Institute for Senior Professionals
Northwest Florida State College

SENIORS ALONE: PLANNING FOR

PERSONAL EMERGENCIES

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The Institute for Senior Professionals (ISP) is a service organization that functions under the auspices of Northwest Florida State College. It is made up of retired and semi-retired professionals, and seeks to contribute to the community and the College through problem solving, strategic planning and other advisory activities.

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BACKGROUND

In June of 2014, there was a discussion within the Institute for Senior Professionals (ISP) relating to the special problems seniors living alone may face in emergency situations. As a consequence, a proposal to study the issue in depth was put before the membership. It was approved with the suggestion that we reach out to Okaloosa County and include the relevant departments in our deliberations. It was later decided to extend its scope to Walton County, since it is also within the service area of Northwest Florida State College. The study was named õSeniors Alone,ö and a study team was formed (See Appendix 1 for team composition).

The study is directed primarily at seniors in Okaloosa and Walton Counties. But it obviously has broader application: with the exception of the Okaloosa and Walton-specific demographic data and reference to Okaloosa County Emergency Medical Services (EMS) and Walton County Fire Districts, the discussion, conclusions and recommendations are applicable regardless of age or location. We note that neither the ISP nor Northwest Florida State College, with which the ISP is affiliated, has any relationship with any products identified in this study, and does not make product endorsements. The ISP team would also like to recognize the contributions and assistance provided by personnel of the Okaloosa County Department of Public Safety (EMS & 911) and Walton County Sheriff and Fire Districts.

DEFINE THE PROBLEM

A senior alone may face one or more issues when attempting to utilize the 911 system when an emergency occurs. Specifically:

- The senior may be unable to reach or use a phone to dial 911 for help, or
- He/she may be unable to unlock the door through which responders must enter the house, or
- He/she may be unable to provide the pertinent medical information to the responders to better assist in rapid medical treatment that is often so critical.

The task of the Seniors Alone team was to address each of these problems, and to consider and recommend solutions which will maximize the individualøs well-being when emergencies occur. Because a senior may require help from 911 when away from home, the team addressed this circumstance as well.

Demographic data available to the study team indicates that there are currently about 27,000 seniors over 65 who reside in Okaloosa County. Of these, 8,000 (nearly 30 percent) live alone. In Walton County there are about 14,000 seniors with 23% living alone. These individuals, plus any seniors visiting the counties, or temporarily living here seasonally, comprise the primary target group of the study. For additional perspective, data obtained from Okaloosa County 911 records shows that, for calendar year 2014, there were nearly 21,000 EMS unit responses to 911 emergency calls (excludes facility - to - facility transfers); of these, about 8,500 (some 40 percent) were for seniors over 65.   In Walton County there were 7,000 calls and 31% were for seniors. (See Appendix 2 for EMS responses)

ESTABLISH GOALS

The initial goal of the study team was to discover and assess õa portable, comprehensive, single system that would be immediately available to first responders regardless of a patientøs location.ö The study team soon concluded that for a variety of reasons a single solution was not feasible. After some deliberation, the team settled on the pursuit of three separate study goals corresponding with the problems cited above, namely:

1) Determine how a senior can ensure notification of 911 in the event of an emergency;

2) Determine how first responders can be ensured entry (without force) to the residence of the individual summoning assistance; and

3) Determine ways that all pertinent medical information is accessible to both first responders and the hospitals to which seniors may be transported.

Goal 1: Notifying 911

Individuals experiencing an emergency would normally immediately call 911 by land line or cell phone. Okaloosa County data examined by the team shows that the very great majority of calls to 911 for the calendar year 2014 were placed by the individuals or someone at the scene. However, seniors living alone may have one or more incapacity problems, or be concerned about the possibility of an incapacitating stroke or heart attack.

For such persons, there is the option of a medical alert system ó an electronic pendant or similar device that, when activated by the individual, places an emergency call to a monitoring center. The monitoring center then calls the local 911 for dispatch. Within Okaloosa County for calendar year 2014, only a small number of emergency calls (1.4 percent of the total) were received from monitoring centers. However, the fact that 45 of the seniors for whom the calls were made required transport to a hospital where a life was potentially saved indicates that a medical alert system is a useful solution, depending upon the seniorøs individual circumstances.

The team found that there are many companies which offer monitored medical alert systems by subscription. The companies have differing capabilities and offer a wide variety of services. Some of those systems are based in an individualøs residence and allow help to be summoned from within the home only. Other systems use wireless devices or dedicated cell phones which communicate with monitoring centers from any location ó at home or away from home (including in other parts of the country). Several include a global positioning system (GPS), which identifies the precise geographic location of the caller. Some of the monitoring companies offer additional protection in the form of a fall detector, which automatically alerts 911 if a fall is noted.

Importantly also, most monitoring services store medical information provided by the subscriber. They then pass it on verbally ó as needed - to responding 911 / EMS services. Specific services ó and subscription prices ó vary considerably (See Appendix 3 for examples of medical alert and data storage services).

Goal 2: Ensuring Entry to the Home

Okaloosa County data shows that for calendar year 2014, there were 235 instances in which EMS or Fire Department (FD) responders requested law enforcement personnel to facilitate a possible forced entry to a home. Of these, only seven cases actually required forced entry. Significantly, however, each of the seven cases resulted in a patient being transferred to a hospital. (See Appendix 2)

Law enforcement will force entry to a home in an emergency only if necessary. While law enforcement will do their best to limit damage when forced entry is needed, it is preferable for a senior alone to take steps ahead of time to avoid the need.

One solution is for the senior to obtain a battery powered electronic or four-digit dial combination lockbox (e.g. similar to what is commonly used by real estate agents). The lockbox may be placed on the front door handle, or otherwise affixed to or near the door (See Appendix 4). Several types of lockboxes are available. For those who do not care for the possible attention that a hanging lockbox may draw, the permanent type may be preferable. This type of lockbox attaches securely to the door, door frame or nearby wall.

The senior would place his/her house key in the lockbox, and provide the four-digit combination in advance to the appropriate county 911 office. In Okaloosa County the combination should be provided to 911 staff at 850-689-5606. In North Walton the 911 dispatcher can be contacted at 850-892-8111 and south of the bay the South Walton Fire District dispatcher can be reached at 850-267-1298. In an emergency, the appropriate county 911 dispatcher will provide the lockbox combination to first responders via secure communications upon dispatch to the address.

Goal 3: Determine ways to make medical data available

A 911 dispatcher is trained to analyze the information given by the caller i.e. breathing, bleeding, consciousness, and other obvious indicators. The patient assessment card sets used by the dispatcher assist in pre-arrival instructions until the responding units can arrive on scene. However, the initial medical assessment conducted by EMS and FD can be aided by the prompt availability of essential medical information provided by the patient or someone at the scene. Subsequent to the initial screening and stabilization, it may be helpful for first responders - and the receiving hospital - to have a more comprehensive medical history. Such data could include current medications, current and past medical conditions, allergies, names and phone numbers of emergency contacts (especially the individual's physicians and close family members), as well as a list of health insurance coverages, and information on the existence and location of advance directives.

Medical information can be provided to responders in many ways. In general, it can be made available **directly** (e.g. on paper or on a cell phone) or **indirectly** - requiring an additional action by first responders (e.g. on a flash drive or through a medical alert company or via a data storage service). As noted, this data can be provided in several ways. However, there are advantages and disadvantages to each of them. In addition, solutions that may be best in one location (e.g., in a home in Okaloosa or Walton County) may not be as useful or readily available while staying or traveling elsewhere.

Perhaps the simplest and most <u>direct</u> solution is for each senior to complete a typed or hand-written medical data record. This can be placed in a distinctive envelope affixed prominently to the refrigerator door, a location routinely checked by EMS personnel in Okaloosa and Walton Counties). With this method, a comprehensive set of data can be made available at an individual's residence for the use of first responders, and for subsequent delivery to the hospital. Advance directives and similar hard copy documents may be included in the envelope. When traveling, the envelope can be carried in the glove compartment of a car, or in an individual's baggage.

Few individuals will want routinely to carry the above envelope during their day-to-day activities outside the home. For most people, a pragmatic compromise is to carefully reduce their data to a size sufficiently portable to carry at all times. Perhaps the most basic solution is a small printed wallet (or purse) card containing a concise statement of the senior's medical data. Experimentation by the team has established that a folding wallet card about 2.5" by 8" is adequate to contain essential medical data printed in small but readable type (See Appendix 5).

With respect to <u>indirect</u> data solutions, the medical alert monitoring services discussed earlier are relevant and fulfill a useful purpose. Most of them not only notify 911 of an alert received at their emergency response center, but also provide a subscriber's essential medical data verbally to first responders through 911 without need for further intervention by the emergency caller. While the capabilities and potential assistance offered to subscribers vary greatly from company to company, some services can accommodate and store extensive medical data.

Additionally, there are a few subscription companies – such as *MedicAlert Foundation* and *DocuBank* - that store medical and related data and release it upon request of first responder and/or hospital. The data is accessible to first responders via a contact phone number and / or website address provided on a bracelet, wallet card or other device. In contrast to the foregoing medical alert monitoring services, however, these companies do not provide the subscriber with an electronic means of alerting the company to a personal emergency. They merely store data.

The ready availability of computers suggests yet another indirect option: for the senior to have on his person a mini "flash drive" (e.g. in a bracelet, necklace or special wallet card) containing medical and contact information – essentially the same data that he/she would have in a refrigerator envelope, but in digital form. In an emergency the data on this drive could be read on a first responder's laptop computer, or in the receiving emergency room.

The flash drive is an attractive solution being considered as a goal for possible future adoption by Okaloosa County EMS and Hospitals (specifically, the CARE trademarked device). A distribution concept being considered is for a CARE bracelet to be provided to patients being discharged from an Okaloosa County hospital. There is a cautionary footnote to the flash drive concept, however: many ambulances outside the County may not be able to read a flash drive. Furthermore, many ambulances and hospitals outside the County may additionally be unwilling to accept an untested flash drive for risk of virus or malware infection to their computers. (Neither of these considerations would constitute a problem for Okaloosa County as the CARE flash drive would be read only by a special computer not connected to other EMS or hospital systems.)

The team has recently reviewed an innovative solution based on the possibility that an individual away from his/her residence may be carrying a "smart" cell phone: Recent software versions (iOS8) of the Apple iPhone are able to store the owner's medical data in a manner that allows emergency responders to access it without the need for a pass code. While an interesting option, it is not likely that every emergency responder will have access to the individual's cell phone, or even be aware of how to access the data. It is unknown if other makes of smart phone currently have, or will have, this feature.

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In judging the medical data solutions considered here it seems desirable to evaluate each of them according to a set of criteria. One important criterion is the <u>immediacy</u> of the data – how quickly and easily it is available to a first responder. Another is the <u>comprehensiveness</u> of the data. A third is the <u>accessibility</u> of the data to a first responder - both at home and away from home. Application of these criteria to the above medical data solutions results in tentative team conclusions about each (See Appendix 6).

Review of the preceding suggests that <u>redundancy</u> is the best strategy for assuring that an individual's medical data reliably gets into the hands of first responders on a timely basis. A wallet card might prudently be regarded as a fundamental prompt source of medical data for most situations - with the refrigerator envelope, the medical alert service, and the flash drive (especially in Okaloosa County) and data storage solutions as useful alternatives. Medical data storage services and cell phone data banks appear as interesting but currently less practical backups.

A wallet card is normally directly available whether at home or traveling; with such a card, the senior can provide the essential medical data most needed in emergencies. The refrigerator envelope would represent a more deliberate effort to provide comprehensive data, to include witnessed hard copies of living will and other documents. Additionally, the envelope can optionally be carried when traveling and hence be a supplement to the wallet card. The Okaloosa County EMS and hospital sponsored flash drive solution if implemented is very attractive where applicable. To be most useful, both the wallet card and refrigerator documents should be designed by EMS and hospital emergency rooms, and subsequently completed in consultation with the individual's personal care physician. An example of the information currently deemed useful by EMS is at Appendix 5.

RECOMMENDATIONS

It is recommended that seniors consider implementing one or more of the following measures, as appropriate to individual circumstances, in order to assure timely and effective service by first responders in a medical or other emergency:

- **Obtain a medical alert pendant/device and subscribe to a medical alert service** to ensure timely 911 response when unable to reach a telephone during an emergency (See examples at Appendix 3).

- **Obtain and install on or near the front door an electronic or four-digit combination lockbox containing a house key.** (See examples at Appendix 4). (Note: In Okaloosa County, provide the combination to 911 staff at 850-689-5606. In South Walton County the number is 850- 267-1298. In North Walton County the numbers is 850-892-8111)

- **Record, store and make available medical and other information in more than one way** (See examples at Appendices 5 and 6). Methods of doing so are described under Goal 3, above, but the most significant at present are:

    - **a folding wallet (or purse) card carried at all times on one's person** (possibly together with insurance ID cards).

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- **a distinctive envelope affixed to the refrigerator door** (or carried in one's automobile while traveling);

- **a flash drive carried on one's person** via a medical bracelet, pendant, or wallet device (such as the CARE trademarked device being considered by Okaloosa County EMS and local hospitals);

Additionally – and while not by any means a medical storage service – the Florida Department of Transportation has the capability to store personal contacts of Florida driver's license holders. Data can be submitted via https://services.flhsmv.gov/eci/

Finally, the team wishes to bring to the attention of Okaloosa County seniors the **Okaloosa County Public Safety website** at http://www.co.okaloosa.fl.us/ps/home. The website provides a wealth of information and access to vital resources in the event of weather or other local or regional emergencies. Similar information is available in Okaloosa County via telephone by dialing 311 and following the prompts. In Walton County go to www.co.walton.fl.us then Emergency Management or key in the full web address: http://www.co.walton.fl.us//Index.aspx?NID=1063 for similar information.

This report and a condensed version in trifold brochure form can be viewed and downloaded from the ISP website at www.nwfsc.edu/ISP or copies can be obtained by calling 850-729-4998

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Appendix 1:   Seniors Alone Team

ISP Members:

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Mike Flynt   Bob Garcia

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Dick Harp   Phil Hoge

Don Litke, David Keener (Team Leaders)

Tom Reynolds

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Walton County Contributors:

Daniel Carroll, 911 Coordinator, Walton County Sheriff's Office.

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Appendix 2: DATA REPORT – EMS RESPONSES

For Okaloosa County the time period audited was calendar year of 2014, and the data was pulled from the Computer Aided Dispatch (CAD) records system. EMS unit responses for this 12-month period were 20,928 emergency calls (call data does not include facility to facility patient transfers, only emergency call incidents).

- The term ‑Medical Alarmø was searched in CAD and produced these results:
    - o 283 Medical Alarm Incidents ó These calls received by the dispatch center are from third party alarm monitoring companies. Of those medical alarms:
        - ▪ 238 incidents were accidental activations, malfunctioning equipment, or false alarms.
        - ▪ 45 patients were transported to the hospital by EMS for various medical complaints:
            - • 14 fall incidents
            - • 16 unknown problem incidents ó patient transported, dispatch not updated on the reason for transport
            - • 2 disoriented/not alert incidents
            - • 2 breathing problem incidents
            - • 5 chest pain incidents
            - • 4 general sick call incidents
            - • 1 stroke incident
            - • 1 dislodged feeding tube incident
                - o 7 of these incidents noted in CAD state forced entry was required by the fire department or law enforcement.

- The term ‑Forced Entryø was searched in CAD and produced these results:
    - o 235 medical incidents occurred and FD/EMS dispatch requested law enforcement for possible forced entry into a residence.
        - ▪ 228 incidents did not require actual forced entry. Law enforcement was either cancelled or access was made to location without having to force entry.
        - ▪ 7 incidents required forced entry and required patient to be transported by EMS to a medical facility.

- The term ÷Welfareøfor welfare check was searched in CAD and produced these results:
    - 53 incidents involved a request for EMS/FD to respond for a welfare check of a resident. Of those 53 incidents:
        - 29 requests for EMS/FD were cancelled by law enforcement (no medical emergency)
        - 5 deceased patient incidents
        - 4 incoherent patient incidents
        - 4 fall patient incidents
        - 3 psychiatric incidents
        - 2 elderly unable to care for themselves incidents
        - 2 breathing problem incidents
        - 1 diabetic incident
        - 1 chest pain incident
        - 1 heart related problem incident
        - 1 heat related problem incident

In additioní

Number of EMS calls to independent senior living locations for calendar year 2014.

Bob Hope Village in Shalimar: 105

Teresa Village in Fort Walton Beach: 36

Westwood Retirement in Fort Walton Beach: 157 (independent living side of Westwood, not the nursing home side)

A separate search was done to compile the number of EMS responses to õseniors over the age of 65ö during calendar year 2014.   It revealed that <u>8,586 seniors were transported to medical facilities.</u>

For Walton County the data shows:

There are about 14,280 seniors (60+) living in Walton County (not including seasonal visitors). Of these, about 3,300 (some 23%) live alone and must cope by themselves with medical emergencies.

Source: Florida Department of Elder Affairs at:
http://elderaffairs.state.fl.us/doea/stats/County_2014projection/Counties/Walton.pdf

Organization	Total Calls	Seniors Calls	Percentage
Walton County Fire and Rescue	6,076	1,907	31%
South Walton Fire District	1,626	468	29%
Total	**7,702**	**2,375**	**31%**

Appendix 3: ILLUSTRATIVE MEDICAL ALERT AND DATA STORAGE SERVICES*

NAME	CONTACT	BASIC COST
Cell phone/GPS Alert Services:		
Great Call Splash	www.greatcall.com (800-650-5921)	$ 19.99 /month
Medical Guardian	www.medicalguardian.com (800-668-9200)	$ 39.95 /month
Mobile Help	www.mobilehelpnow.com (800-992-0616)	$ 36.95 /month
Philips Lifeline	www.lifelinesys.com (800-380-3111)	$ 54.95 /month

 (Note: The preceding examples utilize cell phone networks and equipment which provide two-way emergency communication with a US-based response center. Included and optional services vary widely, and there may be initial equipment and set-up costs; however, no annual contract is required.)

Home-based Alert Services:		
Life Station	www.lifestation.com (866-260-2696)	$ 25.95 /month
Philips Lifeline	www.lifelinesys.com (800-380-3111)	$ 29.95 /month

(Note: The preceding examples utilize fixed home telephone lines and equipment which provide two-way communication with a US-based response center. Included and optional services and prices vary; however, no annual contract is required. A senior would normally choose a home-based service only where reliable cell phone service is not locally available. Philips Lifeline now provides both home- and cell phone-based services.)

Medical Data Storage Services:		
MedicAlert Foundation	http://medicalert.org (800-432-5378)	$ 29.99 /year
Docubank	https://www.docubank.com, (866-362-8226)	$45.00 /year

(Note: The preceding subscription services provide storage and release of medical data to first responders, hospitals and others as required and authorized. Subscriptions are for one year. No emergency alert device or service is supplied. However, either an identification device (e.g. bracelet) or wallet card is made available to the subscriber.)

*This list is intended to be illustrative of services available, and does not comprise a recommendation of any service or alert system. Contact and pricing information is based on best information available at time of publication. For more detailed information, reviews, and service comparisons search at: www.reviews.com/medical-alert-systems.   See also medicalalertsystemshq.com.

Appendix 4: ILLUSTRATIVE LOCKBOXES

A lockbox with an aperture for a house key allows emergency responders to access your home when you are unable to answer the door. Lockboxes come in a variety of types and sizes. The more expensive have an electronic keypad*. Most are simple mechanical combination locks or battery powered push buttons - the more secure feature 4-digit dial combination locks (as illustrated below). The least expensive and most convenient hang on the door handle, and are what real estate agents commonly use. However, the senior may find it preferable to affix a lockbox permanently to or adjacent to the door. Lockboxes are available from hardware or big box stores, and can be ordered over the internet in a wide range of designs and prices.

*There are also a variety of electronic deadbolts that also feature keypads. These would be an equally valid solution, but cost substantially more than the lockboxes illustrated above, and must be professionally installed.ö

Mounting Type	Surface Mount	Surface Mount	Door Handle	Door Handle
Locking Type	Combination	Push Button	Combination	Combination
Number Keys	5	2	1	5
Weather Resistant	Yes	Yes	Yes	Yes
Price Range	-------------------------- $30 to $100 --------------------------------------			

Appendix 5: SAMPLE MEDICAL INFORMATION FORM

Name   **Date of Birth**

Height and Weight   **Blood Type**

Address   **Home and Cell phone numbers**

Medical Conditions   **Medications (dose and frequency)**

Allergies and Reactions   **Assistive Devices and Dentures**

Emergency Contacts   **Physicians and phone numbers**

Health insurances

Existence and Location of Advance Directives

Other (e.g. photo)

Appendix 6: EVALUATION OF MEDICAL DATA SOLUTIONS

Solutions vs. Criterion:	Immediacy	Comprehensiveness	Accessibility
Paper-based:			
Wallet card	Excellent	Summary data	Excellent
Refrigerator-based	Excellent (home)	Excellent (home)	Excellent (home)
Cell phone-reliant:	Good (iPhone)	Summary data	Questionable (1)
Computer-reliant (flash drive):			
At-home	Moderate	Good	Moderate (Okaloosa)
Away-from-home	Questionable (2)	Good	Questionable (2)
Remote data services:			
Medical alert service	Moderate (3)	Summary data +	Moderate (3)
Data storage service	Questionable (4)	Summary data +	Questionable (4)

Footnotes:

(1) Cell phones other than the iPhone 5 or 6 (with iOS8) do not presently provide the medical data feature.
(2) Risk that untested flash drives may not be accepted by first responders or hospitals outside Okaloosa County.
(3) Data provided is verbal only to 911 (and hence must be passed on to actual first responders).
(4) First responder or hospital is required to contact service telephonically, and must provide individualøs password to access.