



# Emergency Department Data Surveillance Project Newsletter

The EDDS Project is a joint effort of:



Volume 1, Issue 2

March 2009

## Welcome

Welcome to the second issue of the Emergency Department Data Surveillance (EDDS) Project Newsletter! The newsletter will provide information on current topics of interest that can be discussed using ED data. A

more detailed description of the data is presented in reports available online at [www.SanDiegoCountyEMS.com](http://www.SanDiegoCountyEMS.com) or [www.sdchip.org](http://www.sdchip.org). The most recent report available is the January-June, 2008 EDDS Brief Report. If you

want more information, have suggestions, or would like to submit an idea for the newsletter, please contact Holly Shipp at (619) 285-6429 or [Holly.Shipp@sdcounty.ca.gov](mailto:Holly.Shipp@sdcounty.ca.gov).

## Senior Falls Treated in the Emergency Department

In San Diego County, falls are the leading cause of injury death among seniors ages 65 years and older. Falls are also the leading cause of injury-related emergency department treatment and hospitalization.

Many seniors who fall will not seek care or tell their physician if an injury is not immediately apparent. For patients on some medication, such as blood thinners, a seemingly minor fall can have serious consequences if not treated properly. Additionally, seniors who fall often suffer from fear of falling again, causing activity limitation and reduced mobility and physical fitness, which increases the risk of a subsequent fall.

According to the Centers for Disease Control and Prevention, at least one in three seniors will fall each year. This means that of the 355,613 seniors living in San Diego County, more than 118,000 will fall this year. Of these, 88,000 (75%) will fall a second time within six months of the initial fall. Even more alarming is that 20% to

30% of the seniors that fall will suffer injuries that make it difficult to get around or live alone, such as hip fractures or head traumas. Most of these falls occur due to slipping, tripping and stumbling in or near the home, and can be prevented.

Over the past ten years, the rate of death and major trauma due to a fall has increased in San Diego County, especially among seniors ages 85 and older. This, combined with the rapidly increasing senior population, translates to a greater number of fall-related injuries and death. The number of adults ages 65 and older is expected to more than double to 741,362 by the year 2030; more than 100,000 of these seniors will be ages 85 years and older. Thus, fall-related injuries among older adults is a serious public health concern.

However not all falls result in major trauma or death. Even falls resulting in less serious injury can produce significant long-term consequences, such as reduced mobility, depression, and an increased risk of chronic

disease. Fear of falling again and improper follow-up care often leads to decreased physical activity and social interaction, which affects overall quality of life.

For this reason, emergency department (ED) discharge data are important for conducting surveillance of falls in San Diego County. Seniors who were treated and discharged from the ED for a fall suffered an injury that was serious enough to require emergency evaluation and care, but not serious enough to require hospitalization.

The ED is an important entry point to the system. Even if a senior presents with an illness or injury not related to a fall, the ED provides an opportunity for education and evaluation to reduce the risk of future falls. Physicians and other ED staff can address fear, medication and medical management, home modification, and other health conditions that may contribute to a fall.

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March 18, 2009



**More than 90% of hip fractures among older adults are caused by falling.**  
~CDC, 2008

## Senior Falls Treated in the Emergency Department, continued.

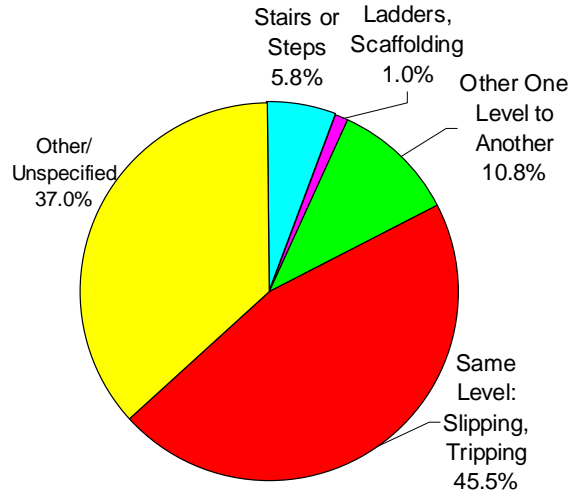
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In 2007, there were 11,479 fall-related injuries treated in a San Diego County ED among patients ages 65 and older, for a rate of 3,268 per 100,000. This means that in 2007, for every 100,000 adults ages 65 and older in the population, 3,268 were treated and discharged from a San Diego County ED. Falls were by far the number one cause of ED discharge for an unintentional injury among this age group.

The rate of ED discharge increases dramatically with increasing age. Seniors ages 65 through 74 years were discharged from the ED for a fall injury at a rate of 1,852 per 100,000, compared to a rate of 6,623 per 100,000 for seniors ages 85 years and older.

Two-thirds of these patients were female, and even when taking the higher female population size for this age group into account, females were still discharged from the ED at higher rates than males. By race/ethnicity, the highest rates of ED discharge for a fall occurred among older adults who were either White or Hispanic.

### Fall-Related ED Discharges by Mechanism of Injury, 65+ Years, San Diego County, 2007



Source: HASD&IC, CHIP, CoSD HHS A PHS EMS, ED database, 2007

There was little difference in the rate of fall-related ED discharge by day of week or month of year.

The mechanism of fall, or how the fall occurred, provides important information that can be used to develop prevention and educational tools. For all fall-related ED discharges, the

most common mechanism of injury was a fall from the same level. In other words, a fall due to slipping, tripping, or stumbling while walking or standing.

Nearly half of all falls among seniors treated in the ED were from the same level (46%), another 6% were from stairs or steps, and 11% were another type of fall from one level to another, such as from a chair or bed. It is important to note that falls from the same level are also the most common mechanism of fall injury among seniors who were hospitalized, treated in the trauma system, or died due to a fall.

The nature of injury or the type of injury sustained by seniors treated in the ED for a fall can also be identified. The majority of seniors suffered either a superficial injury or contusion (27%), a fracture (23%) or an open wound (21%). For one-third of these

### Leading Causes of Unintentional Injury ED Discharge by Age Group of Victim, 55+ Years, San Diego County, 2007

Age Group of Victim	Rank of Cause of Injury				
	1	2	3	4	5
55-64	Fall 3,884	MVO 1,065	Overexertion 977	Cut/Pierce 946	Struck by/Against 935
65-74	Fall 3,107	MVO 489	Overexertion 442	Struck by/Against 410	Cut/Pierce 408
75-84	Fall 4,580	Struck by/Against 434	MVO 330	Overexertion 306	Cut/Pierce 219
85+	Fall 3,792	Struck by/Against 292	Overexertion 136	MVO 134	Cut/Pierce 79

Source: HASD&IC, CHIP, CoSD HHS A PHS EMS, ED database, 2007  
\*Describes mechanism of injury and number of ED discharges for each.

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## Senior Falls Treated in the Emergency Department, continued.

### Continued from page 3

seniors, the injury was to the head or neck (36%), not including traumatic brain injury, the upper extremities (24%), or the lower extremities (17%). Hip fractures are a more serious injury requiring hospitalization and typically not seen among ED discharges.

San Diego County takes an active lead in fall prevention. The San Diego Fall Prevention Task Force originated in 2004 from the County of San Diego's Aging and Independence Services' (AIS) community health promotions committee. The Task Force is staffed by AIS and chaired by a community agency representative, and recruits members who share a passion for senior fall prevention. The mission of the Task Force is to reduce falls and their devastating consequences in San Diego County.

The Fall Prevention Task Force has produced and made accessible existing best-practice information and other local resources for older adults,

their caregivers, physicians, and other health and social service providers.

A home safety checklist was designed to be used by seniors and their families to evaluate their environment for fall hazards. A video, "Don't Fall for It," describes an overview of the problem, common risk factors, and steps anyone can take to reduce their risk of falling.

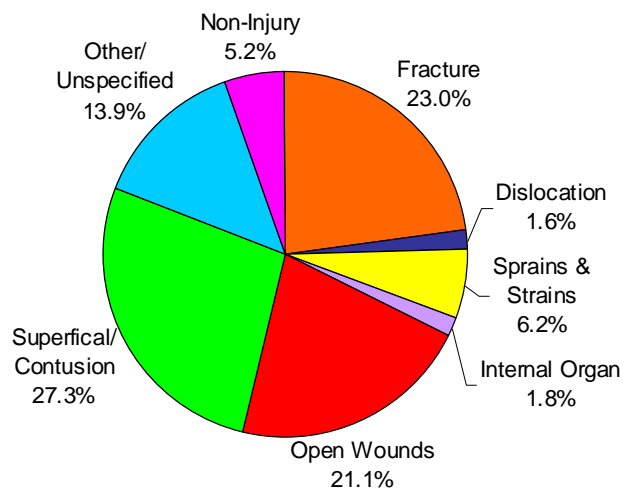
Recently, a Toolkit was developed for physicians and other service providers to offer resources for fall prevention that can be used in their practice and shared with patients. Also, the Task Force has developed a new online resource guide to help make referrals to local providers and community programs. A copy of this toolkit can be obtained by calling 1 (800) 510-2020. The videos, online resource guide, and other useful information can be found at [www.SanDiegoFallPrevention.org](http://www.SanDiegoFallPrevention.org).

For information about Task Force products or to join, contact Kristen Smith at

Kristen.Smith@sdcounty.ca.gov. For questions regarding the surveillance of senior falls in San Diego County emergency departments, please contact Holly Shipp at Holly.Shipp@sdcounty.ca.gov.



**Fall-Related ED Discharges by Mechanism of Injury, 65+ Years, San Diego County, 2007**



Source: HASD&IC, CHIP, CoSD HHSA PHS EMS, ED database, 2007

## Historical Data

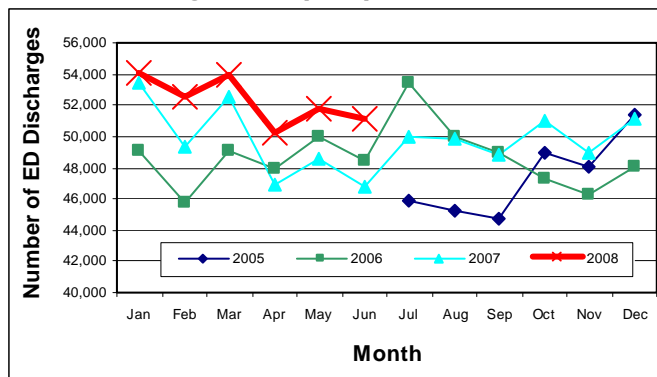
Currently, three full years of ED discharge data are available for a total of 1,779,882 records.

### Total Number of ED Discharges

July – Dec 2005:	284,480
Jan – June 2006:	290,338
July – Dec 2006:	293,981
Jan – June 2007:	297,774
July – Dec 2007:	299,716
Jan – June 2008:	313,593

See the January-June, 2008 EDDS Brief Report for more detailed information.

**Total Number of ED Discharges by Month and Year, San Diego County, July 2005—June 2008**



Source: HASD&IC, CHIP, CoSD HHSA PHS EMS, ED database July 2005-June 2008

There is an increasing trend in the total number of ED discharges from July 2005-June 2008. It is unclear at this point if this is due to a true increase in the number of patients treated and discharged from the ED, or if this is due to more complete reporting by the hospitals. We will continue to monitor over time.



## For More Information, Contact:

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For Copies of EDDS Reports:  
[www.SanDiegoCountyEMS.com](http://www.SanDiegoCountyEMS.com)  
or  
[www.sdchip.org](http://www.sdchip.org)



## EDDS Project Description

The Community Health Improvement Partner's Violence and Injury Prevention Work Team, in collaboration with the County of San Diego's Emergency Medical Services (EMS) and the Hospital Association of San Diego and Imperial Counties (HASD&IC) conceptualized and coordinated the implementation of the Emergency Department Data Surveillance (EDDS) project.

Emergency department (ED) discharge data describe all patients who were treated and discharged from participating emergency departments in San Diego County. ED data does not represent all patients who go to the emergency department; patients who were admitted to the hospital from the ED are not included. The information contained in this database is collected from billing data, so if a patient presents to the ED and is admitted to that same hospital, all information is transferred to the inpatient record and the patient becomes part of the hospital inpatient discharge database.

Emergency department data that are reported to Emergency Medical Services (EMS) do not contain unique identifiers, such as social security number. Each record represents a visit to the ED; multiple visits for the same person cannot be identified. Therefore, this report represents the number of *encounters* (visits), not the number of *people* who use the ED.

Currently, 16 out of the 18 civilian San Diego County EDs voluntarily report data, representing more than 97% of all ED discharges in San Diego County. These data represent medical encounters for less severe non-fatal injury or illness than seen among hospital discharges.

## Current Data Reporting Status

All emergency department (ED) discharge data for participating hospitals have been reported for the first three quarters of 2008 (January - September). Fourth quarter data (October-December, 2008) were due to OSHPD on February 14, 2009. Cur-

rently, 9 hospitals have reported their fourth quarter data to EMS.

Hospitals are asked to submit their fourth quarter data to Holly Shipp at Emergency Medical Services at the same time they submit to OSHPD.

If an extension has been filed with OSHPD, please notify Holly of the anticipated date of submission by calling 619-285-6429 or emailing:

Holly.Shipp@sdcounty.ca.gov.

## Upcoming Changes - Language Spoken

The Office of Statewide Health Planning and Development (OSHPD) will begin collecting Principal Language Spoken effective with ED discharges and encounters on or after January 1, 2009. Data for the January-March 2009 report period will require a new file format to accommodate Principal Language Spoken. Submission of these data begins in April 2009, with data approval on

or before the May 15, 2009 due date. For more information, visit:

[www.oshpd.ca.gov/HID/MIRCal/Newly\\_Approved\\_Regulations.html](http://www.oshpd.ca.gov/HID/MIRCal/Newly_Approved_Regulations.html)

Hospitals are asked to continue submitting an identical data set to EMS, *including the new language variable*, in the same format as submitted to OSHPD.

This is an exciting addition

to the EDDS database! Future issues of the newsletter will examine the relationship of language spoken to various characteristics of ED discharges.