

Minutes

Falls Prevention Task Force

Wednesday, June 11 7:30 – 9:00 AM

Fitchburg Senior Center

5510 E. Lacy Road

(thanks to Amy Schumacher for hosting!)

Participants: Ann Albert, Pam Brace, Mary Jean Eisenga, Susan Kaminski, Linda Mahlberg, Sandy Miskelly, Joyce Pohl, Jean O’Leary, Janie Riebe, Carmel Tesmer, Rochelle Carlson, Cal Bruce, Amy Vieth, Amy Schumacher, Terry Shea, Mary Zimmerman, Carrie Bennett, Sue Peterson, Andy Kosseff, Cheryl Wittke

Welcome and Revisit Big Picture View – Andy Kosseff, MD, Task Force Chair

Andy read his essay “Why I like Safe Communities Falls Prevention Task Force” (attached). Group members were moved to wild applause.

Review/discuss workgroup reconfiguration and updated (draft) workplans – Cheryl Wittke

After review and discussion, task force thought reconfiguring workgroups was a reasonable plan: New (and continuing) workgroups:

- Community Exercise Workgroup and Otago/Stepping On Subgroup
- Community Education Workgroup
- MD Visit Workgroup

Draft workplan for Exercise Balance group was disseminated and reviewed. Community education workplan will be a task for workgroup to take on – Jill Jensen of Dean has offered to lead that group. MD Visit Workgroup will develop clinician checklist, review information that will appear on the clinician page of the website and revisit how to reach out to and educate clinicians (we were underwhelmed by clinician response to symposia).

Congrats to Home Safety Assessment and Falls Helpline Workgroups for great work – your job is now done and committees disbanded!

Participants had the following comments about what to keep in mind as we move forward:

- In terms of exercise and falls prevention resources in general, don’t forget people who are largely homebound – what sort of resources can be delivered to them in their homes by parish nurses, home health providers, etc.?
- Consider all potential audiences – homebound, people who get out to senior centers, people who will seek exercise classes and pay for them at health clubs, etc.
- Use public health model – reach people where they are about exercise options and other falls prevention resources: health fairs, grocery stores, hairdresser.
- There are many caregiving organizations (Comfort Keepers, parish nurses, others) who are great disseminators of information – get info out to these partners.
- There’s more competitive momentum to further falls prevention activities out there than we think – timing is good.

- Uninsured people often don't seek help because they're concerned about what costs might be to them.
- Educating health care organization staff OTHER THAN clinicians is key to a successful effort and part of community education. This will be main focus of those in health care organizations in coming months, some said. Transition from hospital and ED/discharge planning time is a major opportunity to prevent falls and change behavior.
- If new education stuff is needed, there's lots out there – no need to reinvent the wheel. Check out NIH – Senior Health website, National Falls Coalition, CDC, Minnesota Falls Prevention Initiative.
- We need to balance “ideal” with what's realistic –reach as many people as we can with prevention so they avoid the fall/ED in the first place

Education resources we have now and are under development

What we have:

- Andy's Powerpoint presentation to CDC staff on Task Force (updated 6/08)
- Executive Summary
- Falls Prevention Brochure
- Website
- Checklists: 1) discharge planners; 2) casemanagers/family members

Short staff in-service message (Sandy Miskelly) – Sandy used Andy's powerpoint, the brochure we developed (can be downloaded from website) and the website – www.safercommunity.net. Elements are all there to conduct staff training.

It's an internal marketing and communication job – currently things are getting started; Sandy will go back later this summer and find out how discharge planners and other staff are doing with the fax referral form. UW Home Health has put Joyce Pohl in charge of making referrals for patients based upon their falls risk: low risk would go to Stepping On; medium risk to Otago; high risk to Sure Step (for home bound frail elderly).

Carmel Tesmer, St. Mary's noted that they decided to introduce the discharge planning form to therapists, as they have an important role to play if patients are going home without home health (and aren't being discharged to a nursing home or CBRF).

Need to do more to reach out to clinics – eg. In the case of UWMF, contact Karen Palmer.

In development:

- Clinician checklist
- Clinician website
- Community education sessions: 1) 1-hour; 2) ½ day or other permutation!
- Exercise videos for community access and senior centers: 1) chair-based strength and balance; 2) forms of Yang style Tai Chi. Both to include promotional trailers (call 211; graphics from “You can take action to prevent falls” brochure)

Question – how are things going at United Way 211?

Fitchburg received a fax referral; calls are light but systems are in place to conduct follow up to people who called to find out what happened. In terms of evaluation, we'll rely on 211's internal evaluation method for now vs. going out to our evaluators (Suzy Pingree and Hawk). We'll get regular reports from Burlie and Kathy.

Divided into workgroups:

Community Exercise – Jean O'Leary, Terry Shea, Janie Riebe, Joyce Pohl, Sue Peterson, Rachel Carlson, Carmel Tessmer

We talked about developing the exercise video for community access TV and senior centers/other community venues. Our plan is to review a few videos and see what elements work and what don't (eg. What is the right pace; front AND side angles are important; music; including men as instructors and participants; being aware of terminology – guys like "strength" training; some people run to the nearest exit when they hear "tai chi", so maybe don't call it that). Goal at the end of our next meeting is to have a story board that outlines three ten-minute segments: Segment one: easy, chair based (using Linda Rewey's class as a model); Segment two: simple tai chi; Segment three: more difficult tai chi. Each segment should probably be limited to three moves each.

Community Education – Amy Vieth, Mary Zimmerman, Sandy Miskelly, Mary Jean Eisenga, Ann Albert, Linda Mahlberg

We talked about 2 things— getting the word out to colleagues at health care organizational and defining what materials and what key messages we want to use with seniors in an individual home visit setting and in a group setting. There is lots of information out there and we thought it would be good to define what the best materials are for our purposes and then put them up on a website so that they may be used when someone is talking to seniors individually or in a group setting. We thought we would bring and look over resources at the next meeting, which is after the Task Force meeting next month.

Each group decided to meet after the next task force meeting. **ALL ARE WELCOME** to join one of these groups if you're interested – call or email Cheryl if you are.

Adjourned at 9:00 AM

Next Task Force Meeting is July 9, 7:30 – 9:00 AM.