

FALLS PREVENTION IN EMERGENCY CARE

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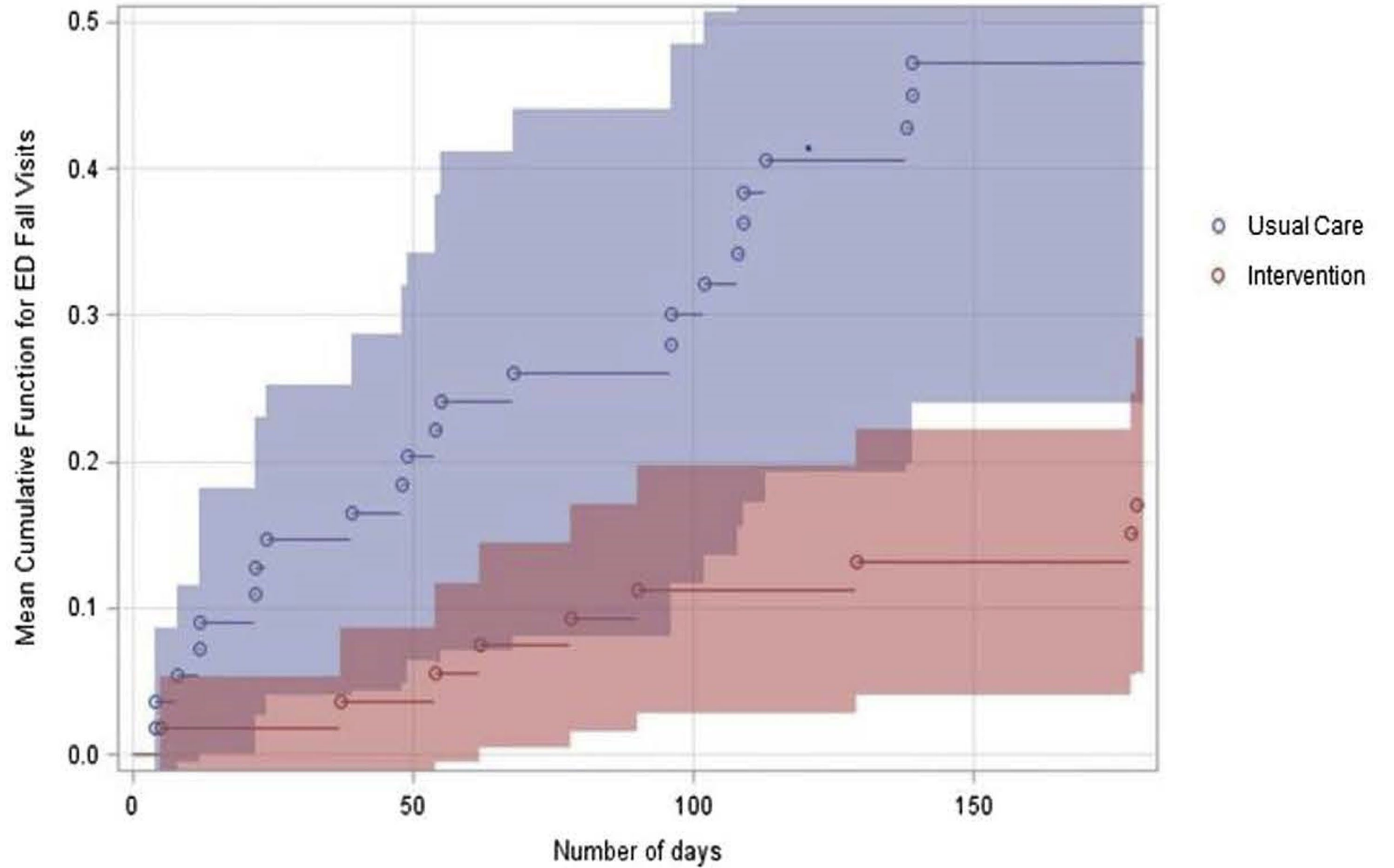
State of the Science

EVIDENCE BASED FALL PREVENTION
PROGRAMS REDUCE FALLS BY 30%

3 MILLION ANNUAL ED VISITS

43% REVISIT EDs IN 6 MONTHS

GEMSSTAR R03



| | | | | |
|------------------|-----|-----|-----|----|
| All Participants | 110 | 106 | 100 | 96 |
| Intervention | 55 | 53 | 47 | 44 |
| Usual Care | 55 | 53 | 53 | 52 |



Challenges



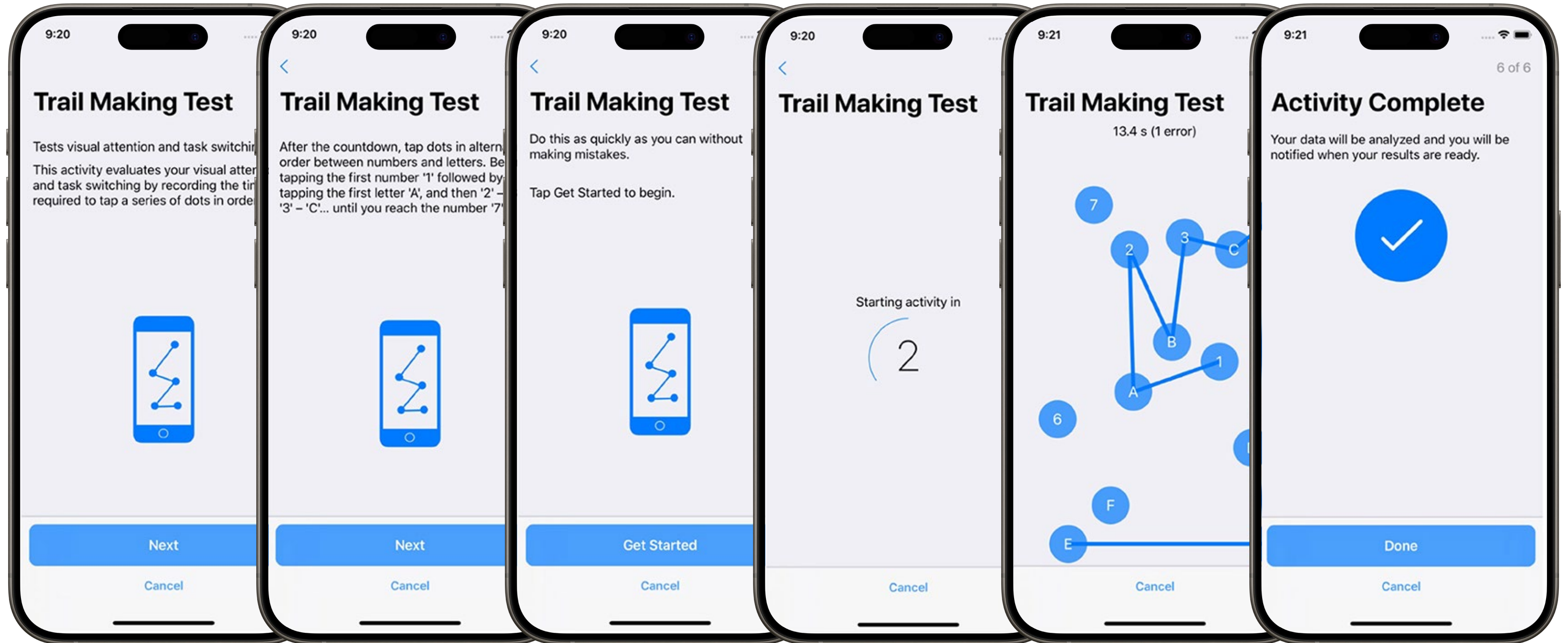
Fall outcome assessment



Control patients received less evaluation of function



Relatively short follow-up



BEESON K76

Aim1.a. FIELD TESTING PHASE

July 2019 – June 2020

qual data
collection

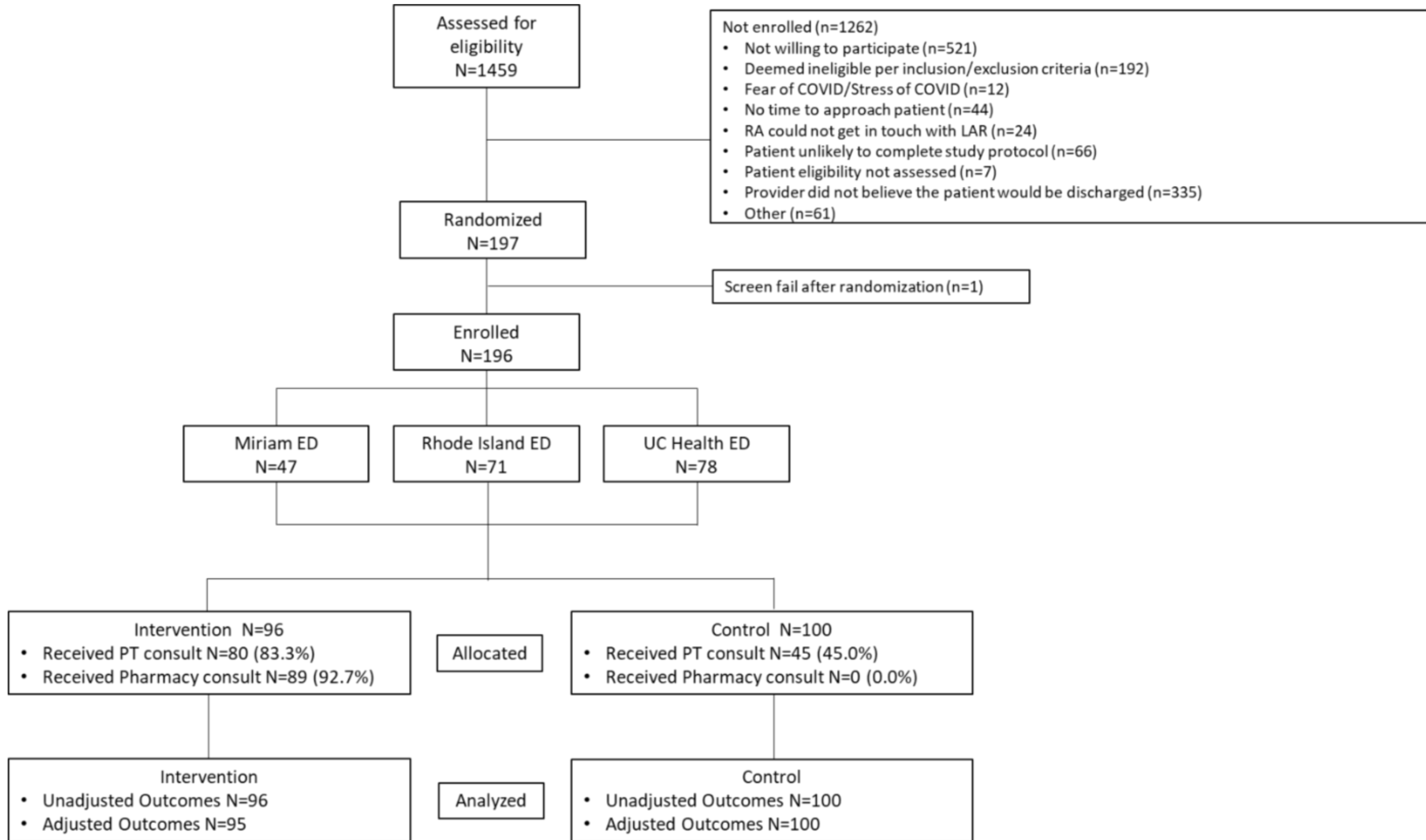


qual
data
analysis

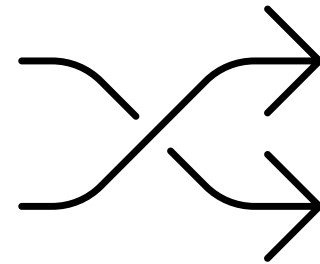
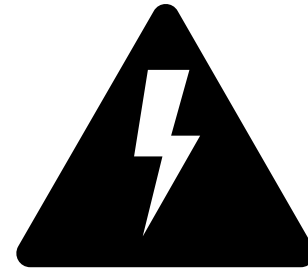


qual
data
results





Summary



A healthcare professional, likely a nurse or doctor, is shown from the chest up. They are wearing a light pink lab coat and have a blue stethoscope around their neck. They are holding a tablet computer with both hands, looking at the screen. The background is a plain, light-colored wall.

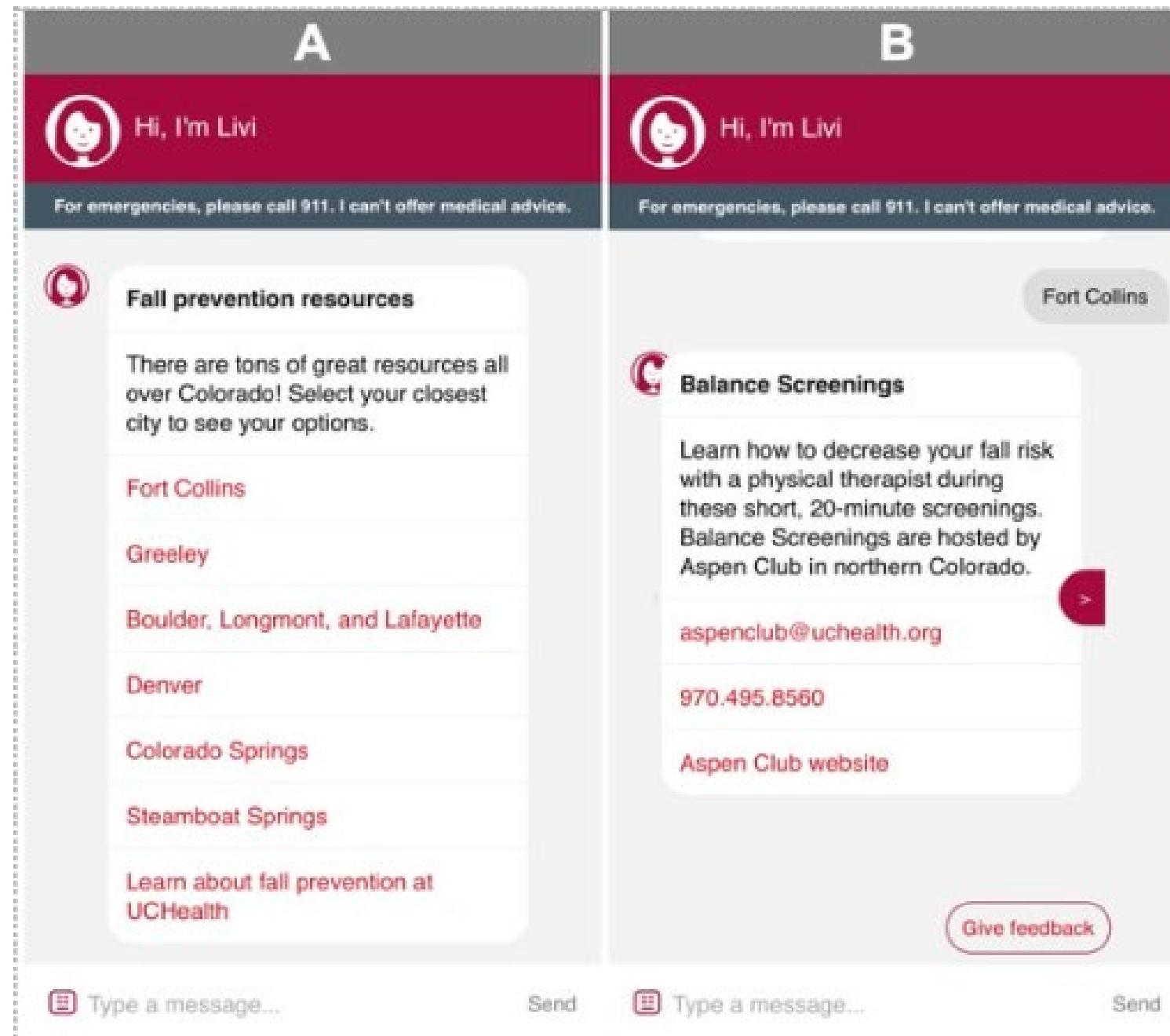
eGAPcare: Expanding the Reach of a Fall Prevention Intervention for Older Emergency Department Patients through Telehealth

R21 AG073011 (Role: PI Goldberg)

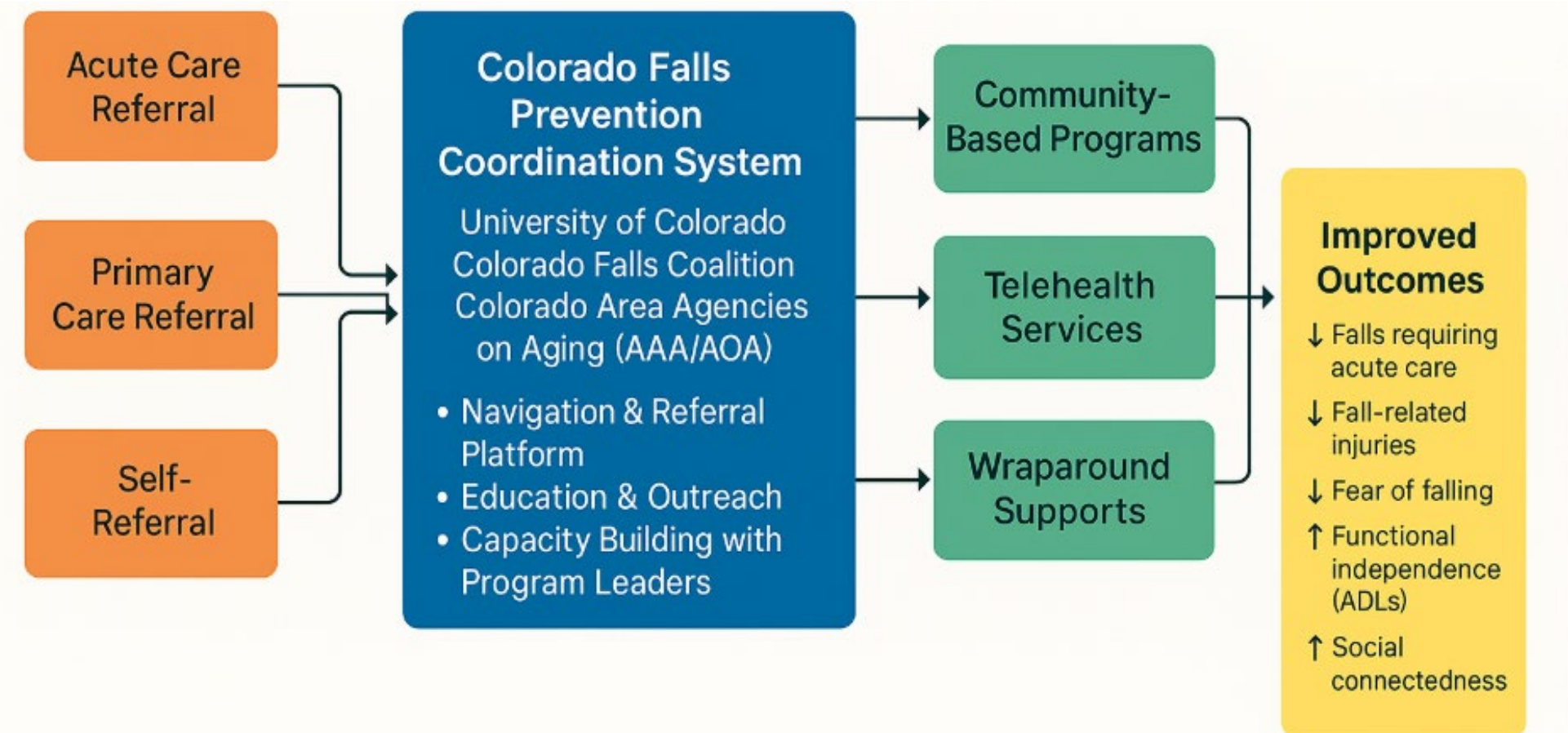
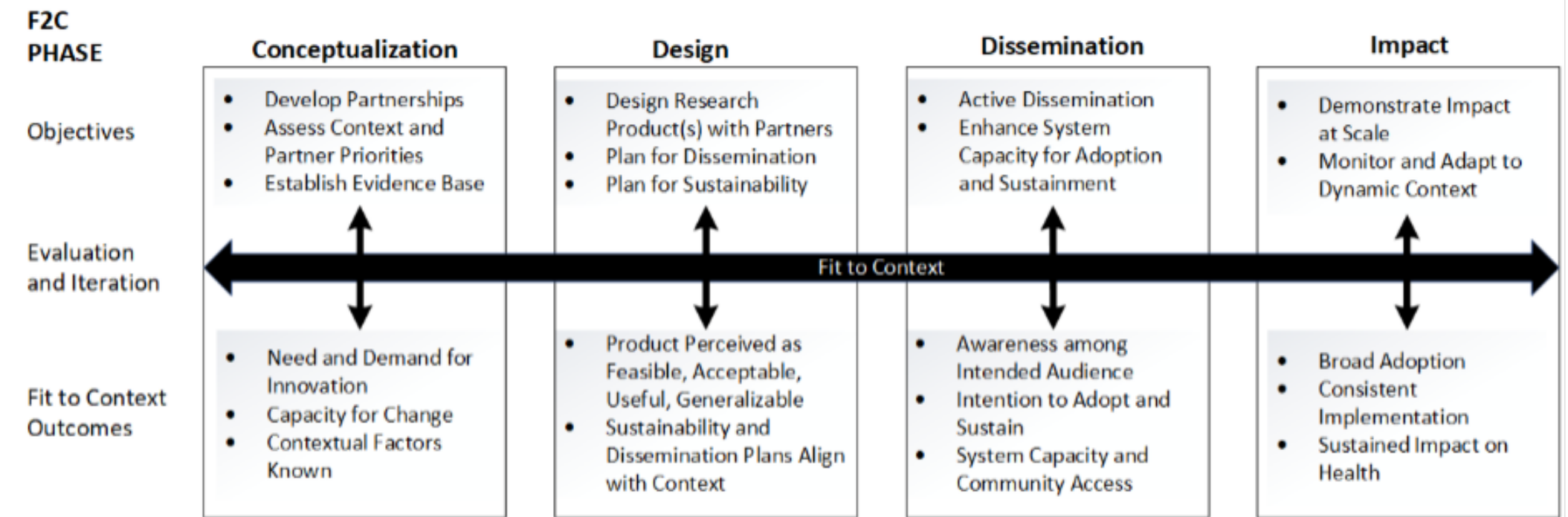
1/25 – 12/26

ALERT-ED

Test the impact of ALERT-ED intervention on ED revisits for falls at six months following a cluster-randomized multiple crossover design in 8 UCHealth Sites (n=20,700)



Scaling Trusted Evidence-based Fall Prevention (STEP)





AGS22 ANNUAL SCIENTIFIC MEETING

EQUiPPED Study: Enhancing the Quality of Prescribing Practices for Older Adults Discharged from the Emergency Department in the Largest Health System in Rhode Island

Elizabeth M. Goldberg, Emergency Medicine, Brown University

Natalie M. Davoodi, Emergency Medicine, Brown University

Timmy R. Lin, Emergency Medicine, Brown University

Cheston B. Cunha, Infectious Disease, Brown University

Nadia Mujahid, Division of Geriatric & Palliative Medicine, Brown University

Camille Vaughan, Geriatric Medicine, Emory University, Birmingham/Atlanta VA GRECC

Outside witnesses offer arguments over the confirmation of Amy Coney Barrett on the final day of Senate hearings

Beyond masks and social distancing: How to stay healthy and sane during this new surge (while still enjoying fall and winter)

By **Holly Yan**, CNN

🕒 Updated 3:58 PM ET, Wed October 14, 2020

10/15/2020

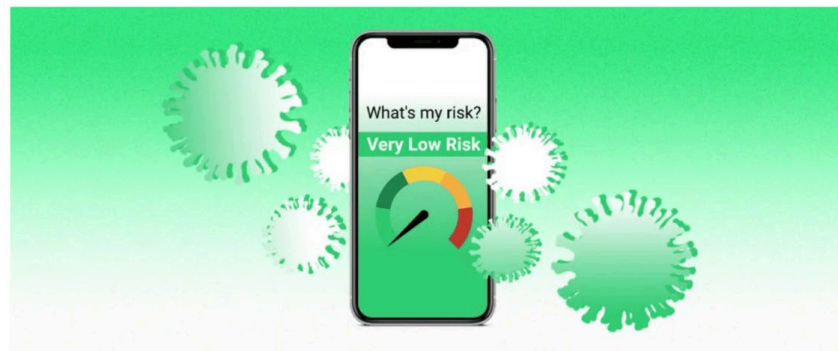
Is It Safe to Have Dinner Together Inside? - The Atlantic

11/10/2020

The App That Helps You Assess If a Social Event Is COVID-Safe

HEALTH

HEALTH, RELATIONSHIPS Lauren Vinopal / 1 week ago



THE APP THAT HELPS YOU ASSESS IF A SOCIAL EVENT IS COVID-SAFE

Trying to get out of that super-spreader event at your in-laws without hurting anyone's feelings? There's an app for that

As an emergency physician, researcher and associate professor at Brown University, it's fair to say that Elizabeth Goldberg is a busy person. But the one thing that consumed more of her time than anything else during the first few months of quarantine was fielding questions from family and friends about what social activities were safe to engage in. "I was personally receiving questions 20 times a day from various people," Goldberg tells me.

At first, she found it mildly annoying, but then she thought about everyone who didn't have a doctor friend or family member to text. "You shouldn't have to have an emergency doctor friend to figure out the risk you have," Goldberg says.

POLITICS

How to Tell If Socializing Indoors Is Safe

As the weather gets colder, many Americans have no idea whether hanging out with other people inside is risky. That's a big problem.

OLGA KHAZAN OCTOBER 12, 2020



JONAS BENDIKSEN / MAGNUM

FOR MONTHS NOW, Americans have been told that if we want to socialize, the safest way to do it is outdoors, the better to disperse the droplets that spew from our mouths whenever we do anything but silently purchase grapefruit. But in many parts of the country, this is the last month that the weather will allow people to spend more than a few minutes outside comfortably. And next

Results

720,000 calculations

10/20/2020

Rhode Island doctors created an app to calculate the risk of COVID-19. Here's why. | Boston.com

The idea for the app, MyCOVIDRisk, came during a conversation between Megan Ranney, an emergency physician and director of the Brown Lifespan Center for Digital Health, and her colleague Dr. Liz Goldberg.

Like many physicians during the coronavirus pandemic, the two emergency room doctors had been fielding questions from friends and family members all summer about whether certain activities were safe or not.

THE WALL STREET JOURNAL.

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OPINION | COMMENTARY

How To Improve Health Outcomes for Older Americans

The U.S. is struggling to meet the needs of this growing population. Here's what doctors can do.

By Elizabeth Goldberg

Feb. 9, 2020 2:50 pm ET

I recently cared for a 70-year-old man in the resuscitation bay of my hospital's emergency department. His blood pressure was low, his skin mottled, his stench foul. Ambulance personnel told us he was "found down" by a neighbor. His home was in disarray. Evidently, no one had cleaned it in weeks. His shins were partially covered with dressings that desperately needed changing. His toes were infected—red, swollen and draining.

His records from a hospital stay a few weeks earlier showed that he had signed out against medical advice. He had developed dementia and lacked capacity to decide whether to stay in the hospital. But his doctors either didn't recognize this or didn't want to take away his autonomy. One in three older adults is admitted after an emergency-department visit and one in five hospitalized patients is discharged to a nursing home. Doctors rarely screen for dementia.

As an emergency-medicine doctor, I witness our country's elder-care crisis every day. Those 85 and older make up the fastest-growing segment of the U.S. population, but the country is ill-prepared to meet their health and social needs. The median cost for a private room in an American nursing home is now more than \$100,000 a year. The "pop drop"—leaving a loved one at the emergency department—is tragic and common.

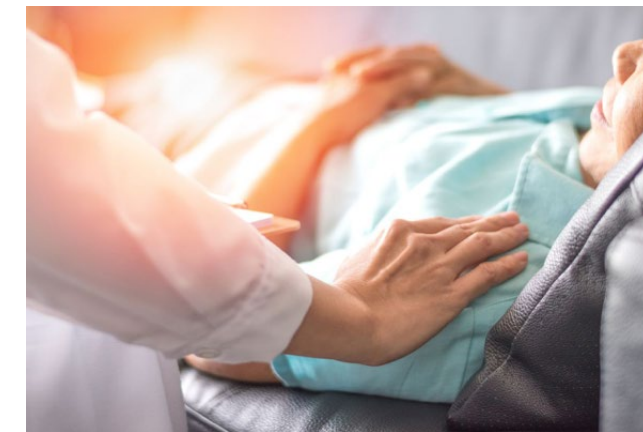


PHOTO: GETTY IMAGES/ISTOCKPHOTO

Unlike younger adults with acute problems, older people tend to come to the emergency room for chronic problems and ambiguous symptoms like fatigue. Those with cognitive impairment often can't articulate their concerns, which leads doctors to order tests and sometimes admit the patient to the hospital. This increases health-care costs.

How to address the elder-care crisis? Ideally, doctors would screen older patients for dementia. An early diagnosis helps patients understand treatment options, plan for the future and receive appropriate care in the hospital. Doctors would contact a patient's specialists, primary-care doctors and family members. They'd ask questions like: "Is this confusion new for your Dad?" They'd call case managers to help families understand the costs of home care, assisted living, a nursing home or

- <https://www.theopedproject.org>

Whoever tells the story

WRITES HISTORY

LEARN MORE

Mentorship on Aging Topics



Potentially Inappropriate Medication

Identifying prevalence of fall risk-increasing drugs in older adults in the ED¹

Mentored clinical research fellow

ED to Home Care Transitions

Development of a patient-reported outcome tool for care transitions²

Guided tool validation and implementation

Caregiver Needs in the ICU

Qualitative study identifying the needs of caregivers of ICU older adult patients³

Provided content expertise in qualitative methods

Substance Misuse & Falls

Estimate the prevalence of ethanol and other sedating substances among older adults that sustain a fall injury⁴

Mentored data analysis and manuscript development