

Meeting Notes (draft)

Falls Prevention Task Force Meeting

Wednesday, March 21, 2007 7:30 – 9:00 AM

Madison School and Community Recreation - thanks to Jean O'Leary for hosting

Participants: Andy Kosseff, Cheryl Wittke, Ann Albert, Kathy Andrusz, Pam Bracey, Cal Bruce, Linda Bruck, Amy Elske, Kendra Jacobsen, Colleen Howes, Carrie Meier, Susan Kaminski, Linda Mahlberg, Kathy Martinson, Jean O'Leary, Janie Riebe, Amy Vieth, Amy Schumacher, Mary Stamstad, Terry Shea, Mary Zimmerman. **Regrets:** Myra Enloe, Sandy Miskelly

BIG PICTURE VIEW: Andy revisited Task Force goals (reduce falls in Dane County) and provided an overview of the Big Picture View (see attached diagram). Comments from meeting participants re: this diagram:

- add feedback loop so we know if people are accessing services and what affect they're having (it's time to bring in evaluation consultants);
- "public education" efforts should use approaches that are effective with our target audience (eg. utilize personal connections – churches, peer groups – in addition to traditional methods such as tv and radio).
- People at risk of falling need to be put in the driver's seat – there is no silver bullet to prevent falls. Provide tools for individuals to track progress.
- When we refer to this initiative as following a "medical model", the idea is not to exclude community organizations as sources of services and referrals but rather to be sure to attach people at risk of falling to their primary care physicians

WORKGROUP REPORTS and HOW THEY ALL FIT TOGETHER: We heard workgroup reports on draft workplans. Task Force members asked questions and we discussed ways in which workgroup tasks interrelate. See workplans and minutes from each group (attached):

MD Workgroup – Andy (see workplan for objectives and timeline)

Barriers to the objectives:

1. Need better clinic representation for the work - all clinics need to participate
2. Huge effort to do proper education of this diffuse health provider network
3. Time constraints

Progress to date:

1. 3 meetings to date of the MD workgroup
2. Plan for an 1 hours educational session to teach physicians, nurses, and PA's about the important elements of falls prevention and treatment - once these falls experts are trained, they will teach colleagues about fall evaluations and treatment and also serve as clinic experts who can be consulted to evaluate falls patients
3. Attempting to get all outpatient organizations participating in the MD workgroup

Timelines:

1. Plan to train "falls experts" by July, 2007
2. Arrange smooth transition for patients referred from the falls hotline to clinics by Sept., 2007

Comments/questions:

- Physicians conferring with patients on fall prevention will need to know how to bill for this time; they will also need to receive CME credit for time spent in training. *Andy has arranged for CME credit through St. Mary's; the training will include briefing on how to bill for falls prevention consultations.*
- Public education campaign and medical staff need to tell older adults how important it is to tell your doctor if you've fallen. Falls are underreported.

Exercise/Balance Workgroup –Jean O'Leary and friends (see workplan)

Workgroup developed “tiers” of exercise/balance training based upon a person's falls experience and risk. Continuum spans from “Tier 1” - a medical model that uses the Otago method (an exercise program implemented by PTs) to “Tier 5” that trains community exercise program instructors to incorporate activities like Tai Chi in senior exercise classes, and disseminates information about improving your balance through public service announcements, etc.

Comments/questions:

- It'll take support from leaders of health care organizations to make Tier 1 happen. This is an area of overlap between MD Visit and Exercise/Balance Workgroup.
- Training for PTs in health care organizations should happen before MD training so MDs have trained PTs to whom to refer falls patients.

Home Safety Assessment Workgroup – Carrie Meier and friends (see workgroup minutes)

Workgroup reviewed home assessment tools. Although these tools vary, each includes critical elements so the group did not see any reason to suggest changes to tools in use. Another area of focus is developing a release form for fire/ems personnel to use to refer people they assist after a fall to senior services in the community. After initial discussions with medical directors for Dane County Emergency Management and Madison Fire Department, it's possible that this release won't be necessary as long as fire/ems staff maintain a written record of their conversation with a client (eg. I will pass your name and number on to ____ Coalition on Aging). The workgroup is also beginning work to identify stakeholders.

Comments/questions:

- The fact that a significant number of people won't allow EMS to transport them to the ER after a fall or accept any offers of help is a huge barrier.
- Gets back to the public education message – use personal stories from people whose lives were changed by a fall.
- Fire/EMS needs information about how to access older adult network. Provide Fire/EMS district personnel with a map and contact information for older adult focal points. There are 16 focal points and 21 EMS districts – all of Dane County is covered by both networks.
- Question for aging network – if the calls for services start coming in as a result of referrals from EMS, do you have the capacity to handle it? Those present thought yes.

Falls Hotline Workgroup – Cheryl (see draft workplan)

Falls Hotline group hasn't met – this workplan is a draft that extrapolates from conversations with MD Visit workgroup. BUT, we are getting together soon ...

Kathy Martinson stated that the timing is right for this partnership given an overhaul of the 211 system and database. Items that warrant further discussion: typically 211 provides referral information/phone numbers and caller is asked to take it from there. In some cases 211 will patch people through to help, but it's not typical. Training for volunteers and detailed referral information from the Task Force will be important.

Comments/questions:

- lots of different sorts of folks will be calling the hotline (social workers, EMS, older adults and family members) – Kathy sees no problem there.
- Can 211 have a “falls champion” – someone who is specially trained to handle falls calls?
- Call it a Falls “HELPLINE” vs. Hotline. People should call 911 if they've just fallen, and that should be the direction they're steered if they call 211 after a fall.

Other random thoughts:

- Hospital discharge planners should also be made aware of aging network (sounds like some are and some aren't). There is typically a pass-off between home health agencies and older adult case managers, but only a small percentage of people discharged are eligible for home health services.
- Also, clinics: is it feasible for clinic staff to refer people to aging network services? Or if we just get them 211 Falls Helpline info does that do the trick?
- Consider the idea of a pilot project: could we look at one community and try to pull all the pieces together (clinic/health organization, fire/ems, older adult case management, exercise programs at senior center, etc.?) Does that give us the volume and/or experience we need to take it to the next level?
- What about people who fall who aren't over 60? We're a big tent – we'll focus on older adults in our PR but everyone would get referrals for services regardless of age from 211 (Access Community Health serves people without insurance) and they would as a matter of course from their medical provider, right?

NOTE MEETING DATE CHANGE: Next Task Force meeting will be held Wednesday, April 25 (NOT April 18), 7:30 – 9:00 AM (location to be confirmed later)

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