

Research - R178

Poster

Abstract Title:

Healthy Seniors at Risk, Too: Characteristics of Elderly Falls while Visiting Friends and Family

Authors:

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Background & Purpose:

Falls in the elderly population remain a dominant source of morbidity and mortality in the United States. Despite efforts to reduce falls, this mechanism continues to be the leading cause of fatal and non-fatal injuries in adults age 65 and older. Associated healthcare costs, as reported by the CDC, averaged \$30 billion in 2010. With the percentage of elderly persons in the US increasing, research on elderly falls continues to be an important source to guide public health efforts. This study focused on characteristics of elderly persons who fall while visiting another person's home.

Study/Project Design:

This is a retrospective study that analyzed patient records from a trauma registry database.

Setting:

Patients were admitted to a Regional Level I Trauma Center in a suburban area during a five year period from 2008-2013.

Sample:

Patients included were age 65 and older with an E-code for accidental fall (E880-E888) in a home (E849.0).

Procedures:

The trauma registry database was queried for patients age 65 and older, sustaining an injury from a fall in a home. The zip code of injury was compared with the patient's home zip code to create two groups. Patients who fell in a home within their own zip code were compared to those patients who fell in a home outside of their zip code. Group characteristics were analyzed using SPSS statistical software and $p < 0.10$ was considered statistically significant.

Findings/Results:

Over the 5 year study period, 1362 patients age 65 or older were admitted to the hospital after sustaining injuries from a fall in a home. 1153 of these patients (85%) fell in a home in the same zip code as their primary residence, and 209 patients (15%) fell in a home in another zip code. There were no differences in average age, gender, Injury Severity Score, hospital length of stay, discharge disposition, or mortality rates between the two groups. However, co-morbidities were found to be a significant difference. Elderly adults who fell in another home had less diabetes (16% vs. 25% $p=0.05$), bleeding disorder (27% vs. 33% $p=0.09$), and hypertension (65% vs. 71%). They were more likely to have no National Trauma Data Bank (NTDB) co-morbidities (13% vs. 8% $p < 0.01$) and the type of fall most likely to occur was on stairs (25% vs. 16% $p=0.001$). Interestingly, the day and time of the fall in another person's home was significant for Saturday (19% vs. 13% $p=0.04$), from 6pm-12 midnight (21% vs. 28% $p=0.01$).

Discussion/Conclusions/Implications:

A literature gap exists when seeking out characteristics of older adults who fall while visiting homes of family and friends, and the circumstances surrounding these falls. The results of this study revealed that elderly patients who fall while visiting other homes have less co-morbidities than those who fall in their own homes. However, the severity of their injuries and their subsequent utilization of the healthcare system is no different than their "sicker" cohorts who fall at home. Perhaps the vulnerability of this population is going unnoticed by those around them. Focused public health efforts to reduce falls in the home should broaden to include homes where seniors are visitors.