

MINUTES

Falls Prevention Task Force Meeting

January 9, 2008 7:30 – 9:00 AM

Area Agency on Aging (thanks to Janie Riebe and Barb Thoni for hosting)

Participants: Andy Kosseff, Chair; Cheryl Wittke, Burlie Williams, Jean O'Leary, Carmel Tesmer, Mary Kay Boehme, Mary Jean Eisenga, Susan Peterson, Terry Shea, Myra Enloe, Mary Zimmerman, Holly Weidman, Cal Bruce, Marilyn Lawler, Kim Kristenson, Susan Kaminski, Colleen Howes, Kendra Jacobsen, Virginia Robbeloth, Amy Schumacher, Linda Mahlberg, Susan Fadness, Sandy Miskelly, Joanne Giebink, Barbara Thoni, Joyce Pohl, Linda Rewey, Amy Elske, Janie Riebe, Pam Bracey

Welcome and Introductions: Andy noted that it is the Task Force's one year anniversary (almost to the day!) and extended personal thanks to all task force members for their hard work and dedication to keeping older adults in our community safe from falls.

Special welcome to discharge planners: Thanks for being here – your role is so important and please continue to join task force meetings as you can.

Overview of Case Management Program in Dane County, Gail Brooks, Case Manager, Colonial Club Senior Activity Center (Sun Prairie). *Please see attached powerpoint presentation.*

Overview of Falls Prevention Task Force Activities, Andy Kosseff. *Please see attached powerpoint presentation.*

Discussion: We've taken steps to reach population of older adults who haven't been injured but are concerned about falls (via the Falls Helpline and process outlined in Andy's powerpoint flowchart). What about the person who is injured and is seen in emergency department or is admitted to the hospital? Or, a person who has fallen at a long term care facility? What steps can we take to ensure that this person is getting preventive care for falls?

Issues identified:

- Many patients are fearful of referrals and won't give their consent.
- Some emergency departments don't have social workers, so time constraints on ED staff make referrals impossible.
- Once discharge planners make a referral, they can't ensure follow through. Also, planners have received feedback that services to which patients were referred didn't provide level/type of service they claimed to provide.
- Physicians may or may not hear that their patient was hospitalized until well after the fact, yet they hold the most sway with patients in terms of accepting and acting on referrals.
- Primary care physicians need simple materials on falls prevention – PR efforts need to target them.
- RNs in hospitals make a significant number of discharges – they need referral information as well.
- Needs an interdisciplinary approach – all members of hospital team need to be educated on falls risk factors and prevention resources.
- Without change to the process, nothing will happen – some case managers report receiving very few referrals from hospital discharge departments.

- Assessment and identification of risk is ineffective without follow through on recommendations. Need a checklist and someone overseeing whether all recommended actions are taken (eye exam, referral to physical therapy, home safety check, medication review, etc.)

Follow-up question: Should our tack be for discharge planners in EDs, hospitals, long term care facilities to refer patients directly to the Falls Helpline?

Benefits: System is in place; United Way 211 staff is not afraid (way to go, Burlie!); central collection site will make evaluation easier; batch approach will systematize referrals and make it easier for staff on both ends to administer them.

Questions/concerns: Will volume overwhelm 211? Isn't it circular (hospitals are within same system that 211 will be referring patients to – why wouldn't hospital discharge contact primary care physician directly?)

Consensus seems to be YES – let's encourage discharge planners to make referrals to United Way 211 Falls Helpline. If patient refuses referrals to case management, at least their primary care physician will be contacted.

Consent issues: each health care organization should make its own determination as to whether the patient needs to provide consent for hospital staff to make referral to 211.

What resources do hospital discharge planners need?

- Fax form they can use to send referrals to United Way 211
- Falls prevention brochure that can be disseminated to patient and family members (and also physicians, RNs) and that promotes 211 Falls Helpline
- Checklist of falls prevention interventions (CDC has created this already – we can draw from it) that can be shared with family members and will also be used by case managers
- Flyer to be given at admission on preventing falls

What elements should be included in public education campaign?

- Posters and brochures for physician offices and hospital waiting areas
- Buttons for staff to wear
- PR campaign focus is to change attitudes and spur action (eg. accepting falls prevention services helps keeps you OUT of a nursing home vs. landing you there)

Next steps: Cheryl will draft packet for discharge planners (with help from task force members she'll be bugging); will run it past planners who attended today's meeting and will bring it back to the task force for discussion and dissemination.

NEXT TASK FORCE MEETING: February 13, 7:30 – 9:00 AM, United Way of Dane County
2059 Atwood Avenue

Falls Prevention Task Force meets on the second Wednesday of the month, 7:30 – 9:00 AM and are hosted by member organizations at various locations. For more information, contact Cheryl Wittke, Safe Communities, at 256-6713 or cwittke@tds.net