective study using information supplied by the Iowa Trauma Registry
  - Trends over a 10-year period from 2002 through 2012 were analyzed by examining the number of fall patients vs. trauma patients
  - Study population: 56,612 patients admitted to an Iowa Trauma Care Facility due to a fall-related injury
    - 1,344, or 2.6% died
    - Rate for falls INCREASED 30% from 35.6 to 46.4 per 100 trauma patients in 2002-2012
    - Rate for all other trauma DECREASED
    - Finding → the gap in fall rates and other trauma has narrowed; why?
What type of fall is most common in the older adult population?

• "Same level" falls are most common, caused from slipping or tripping
• To prevent falls, we need to know WHY they occur!
How Do Falls Impact the EMS System?

- Large, predictable part of our daily call volume
  - Average time on task?
- Tend to involve “frequent flyers”
- Patient injuries can range from zero to devastating
- *Why have the rates of other injuries decreased, with the exception of falls?*
  - Lack of resource collaboration
  - Few partnerships
  - Ineffective coordination of stakeholders
- A reduction in fall rates would:
  - Reduce patient injury, death and disability, and
  - Reduce the strain on Emergency Medical Services, which become busier every day
The Role of Emergency Medical Services Personnel: We care for members of the community every day, on either emergency or non-emergency types of calls.

FACT: Falls can be prevented by taking a prospective, collaborative community approach. EMS providers can work within the community to decrease the incidence of falls in several ways.
Who Are Iowa’s Emergency Medical Services (EMS) Providers?

• Approximately 12,000 individuals serve as EMS providers in our state, many in a volunteer capacity.

• Types of EMS Providers
  • Emergency Medical Responders (EMR)
  • Emergency Medical Technicians (EMT)
  • Advanced Emergency Medical Technicians (AEMT)
  • Paramedics
  • Critical Care Paramedics

• Service Delivery Models
  • Volunteer Operations
  • Fire Departments
  • Hospital-based
  • Private Providers
    • Not-for-profit
    • For profit

• EMS Systems were originally developed to care for patients with serious emergencies, but have become a part of the solution for the underserved in our nation’s healthcare system
How Does Our EMS System Work?

- A patient or patient representative calls 911 or a non-emergency line to place a call for service
- True emergencies exist in only about 5-10% of all EMS calls
- The fragmentation and inefficiencies of healthcare services in our country are particularly evident for patients outside of the hospital setting, especially for:
  - The chronically ill,
  - The elderly, and
  - The mobility impaired
- Multiple providers offer only niche care, commonly during “normal business hours,” which doesn’t always meet the needs of the patient
- Patients routinely referred to the Emergency Department, even though it’s not the most appropriate place for them to receive care
Movement Towards a New Healthcare Structure

- **For many years**, the healthcare industry has been structured around a fee-for-service model.

- **Recent healthcare reform efforts such as the Affordable Care Act** are predicated on converting to a value-based model that considers metrics such as:
  - Customer satisfaction ratings,
  - Patient outcomes, and
  - The avoidance of readmission.

- **What other options exist?**

- **Shift to value-based health care will have dramatic effects on EMS delivery**
  - Historically, primary source of revenue is gained from transporting patients to emergency departments.
  - Patients expect to be transported to emergency departments.
  - Concerns regarding potential litigation for non-transport.
  - Inefficient, costly, and challenging.
Consideration of Mobile Integrated Healthcare Practice (MIHP)

- A delivery strategy for interprofessional medicine, also known as Community Paramedicine
- Does not intend to replace or disrupt patient care delivery models already in place
- Intended to serve a range of patients in the out-of-hospital setting by providing patient-centered, team-based care using mobile resources
- Goals of care are to provide:
  - The right care,
  - At the right time,
  - In the right location, and
  - At the right cost
- Successful MIHP programs are community based!
EMS System Design should address all three elements of the Institute for Healthcare Improvement’s Triple Aim, to include:

1. Improve the health of the population
2. Enhance the patient experience of care, including quality, access and reliability
3. Reduce or control the per-capital cost of care
EMS Strategies to Reduce Falls

- A full command of available community resources is essential
  - Trends over a 10-year period from 2002 through 2012 were analyzed by examining the number of fall patients vs. trauma patients
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- EMS MUST be an integral part of the Community Health Needs Assessment & Health Improvement Plan (CHNA&HIP)
EMS Providers Can Perform a Fall Risk Assessment

• When?
  • Could be on any encounter, but the time to conduct a thorough falls assessment should not be on a life or death 911 call-how about during a transport refusal?
  • Scheduled home visits by a prehospital care providers could be considered when time is not a critical factor
  • Should be routinely scheduled for patients in the post-acute transitional care phase, which would also assist in preventing hospital readmissions

• Education is KEY
  • For EMS Providers on:
    • Conducting a fall assessment,
    • Providing education to patients on how to reduce fall risk, and
    • Initiating referrals to recognized fall prevention programs
  • For patients and families to reduce fall risk
Fall Prevention Tools are Available!

Six things YOU can do to prevent falls:

1. Regularly review your medicines.
   - Have your doctor or pharmacist review all the medicines you take, even over-the-counter medicines. As you get older, many medicines work in your body can change. Some medicines, or combinations of medicines, can make you sleepy or dizzy and can cause you to fall.

2. Talk to your health care provider.
   - Ask for an assessment of your risk of falling. Share your history of recent falls.

3. Have your vision checked.
   - Have your eyes checked by an eye doctor at least once a year and update your eyeglasses. You may be wearing the wrong glasses or have a condition like glaucoma or cataracts that limits your vision. Poor vision can increase your chance of falling.

4. Talk to your family care provider.
   - Enlist their support in taking simple steps to stay safe. Falls are not just a seniors issue.

5. Exercise to improve your balance and strength.
   - Exercises that improve balance and make your legs strong lower your chance of falling. Tai Chi also helps you feel better and more confident. An example of this kind of exercise is Tai Chi. Lack of exercise leads to weakness and increases your chances of falling.

6. Make your home safer.
   - About half of all falls happen at home. To make your home safer:
     - Remove things you can trip over (like papers, books, clothes, and shoes) from stairs and places where you walk.
     - Remove small throw rugs or use double-sided tape to keep the rugs from slipping.
     - Keep items you use often in cabinet or you can easily reach without using a step stool.
     - Have grab bars securely installed next to and inside the tub and next to the toilet.
     - Use non-slip mats in the bathtub and on shower floors.
     - Improve the lighting in your home. As you get older, you need bright, cooler-tinted lights to see well. Hang lightweight curtains or shades to reduce glare.
     - Have handrails and light put in all staircases.
     - Wear shoes both inside and outside the house. Avoid going barefoot or wearing slippers.

(over for more text)

Check your risk for falling

Circle “Yes” or “No” for each statement below.

Why it matters:

- Yes (2) No (0) I have fallen in the past. People who have fallen once are likely to fall again.
- Yes (2) No (0) I use or have been advised to use a cane or walker to get around safely. People who have been advised to use a cane or walker may already be more likely to fall.
- Yes (1) No (0) Sometimes I feel unsteady when I am walking. Unsteadiness or needing support while walking are signs of poor balance.
- Yes (1) No (0) I steady myself by holding onto furniture when walking at home. This is also a sign of poor balance.
- Yes (1) No (0) I am worried about falling. People who are worried about falling are more likely to fall.
- Yes (1) No (0) I need to push with my hands to stand up from a chair. This is a sign of weak leg muscles, a major reason for falling.
- Yes (1) No (0) I have some trouble stepping up onto a curb. This is also a sign of weak leg muscles.
- Yes (1) No (0) I often have to rush to the toilet. Rushing to the bathroom, especially at night, increases your chance of falling.
- Yes (1) No (0) I have lost some feeling in my feet. Numbness in your feet can cause stumbling and lead to falls.
- Yes (1) No (0) I take medicine that sometimes makes me feel light-headed or more tired than usual. Side effects from medicines can sometimes increase your chance of falling.
- Yes (1) No (0) I take medicine to help me sleep or improve my mood. These medicines can sometimes increase your chance of falling.
- Yes (1) No (0) I often feel sad or depressed. Symptoms of depression, such as not feeling well or feeling slowed down, are linked to falls.

TOTAL _______ Add up the number of points for each “yes” answer. If you scored 4 points or more, you may be at risk for falling. Discuss this brochure with your doctor.
Accountability: How to Know if Your Community Fall Prevention Program Works

What key performance indicators should be used to measure the effectiveness of EMS fall prevention efforts?
Suggested KPI Measurements

- Pre and Post-Fall Prevention Program Measurement of:
  - Fall rates
  - Number of Fall-related Ambulance Dispatches/Transports
  - Number of Fall-related Hospital Readmissions,
  - Customer Satisfaction (Patient/family/Medical Home Provider)
  - Fall Prevention Program Encounter Rates
Iowa Falls Prevention
February 2016
Topics

- Des Moines Demographics
- DMFD 2015 Statistics
- Falls Prevention Education
- Life Safety
- DHS
Des Moines Demographics

• 2013 Population 207,510
  • 50.4% male
  • 49.6% female
  • 11% >65 yo

• Square miles 82.6

• 10 Fire Stations
  • 8 Paramedic ambulances
  • 4 Paramedic Engine Companies
  • 9 BLS Engine/Truck companies
DMFD Statistics

- 2015 24 addresses account for 40% of calls
- 2015 22,915 total incidents
  - 15,845 EMS
- 2015 1602 calls for assistance
  - Assist invalid
  - Public assist
  - Assisted by fire apparatus
DMFD Statistics

• 2015 70 accidental falls
  • 44 >= 60 yo
  • 18 male
  • 26 female
  • High % resulting in fractures
Prevention

- Crews hand out Falls Prevention brochures/flyers
- Make recommendations for removal of trip hazards
  - Throw rugs
  - Drop cords
- Crews advise of when handouts given
  - Address tracked before and after
Six things YOU can do to prevent falls:

1. Regularly review your medicines.
   Have your doctor or pharmacist review all the medicines you take, even over-the-counter medicines. As you get older, the way medicines work in your body can change. Some medicines, or combinations of medicines, can make you sleepy or dizzy and can cause you to fall.

2. Talk to your health care provider.
   Ask for an assessment of your risk of falling. Share your history of recent falls.

3. Have your vision checked.
   Have your eyes examined by an eye doctor at least once a year and update your eyeglasses. You may be wearing the wrong glasses or have a condition like glaucoma or cataracts that limits your vision. Poor vision can increase your chances of falling.

4. Talk to your family members.
   Enlist their support in taking simple steps to stay safe. Falls are not just a seniors’ issue.

5. Exercise to improve your balance and strength.
   Exercises that improve balance and make your legs stronger lower your chance of falling. It also helps you feel better and more confident. An example of this kind of exercise is Tai Chi. Lack of exercise leeds to weakness and increases your chances of falling.

6. Make your home safer.
   About half of all falls happen at home. To make your home safer:
   - Remove things you can trip on (like papers, books, clothes, or shoes) from stairs and places where you walk.
   - Remove small throw rugs or u-shaped throw rugs to keep the throw rug from slipping.
   - Keep items you use often in or near a tub or shower to make it easier to reach with a step stool.
   - Have grab bars securely mounted next to and inside the tub and near the toilet.
   - Use non-slip mats in the bath and on shower floors.
   - Improve the lighting in your home. As you get older, you need brighter lights to see well. Hang lightweight curtains or shades in a lighted area.
   - Have handrails and light in staircases.
   - Wear shoes that have non-slip soles and are the right size. Avoid going barefoot or wearing slippers.

Check your risk for falling

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This brochure was adapted from resources available from the Centers for Disease Control and Prevention. For more information, please visit www.cdc.gov/tipsy or www.stopfall.org.
Life Safety

• Falls Prevention life safety issue
  • Fractures
    • Life altering consequences
    • Reduced mobility
    • Long term care facility
    • Increase in mortality

• Trying to educate
  • Elderly to be safe in home
    • Stay in own home
Department of Human Services (DHS)

- Single or multiple calls to address for same thing
  - Evaluation
    - EMS/Fire Personnel
      - Mandatory reporters
      - Person safely stay at home
Questions?
Tools and Resources for Fall Prevention

Community Options
Vision: Older Iowans will have fewer falls and fall-related injuries, maximizing their independence and quality of life.

Goal 1: Educate medical and community partners on falls data, prevention strategies and implementation of programs.

Goal 2: Support healthcare systems and community providers in accessing tools to evaluate fall prevention efforts.

Goal 3: Implement falls prevention coalition plan and expand partnerships to promote fall prevention.
Grant funded Fall Prevention Programs

- A Matter of Balance
- Stepping On
- Tai Chi for Arthritis and Fall Prevention
A Matter of Balance

- Introduces practical coping strategies to reduce fear of falling:
  - Promotes view of falls and fear of falling as controllable
  - Sets realistic goals for increasing activity
  - Changes the environment to reduce fall risk factors
  - Promotes exercise to increase strength and balance
Goal is to provide information, strategies and exercises to reduce falls and increase self-confidence in situations where older adults are at risk of falling.

7 – 2 hour sessions

Community dwelling, cognitively intact, older individuals who are at risk of falling, have a fear of falling, or who have fallen one or more times in a year.
Stepping on Class

Guest Speaker
Practicing on uneven terrain
Tai Chi for Arthritis and Fall Prevention

• Teaches movement control

• Weight transference

• Integration of Mind and Body
Recommended Screenings for Risk Assessment

- STEADI – Clinical settings
- TUG – Timed Up and Go
- Chair to Stand – 30 seconds
- 4 stage balance
Did you know that one out of three people 65 and older fall each year? Falls are the number one cause of traumatic brain injury in Iowa and the U.S.

To prevent falls:
- Begin an exercise program to improve your leg strength & balance.
- Ask your doctor or pharmacist to review your medications.
- Get your vision & hearing checked annually; update your eyeglasses.
- Make your home safer by:
  - Removing clutter & tripping hazards (throw rugs, papers, books, etc.)
  - Putting railings on stairs & adding grab bars in the bathroom.
  - Having good lighting, especially on stairs.

For resources, services & support contact:

**LifeLong Links**
1-866-468-7887
www.lifelonglinks.org

**Brain Injury Alliance of Iowa**
1-855-444-6443
www.biaia.org

Stay Independent; Assess Your Fall Risk

**Iowa Brain Injury Services Program**
Iowa Department of Public Health
Lucas Building
312 12th Street
Des Moines, IA 50319

Brain Injury Program Manager
515-281-8465
www.idph.state.ia.us/ACBI/
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*This brochure was adapted from resources available from the Centers for Disease Control and Prevention. For more information, please visit [www.cdc.gov/injury](http://www.cdc.gov/injury) or [www.stopfalls.org](http://www.stopfalls.org).*
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What **YOU** Can Do To Prevent Falls

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Six things **YOU** can do to prevent falls:

Many falls can be prevented. By making some changes, you can lower your chances of falling.

1. **Regularly review your medicines.**

Have your doctor or pharmacist review all the medicines you take, even over-the-counter medicines. As you get older, the way medicines work in your body can change. Some medicines, or combinations of medicines, can make you sleepy or dizzy and can cause you to fall.

2. **Talk to your health care provider.**

Ask for an assessment of your risk of falling. Share your history of recent falls.

3. **Have your vision checked.**

Have your eyes checked by an eye doctor at least once a year and update your eyeglasses. You may be wearing the wrong glasses or have a condition like glaucoma or cataracts that limits your vision. Poor vision can increase your chance of falling.

4. **Talk to your family members.**

Enlist their support in taking simple steps to stay safe. Falls are not just a seniors' issue.

5. **Exercise to improve your balance and strength.**

Exercises that improve balance and make your legs strong, lower your chance of falling. It also helps you feel better and more confident. An example of this kind of exercise is Tai Chi. Lack of exercise leads to weakness and increases your chances of falling.

Ask a doctor or health care provider about the best type of exercise program for you.

Contact your local community or senior center for information on exercise, fall prevention programs, or options for improving home safety.

(over for more tips)
Brochure Resources

Iowa Department of Public Health
http://idph.iowa.gov/falls-prevention/resources

Advisory Council of Brain Injuries
http://idph.iowa.gov/brain-injuries/prevention-taskforce
Resources

- LifeLong Links
  1–866–468–7887 or www.lifelonglinks.org

- Iowa Department on Aging
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