

Sex Specific Outcomes of an ED Stopping Elderly Accidents, Deaths, and Injuries (ED-STEADI) Program

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Published In/Presented At

Greenberg, M. Jacoby, J. Barraco, R. Goodheart, V. Youngdahl, A. Day, R. Collins, D. Crowley, L. Kane, R. (2019, April 10). *Sex Specific Outcomes of an ED Stopping Elderly Accidents, Deaths, and Injuries (ED-STEADI) Program*. Poster Presented at: PA American College of Emergency Physicians (PA-ACEP), Scientific Assembly, Spivey Competition, King of Prussia, PA.

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INTRODUCTION

We set out to determine if a bedside decision aid used in the ED for mechanical fall prevention could increase patient participation in management options that decreased their fall risk. Additionally, we aimed to see if there were sex specific differences in patients' choices in chosen options, accomplished goals, and/or falls at one-year follow-up.

METHODS

This prospective RCT was conducted at a Level One Trauma Center ED with approximately 75,000 visits/yr. Those ≥ 65 yo who were being discharged home and reported to have fallen in the last year, reported they worried about falling, or admitted that they felt unsteady when walking or standing were approached. Control arm subjects were given a CDC brochure about fall prevention. The active arm subjects received a personalized

assessment with a bedside decision aid indicating specific activities they could do to decrease their risk. Both groups had phone follow-ups for a year to assess by self-report any falls and what actions subjects had taken to mitigate their risk.

RESULTS

A total of 200 subjects (88 males, 112 females) were enrolled. Genders were equally represented across the intervention group (51 males, 52 females). There was a statistically significant (SS) increase in number of women who reported worrying about falling (N 56, $p=0.002$). Nineteen percent of subjects chose to have their medications reviewed, 20% to have an eye exam, 38% to begin an exercise program, and the majority (74%) to have a home safety evaluation. There were no SS differences between males and females when it came to the decisions they made with the decision aid. There

were also no SS differences in the 12-month analysis of decision tool choices completed per participant self-report. At study end, 136 subjects reported falls. There were no SS differences in falls between those that received the intervention and those that did not. Despite this, there were a large number of subjects who felt that participation in the study was helpful to them (137 Yes vs 48 No, $p<0.05$). At the end of the study, there was no SS difference between falls in males vs females.

CONCLUSION

Subjects who had their fall risk intervention facilitated by a decision tool did not fall less often than their counterparts in the control arm at one-year follow-up. This pilot study suggests that CDC screening guidelines and interventions facilitated by a decision aid may not be preventive in the ED population.

ACKNOWLEDGMENT: This study was funded, in part, by an unrestricted community grant from The Anne and Carl Anderson Trust.