

**Meeting Notes (draft)**  
**Falls Prevention Task Force Meeting**  
**Wednesday, May 16, 2007 7:30 – 9:00 AM**  
**UW Home Health, 2030 Pinehurst Dr., Middleton**  
**Thanks to Sandy Miskelly for hosting**

**Meeting participants:** Andy Kosseff, Chair; Sandy Miskelly, Joyce Pohl, Burlie Williams, Carrie Meier, Terry Shea, Colleen Howes, Dave Erickson, Dottie Krull, Mike Rocenberer, Susan Kaminski, Kathy Andrusz, Amy Vieth, Myra Enloe, Frank Salvi, Jean O’Leary, Janie Riebe, Marilyn Lawler, Amy Elske, Linda Bruck, Jacque Pokorney, Cindy Walters, Ginny Robbeloth, Mary Jean Eisenga, Cheryl Wittke

**Welcome and Introductions - Andy**

**Briefing on Dane County’s Aging Services Network – Janie Riebe, Area Agency on Aging**

Andy: Task Force members representing health care organizations have reported lack of knowledge about senior services in Dane County and how to access them for patients – hence this briefing from Janie.

Janie distributed a map of focal point service areas, a flyer with contact information for each focal point and an overview of case management services. They are called “focal points” because they are meant to be the central repository of services and information for older adults who live in a particular geographic area. Focal points/case management services are typically housed in a community’s senior center if there is one. Some focal points have very few case managers on staff (some areas do not even have one FTE). Case managers are stretched very thin, and can be beleaguered by calls for help from older adults when system changes occur (Medicare Part D). Funding has not kept pace with growth of older adult population – in fact, funding has been cut. Focal points/case management services are increasingly reliant upon support from their municipal governments and private fundraising efforts.

**Review second draft of Falls Helpline flowchart – Myra Enloe and Falls Helpline Workgroup**

Myra walked the group through a revised flow chart (see attachment). Questions:

- What to do about people who say their going to call their physician or casemanager and never do? What sort of follow-up can be done?
- What about people under 65 who are a falls risk?
- Should 211 stick to calling the case manager only (as is currently reflected in flow chart)? What about referrals to the caller’s health care organization?

Burlie: 211 cannot live transfer to two locations (health care organization AND case management). Information 211 provides or live transfers it makes are only as good as the information we provide to 211.

**Task Force asked that the Falls Helpline workgroup take another crack at the flowchart. Guidance offered:**

- Live transfer should go to main number at caller's health care organization (as it is more likely to reach a live person immediately) vs. focal point/case management.
- Take the caller's information and call it in or e-mail it to appropriate focal point – case managers can follow up from there.
- If there's any question that the person might be injured or at risk, call 911 – dispatch can triage from there.
- We need to be sure that 911 knows about 211
- For MD Visit Workgroup – each organization main number should be able to direct call to the person's clinic or primary care physician. 211 will refer to one number at each health care system and the system (nurse on call, etc.) will take it from there.

**Draft evaluation plan** – Cheryl distributed a draft plan and flow chart created by our evaluation consultants Robert Hawkins and Suzanne Pingree, PhDs, UW Professors Emeriti and principals of the Pingree Group. She asked that task force members review it in the context of year 1 deliverables and workgroup goals, and to provide comments to her, preferably by June 6 (could ya'll review them and get back to Cheryl by then?) In advance of the next task force meeting members will receive an updated plan and at the next meeting we will discuss and assess whether evaluation plan successfully measures year 1 deliverables.

**Plans for mid-year reports to funders (Madison Patient Safety Collaborative and Wisconsin Medical Society Foundation)** – Cheryl and Andy will report at June MPSC meeting; we have a mid-project report due to Wisconsin Medical Society Foundation in June as well. We'll provide binders with everything we've generated to date (minutes, workplans, etc) and with special emphasis on deliverables and year 1 evaluation plan.

#### **Additional workgroup updates**

- MD Workgroup – Andy: all health care systems are now on board. We will schedule training for PTs and physicians at the May 17 MD Visit workgroup meeting. Susan Kaminski will serve as link between PT and MD Visit group; Terry will contact Bob Prybelski to coordinate MD and PT components of the training. Concern expressed: can we be sure to include ED physicians to address instances of falls patients being sent home on oxycotin?
- Exercise/Balance Workgroup – Janie, Jean, Joyce, Terry gave report: handed out a description of tiers of interventions from Otago to community exercise programs. Terry is working with Sandy Cech and New Zealand developers of Stepping On to provide facilitator training to Dane County PTs and lay leaders (3 – 3 ½ days) PLUS ½ day additional session to train folks to be “master trainers”. Training session for Sure Step (home based multifactorial intervention based upon SAFE study research) is also in the works – dates have not been set for either. QUESTION: will Exercise/Balance workgroup establish guidelines that will help organizations decide who should go to what training (Stepping On vs. Sure Step) because they won't be able to send everyone to everything. ANSWER: yes – Terry and Joyce are working on that.
- Home Safety Assessment Workgroup – Cheryl and Andy are speaking to focal point directors in June to bring them up to speed on the task force's work and to

discuss any concerns or issues they bring to light. In addition to checking in with directors on the general direction Task Force activities are taking, the Home Safety Assessment Workgroup promoted this conversation in light of potential for more requests to case managers for RSVP home safety checks. Case managers and focal points are key players in falls prevention efforts – we'll work to ensure that communication and support are in place

**NEXT MEETING**

Wednesday, June 20, 7:30 – 9:00 AM, Dean Health Systems Business Office, 1808 Beltline Hwy., Conf. Rooms C and D (enter through Therapy Services door). Thanks to Lori Mertens-Pellitteri and Susan Kaminski for hosting.