GEDC | THE GERIATRIC EMERGENCY DEPARTMENT COLLABORATIVE

EDUCATE IMPLEMENT EVALUATE

Falls Assessment in the Geriatric ED

Expert Panel Webinar

Monday, September 27, 2021

3:00–4:00 EST

Moderated by:

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Emergency Physician
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GEDC Faculty

EXPERT PANEL

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Our Vision

A world where all emergency departments provide the highest quality of care for older patients

Our Mission

We bring best practice into action.

We transform and evaluate interdisciplinary best practice in geriatric emergency medicine, and then build and distribute practical, evidence-based clinical curriculum and quality improvement tools that support sustainable, quality care for older adults.

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Meet Your Expert Panel

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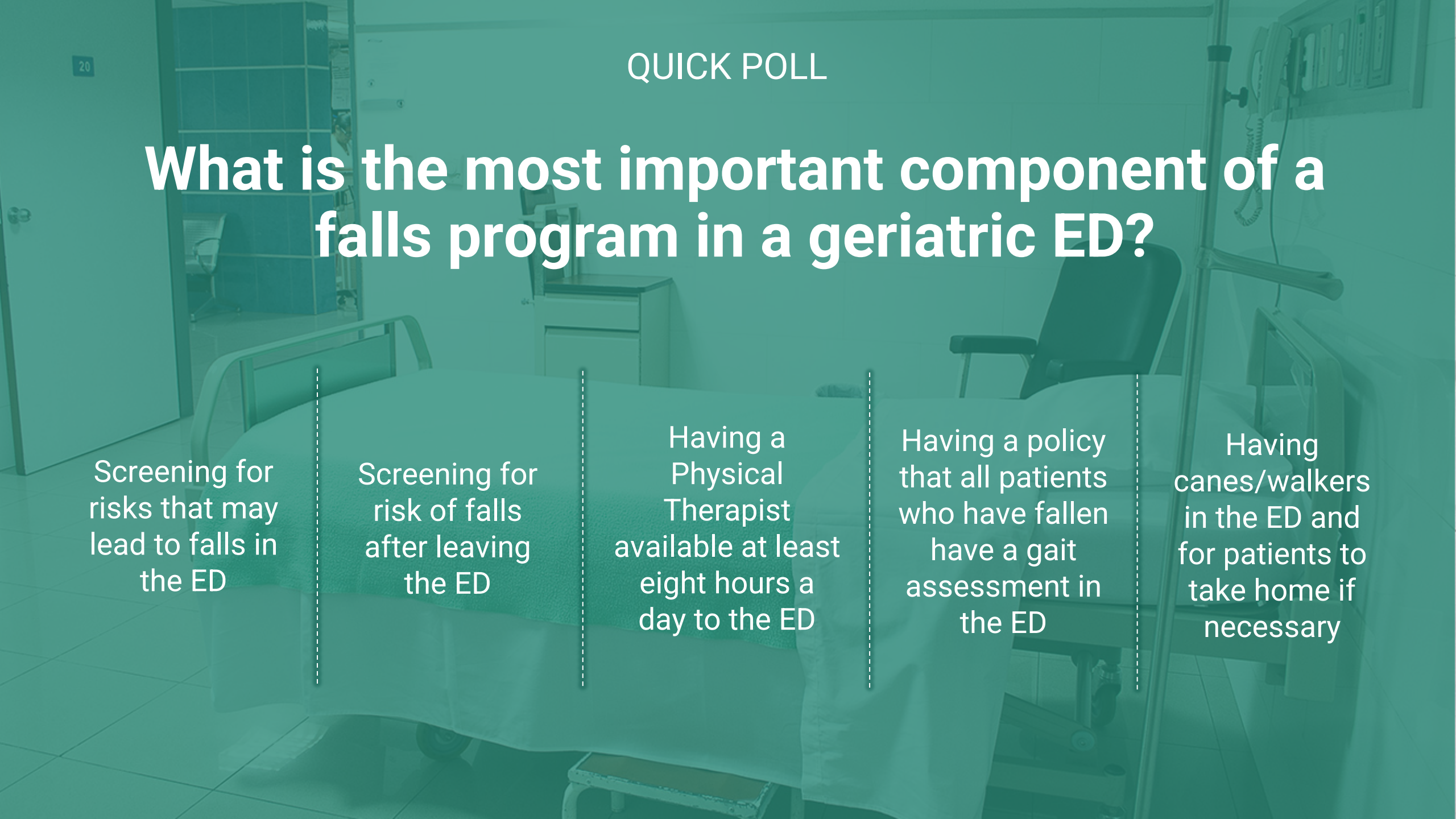

QUICK POLL

What is the most important component of a falls program in a geriatric ED?

- Screening for risks that may lead to falls in the ED
- Screening for risk of falls after leaving the ED
- Having a Physical Therapist available at least eight hours a day to the ED
- Having a policy that all patients who have fallen have a gait assessment in the ED
- Having canes/walkers in the ED and for patients to take home if necessary

At your site, what is the **biggest obstacle** to high-quality falls assessments?

Case Study

The ED chief at Wellness General Hospital has been told by her executives that the hospital wants to improve its services to older ED patients.

The ED has several programs in place – screening and assessment – but they don't have any standardized approach to falls assessment.

She comes to you and asks your advice.

- What are some key points that you'd give her to ensure that she creates a program that will benefit older patients
- AND will satisfy the requirements of accreditation?

Experts, what is your advice to her?

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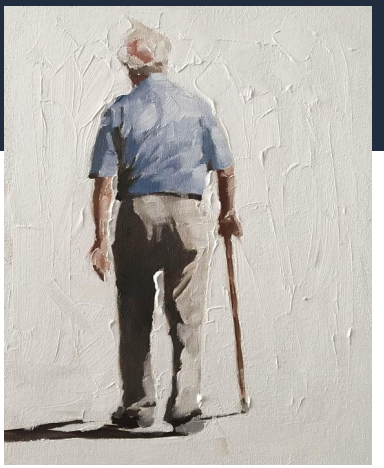
Shan’s Main Messages



Take away # 1

Falls are common, costly, complicated, and sentinel events

Take away #2

Falls are a geriatric syndrome - while challenging, EDs CAN make a difference.

Take away #3

Main Barriers are time and knowledge on part of ED physicians

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Elizabeth's Main Messages

Take away # 1

Fall prevention can be initiated in the ED without increased length of stay and can reduce subsequent fall related and all-cause ED re-visits

Take away #2

ED PT intervention can be helpful for families and patients to recognize their potential care needs after a fall.

Take away #3

Brief motivational interviewing by pharmacists in the ED can lead to reductions in fall-risk increasing medications.

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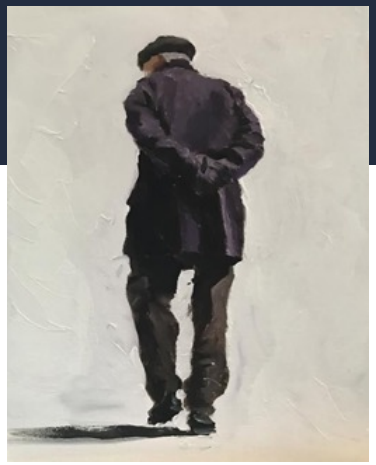
Jessica's Main Messages



Take away # 1

Asking details about a fall can help determine how to prevent the next fall.

Take away #2

Gait assessments are essential to determine diagnoses. Also see if the person needs external compensation for their balance (an assistive device).

Take away #3

Fear of falling is real. Be cautious with people who have fallen to gain trust and confidence in you as a provider.

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Q & A

Ask your questions

in the CHAT

We will try to get to everyone

Retiring the Term "Mechanical Fall" for Older Patients

With Dr. Shan Liu

Share on

ED physicians and APPs see older patients in the ED for falls every. single. shift. On this episode, geriatric EM expert Shan Liu talks about preventing future falls from the ED, and the fact that we should retire the term "mechanical fall". Unfortunately, this term is potentially misleading and can downplay the serious nature of the patient's falls risk.

Falls are very common among older adults and come with a high risk of future falls and also of trauma-related morbidity and mortality. There is more we could be doing in the ED to prevent future falls.

https://gedcollaborative.com/podcast/retiring-the-term-mechanical-fall-for-older-patients/

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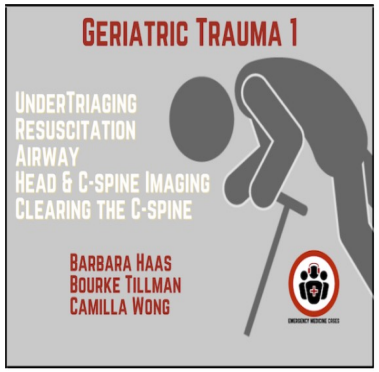
Ep 159 Geriatric Trauma Part 1: The Under-Triaging Problem, Resuscitation, Airway, Head and C-spine Imaging, Clearing the C-spine



Just as pediatric patients are not small adults, geriatric patients are not just old adults. Here are a few facts: the oldest old are the fastest growing population in North America. Older adults with severe injuries represent at least 40% of all adults with severe injuries in the Canadian trauma system. Older patients are more likely to experience trauma and to have worse outcomes after a trauma. In this Part 1 of our 2-part EM Cases podcast series on Geriatric Trauma, Dr. Barbara Haas, Dr. Camilla Wong and Dr. Bourke Tillmann answer questions such as: why are older patients under-triaged to trauma centers and how does that affect outcomes? What is the utility of the Shock Index in older patients? How should we adjust airway management for the older trauma patient? Which older patients do not require head or c-spine imaging after a ground level fall? Why is it challenging, yet of utmost importance, to clear the c-spine of a geriatric trauma patient as soon as possible? When can anticoagulation medications be safely resumed after an older person has sustained a minor head injury? and many more...

Ep 160 Geriatric Trauma 2 Rib Fractures, Pelvic Fractures, Prognostication, Elder Abuse, Discharge Planning

In **part 1** of this 2-part podcast series on Geriatric Trauma Barbara Haas, Bourke Tillmann, Camilla Wong and Anton discussed the problem of under-triaging geriatric trauma patients, resuscitation and airway considerations, common injury patterns in the geriatric trauma patient, lab work, head and c-spine imaging, clearing the c-spine in geriatric trauma patients and resuming anticoagulation after minor head injury in the geriatric trauma patient. In this Episode 160 – Geriatric Trauma Part 2 we answer questions such as: what are the indications for transfer to a trauma center in older patients with rib fractures and why? Can we accurately prognosticate older trauma patients in the ED? How can we best engage family members in goals of care discussions for the older trauma patient? What are the risk factors for elder abuse that we need to be aware of in the ED? How can we best minimize the risk for recurrent falls and bounce backs for the older trauma

https://emergencymedicinecases.com/geriatric-trauma-under-triaging-resuscitation-airway-head-c-spine-imaging-clearing-c-spine/

https://emergencymedicinecases.com/geriatric-trauma-rib-fractures-pelvic-fractures-prognostication-elder-abuse-discharge-planning/

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Management of Fall Patients - What should be done for Emergency Department fall patients?

Volume 2 | Issue 10 | Journal Club

Katherine Selman, Christine Binkley, Katie Davenport

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Resources Events Research

Resource Library

Emergency Department-Community Partnership to Coordinate Older Adults Falls Prevention Programs

Volume 2 | Issue 7 | Topic Supplement

Suzanne Ryer, PT, MPT, GCS, CEEAA; Ann Gallo, BA; Adam Perry, MD; Michael L. Malone, MD

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Preventing Falls in the Elderly: An EMS Story

With David Silfen

Falls and Safe Mobility

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The AGS Falls & Safe Mobility Module is an online, self-directed online educational curriculum with 2 lessons along with corresponding audio companions. Each of these lessons includes a self-directed PowerPoint presentation with notes, references and an audio companion. Learners can complete the module at their own pace and start/stop as needed.

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JGEM The Journal of Geriatric Emergency Medicine

Emergency Department - Community Partnership to Coordinate Older Adults Falls Prevention Programs

Suzanne Ryer, PT, MPT, GCS, CEEAA; Ann Gallo, BA; Adam Perry, MD; Michael L. Malone, MD

OUR NEXT
EXPERT PANEL WEBINAR

Elder Abuse and Neglect in the Geriatric ED

Co-moderated with our GEDC faculty member, Dr. Tony Rosen

Monday, November 8

Visit website to register

https://gedcollaborative.com/event/elder-abuse-and-neglect/

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