

Training for EMCTs for Patient Fall Prevention

date

Presenting To

Organization Name | Location

Presenter Name | Title



ARIZONA DEPARTMENT
OF HEALTH SERVICES

Health and Wellness for all Arizonans

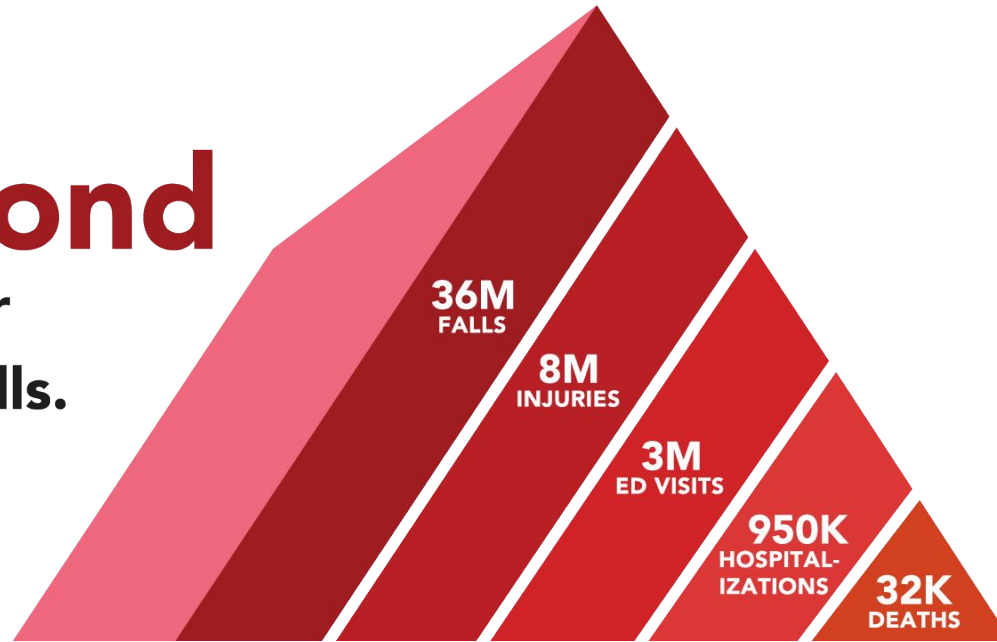
Goals & Objectives

1. Scan/assess for obvious hazards.
2. When appropriate, offer to assist to reduce hazard.
3. When appropriate, share resources for assistance.



Falls are common

Every
second
an older
adult falls.



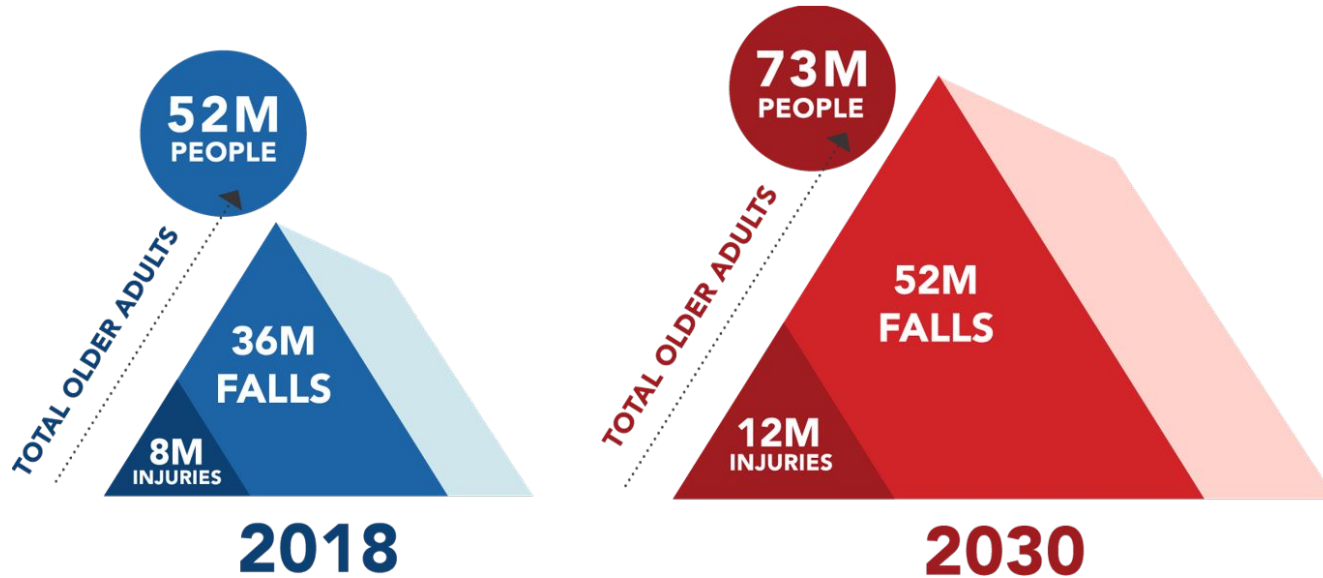
Data sources: National Vital Statistics System, National Electronic Injury Surveillance System–All Injury Program, and Behavioral Risk Factor Surveillance System.



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Falls are growing



Data sources: Behavioral Risk Factor Surveillance System and United States Census Bureau



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Falls are serious and costly

- One out of five falls causes a serious injury such as broken bones or a head injury.
- Each year:
 - 3 million older people are treated in emergency departments for fall injuries.
 - Over 800,000 patients a year are hospitalized because of a fall injury
- More than 95% of hip fractures are caused by falling.
- Falls are the most common cause of traumatic brain injuries.



Effects that linger

- 1/5 falls cause a serious injury such as a broken bone or a head injury.
- Even without sustaining injury, these patients are at higher risk for repeat falls, placing their independence at risk.
- Many people who fall, even if they're not injured, become afraid of falling.
- EMS has the opportunity to provide basic interventions to prevent future falls.



Home risk assessment basics

- Even if not performing a formal risk assessment, providers can help prevent falls with some simple steps.



Risks outside of home

- Sidewalk and pathway should be level and free from hazards.
- Driveway should be free of hazards.
- Lighting should be adequate in walking areas and doorways into the home.
- Outside chairs and tables can create hazards if not sturdy and level.
- There should be a clear pathway to walk through the garage.
- Using salt or cinders for seasonal snow and ice.



What room is this?



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Fall Risks

- Look at the floors in each room
 - When you walk through a room, do you have to walk around furniture?
 - Are there throw rugs on the floor?
 - Are there papers, books, towels, shoes, magazines, boxes, blankets, or other objects on the floor?
 - Do you have to walk over or around wires or cords (like lamp, telephone, or extension cords)?



Stairs and steps

- Are there papers, shoes, books, or other objects on the stairs?
- Are some steps broken or uneven?
- Is there a light over the stairway?
- Do you have only one light switch for your stairs (only at the top or at the bottom of the stairs)?
- Is the carpet on the steps loose or torn?
- Are the handrails loose or broken
 - Make sure handrails are on both sides of the stairs and are as long as the stairs.



Kitchen and bathrooms

- This image shows appropriate placement of grab bars. How often do you see these in homes?
- Does your patient use a walker that does not fit through the doorway?



Fall Reduction Tips

- Non-skid shoes and socks.
- Assisted walking devices in good condition.
- Phone can be reached from the floor in case of emergency.
- Oxygen tubing length <50 feet.
- Medications properly stored and labeled.



How many different hazards are here?



Is this a fall hazard?



Conditions that increase falls

Modifiable Risk Factors

- Gait, strength, and balance deficits
- Medications that increase fall risk
- Home hazards/clutter
- Orthostatic hypotension
- Vision problems
- Foot issues/inappropriate footwear

Non-modifiable Risk Factors

- Age
- Sex
- Race/ethnicity
- History of falls



Falls Secondary to Polypharmacy

- Certain medications, especially in combination can increase risk of falls:
 - Antidepressants
 - Sedatives
 - Parkinson's medications
 - Antihypertensives
 - Narcotics
 - Recreational drug use



What diseases would predispose to falls?

- Stroke
- Dementia
- Parkinsons
- Hypertension
- Diabetes
- Renal Failure/dialysis patients
- Alcohol use disorder



Minor Fall Injury - patient assessment

- Perform SMR and range of motion assessment of all extremities
- Can the patient stand on their own?
- Can the patient ambulate on their own?
- If they use a walker or a cane normally, have them use the assistive device for an ambulation trial



Fall Injuries - patients on anticoagulants or blood thinners

- Advanced age and anticoagulation are thought to be associated with an increased risk of intracranial hemorrhage (ICH) after a head injury.
- Ask about these medications specifically when performing your assessment.



Risk to EMS agencies and providers

- Patient refusal calls are some of the most dangerous calls EMS providers respond to, not because of the situations crews are presented with, but because of the liability of not taking the patient to the hospital.
- This liability can result from many different factors, including:
 - Not performing a complete assessment
 - Missing signs or symptoms of a major illness
 - Not properly documenting everything that was said, done and witnessed
 - Not identifying that the patient lacks the ability to make an informed decision



Risk of refusal after a fall

- Patient refusal calls are some of the most dangerous EMS providers respond to, not because of the situations crews are presented with, but because of the liability of not taking the patient to the hospital.
- A thorough patient assessment may uncover an underlying medical problem that caused the fall.
- Consider having a witness co-sign the refusal.
 - Family, friend, staff at facility



Situational understanding



What do you think is wrong with you?



What treatment have we suggested?



What could happen if you don't get this treatment?



Why are you refusing treatment/transport?



Action items - takeaways from training

- Falls are a very common EMS type of call.
- EMS can provide basic interventions to prevent future falls.
- Thorough patient assessment may uncover underlying medical problems.



Making an Informed Medical

Assessment For Cognitive Impairment

- Alert and oriented
- Respond appropriately to questions
- Not significantly impaired by drugs or alcohol

Understand the Situation

- What is happening
- What could happen
 - Consequences of refusing assessment or care
 - Risks of refusing assessment or care
 - Benefits of care being offered
- Alternatives to treatment

No influence from family or EMS providers

- Patient must make their own decision not one encouraged by the EMS provider



Assessing cognition: Orientation

- The individual's relationship to their world
- Do they know where they are at?
- Do they understand who they are?
- Do they understand what time it is?
- Do they understand the basic situation or events surrounding them?



Take Home Point

**A & O x 4 ≠ The
ability to make
an informed
healthcare
decision**



Making an informed medical decision

- The ability to make an informed medical decision refers to a specific circumstance at the current point in time.
- A patient could have the ability to make informed decisions in simple situations yet not in more complex health care conditions.
- Needs to be reassessed with each decision
- This is especially true with patients with dementia or other forms of cognitive decline.



Undue Influence



This is critical to determine!



The patient needs to make the decision without influence from others



This includes:

Family
Friends
Us (ie. EMS)




THANK YOU

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