Fall Prevention (STEADI) Training for EMS Providers

Alameda County Emergency Medical Services
Senior Injury Prevention Program
Training Outline

1) Introduction and Background
2) Recognizing Fall Risk Factors in the Elderly
3) EMS Fall Risk Assessment
4) Data Collection
5) Tips for Talking about Falls
6) Case Studies
7) Skills Review and Resources
Training Objectives

• Upon completion of this training, EMS providers will:
  1. Understand the importance of preventing older adult falls
  2. Recognize risk factors for falls in older adults
  3. Incorporate fall risk assessment and fall risk data collection into their daily EMS routines
  4. Comprehend the Stage of Change method for approaching conversations about falls
(1) INTRODUCTION AND BACKGROUND

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What is STEADI?

STEADI is a CDC initiative to engage health care providers in fall risk assessment and prevention in the elderly.
Why Prevent Falls in the Elderly?

• Our population is aging rapidly!
  – By 2020, Alameda County will be home to more than 260,000 people age 65+
  – By 2050, those age 65+ in Alameda County will make up 22% of the population (up from 12.7% in 2015)

• Falls are the leading cause of injury-related 911 calls, ER visits, and deaths in the elderly
  – In 2009 in Alameda County, there were:
    • 26.6 falls-related ER visits for every 1000 seniors age 65-84
    • 75.3 falls-related ER visits for every 1000 seniors age 85+
EMS Role in Fall Prevention

• As the first line of treatment for seniors in need of help, **EMS workers like you are uniquely positioned to recognize and screen for fall risk.**

• EMS providers:
  – Are trained health professionals with strong observational skills
  – Interact with seniors who may not have access to primary care
  – Can often observe their patients’ homes and lifestyles, whereas clinicians cannot
What Does This Mean for You?

• EMS providers in Alameda County will incorporate STEADI into daily operations through a simple two-step procedure:

  1. → **Assess** Fall Risk
  2. → **Document** for EMS Records
(2) RECOGNIZING FALL RISK FACTORS IN THE ELDERLY
Fall Risk Factors in the Elderly

- The presence of risk factors increases the likelihood that an older adult will fall.

- Some risk factors are intuitive:
  - Lower body weakness
  - Gait and balance problems
  - Postural dizziness
  - History of falls
  - Home safety/environmental hazards
Fall Risk Factors in the Elderly

• Other risk factors are less obvious:
  – Poor vision
  – Problems with feet and/or shoes
  – Medication issues (psychoactive or interacting)
  – Recent major life changes
  – Poor mental health
  – Comorbid chronic conditions
  – Urinary incontinence

• These factors, alone or together, contribute to an individual’s fall risk
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(3) EMS FALL RISK ASSESSMENT
When Should You Assess Fall Risk?

• In non-emergency situations when you suspect that an older adult patient may be at elevated risk for falls

• If you observe fall risk factors, you can and should assess risk even if the person has never fallen!
Two-Minute Risk Assessment

1. Have you fallen in the past year?
2. Do you feel unsteady when standing or walking?
3. Do you worry about falling?

Answering “yes” to one or more of these questions indicates increased fall risk!
STEADI Materials Distribution

• Give STEADI materials packets to:
  – Older adults with heightened fall risk
  – Older adults with low fall risk who are interested in receiving additional information
STEADI Materials Packet

- Stay Independent Brochure
- What YOU Can Do to Prevent Falls Brochure
- Safety Checklist
- Postural Hypotension Brochure
- Chair Rise Exercise
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(4) DATA COLLECTION
Electronics Reporting

- Data entry fields will be incorporated into your existing ePCR system

- Document the following information:
  1. Was a fall risk assessment performed? Y/N
  2. If yes, include answers to the three fall risk assessment questions.
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(5) TIPS FOR TALKING ABOUT FALLS
Changing Behavior is Difficult!

- Knowledge isn’t enough to change behavior
- Use the Stages of Change model to approach patient conversations:

<table>
<thead>
<tr>
<th>Stage of change</th>
<th>Patient cognition and behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td>Precontemplation</td>
<td>Does not think about change, is resigned or fatalistic, Does not believe in or downplays personal susceptibility</td>
</tr>
<tr>
<td>Contemplation</td>
<td>Weighs benefits vs. costs of proposed behavior change</td>
</tr>
<tr>
<td>Preparation</td>
<td>Experiments with small changes</td>
</tr>
<tr>
<td>Action</td>
<td>Takes definitive action to change</td>
</tr>
<tr>
<td>Maintenance</td>
<td>Maintains new behavior over time</td>
</tr>
</tbody>
</table>

Preparing for Common Conversations

Statement: Precontemplation
“Falling is just a matter of bad luck. I just slipped. That could have happened to anybody.”

Response:
“As we age, falls are more likely for many reasons, including changes in our balance and how we walk.”

Statement: Contemplation
“I’d like to exercise but I don’t because I’m afraid I’ll get too tired.”

Response:
“You can reduce your chances of falling by doing strength exercises as little as 3 times a week, and you don’t have to overexert yourself.”
Preparing for Common Conversations

Statement: “I’m worried about falling. Do you think there’s anything I can do to keep from falling?”

Response: “Let’s look at some factors that may make you likely to fall and talk about what you could do about one or two of them. Here’s a brochure from the CDC about preventing falls. Why don’t you go over it with your spouse?”

Statement: “I want to take a fall prevention class. What do you recommend?”

Response: “By participating in our fall risk assessment, your information will be put into our database and an appropriate program may reach out to you directly. If you want to do something right now, you should try out this chair raise exercise or talk to your local senior center.”
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(6) CASE STUDIES
Case Study 1: Mrs. Booker

• Age 76, lives independently

• Fall risk factors:
  – Two psychoactive medications
  – Vision problems
  – Urinary incontinence
  – Fell last week while walking outside with a friend

• Mrs. Booker doesn’t feel unsteady when standing or walking, doesn’t worry about falling, and feels that her fall last week was just a one-time accident. How would you approach speaking with her about fall prevention?
Case Study 2: Mr. Ying

- Age 84, lives in an apartment close to his son and requires help for some activities of daily living

- Fall risk factors:
  - Two sedating medications
  - Vision problems
  - Urinary incontinence
  - Postural hypotension
  - Reduced strength
  - Depression

- Mr. Ying has not ever fallen, but he feels unsteady when walking and is afraid he might lose his independence from a fall. What issues do you suspect are contributing most to his risk for falls?
Case Study 3: Mrs. White

• Age 81, lives in an assisted living facility

• Fall risk factors:
  – Vision and foot problems
  – Urinary incontinence
  – Cognitive impairment and depression
  – History of many falls, some resulting in serious head injury
  – Serious gait and balance impairment, including postural hypotension

• Mrs. White just got out of the hospital a week ago after a serious fall. She feels unsteady when walking and has a fear of falling. She tells you that “old people fall, that’s just the way it is.” How high is her fall risk? What stage of change is she at in terms of fall prevention?
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(7) SKILLS REVIEW AND RESOURCES
Skills Review

- What are some fall risk factors in older adults?

- Why are EMS providers important contributors to older adult fall prevention?

- What are the 3 fall risk assessment questions?

- What are the Stages of Change and why are they important?
External Resources

• CDC STEADI Website: http://www.cdc.gov/steadi/

• Alameda County Senior Injury Prevention Program: http://www.acphd.org/ipp/sipp.aspx

• Alameda County Area Agency on Aging: http://www.alamedasocialservices.org/public/services/elders_and_disabled_adults/area_agency_on_aging.cfm
References


Thank you for your time!