

## **Meeting Notes**

Falls Prevention Task Force Meeting

Wednesday, January 17, 2007

8:30 – 10:00 AM

St. Mary's Hospital Medical Center, Bay 1

**Attending:** Andy Kosseff, Chair; Cheryl Wittke, Pam Bracey, Cal Bruce, Linda Burke, Amy Elske, Myra Enloe, Kathy Krusiec, Pat Neely, Jane Mahoney, Sandy Miskelly, Jean O'Leary, Craig Renner, Janie Riebe, Virginia Robbeloth, Frank Salvi, Thomas Schlenker, Terry Shea, Cindy Walters, Mary Zimmerman, Joyce Pohl, Carrie Meier

**Welcome and Introductions** – Andy Kosseff, MD, Falls Prevention Task Force Chair, and Members

Goal of Task Force is to effectively reduce falls in Dane County; hope to do this in two ways:

- By mounting a public education campaign
- By designing and implementing community interventions to reduce falls

**Overview of Task Force Mission and the Work Ahead** – Cheryl Wittke, Executive Director, Safe Communities

- Meet monthly in year one
- Form workgroups to plan and implement activities (note – resources are largely limited to what partners can bring to the table!)
- Make real, measurable progress
- Provide report to MPSC and Wisconsin Medical Society Foundation by January 08 on year 1 activities
- Thanks to following organizations for Task Force operational support: Wisconsin Medical Society Foundation, Henry and Irene Anderson Endowment; St. Mary's Hospital Medical Center, Meriter Hospital and UW Hospital via Madison Patient Safety Collaborative; and the Medical Society of Dane County.

**Presentation on Prevention Activities that Work** - Jane Mahoney, MD, Assistant Professor, UW Medical School Department of Geriatrics; Principal Investigator, CDC SAFE Study and national falls prevention expert (powerpoint presentation provided as handout)

**Setting Task Force agenda and structure** - Cheryl

Based upon Jane's presentation of what works and experience of the Dane County environment, Andy and Cheryl recommended the following interventions. Task force members agreed these interventions sounded reasonable, and offered the following comments:

**1) Falls Hotline to provide referrals and guidance to community**

- Who would call – who’s target audience? General public (eg. consumers/family members – they’d need more guidance and support than just referrals); medical providers (website with links and a checklist for professionals would be more useful to that group than the hotline; even discharge planners might use the hotline to line up community support?)
- Who’s answering?
- Why would they call? Comparable to Tobacco Quit Line? To find out what’s out there? To receive case management services?
- Needs to be an active rather than passive info hotline. Developing a database of every service available now and an algorithm would be important to make it an active, effective resource.
- Each system would need to have their own systems in place to ensure that when a referral is made the ball isn’t dropped.
- Reinforcement needs to occur about existence of hotline and services available everywhere – people can’t just hear it once.
- HIPA implications?

## 2) **Exercise/Balance Training**

- Needs to be standardized, effective, progressive
- Provide training to those delivering the program
- Collect data/evaluate effectiveness
- Use cable access stations and people who come into people’s homes (Independent Living, home health care agencies) to reach those who don’t get out to exercise classes.

## 3) **MD Visits (that include PT/OT referrals, medication evaluation and vitamin D supplementation recommendations)**

- Is this designed to recruit at-risk older adults into a program? Eventually, yes (Stepping On), but a first step, no – plan is to accumulate resources and train staff.
- medical providers could use a website with links and a checklist for professionals
- More to come on this one.

## 4) **Home Safety Assessments**

- Look at gradations from environmental assessments to be conducted by some groups to functional assessments to be conducted by OT/PT types. Could be overlap (eg. RSVP engages retired OTs, PTs and nurses) – determine who’s best suited to do what.
- Need to bring in additional organizations: Independent Living, SAIL, low vision groups, all home health care agencies.

Folks signed up to serve on workgroups. Workgroups were charged to meet before the next meeting to develop draft workplans for presentation at the next task force meeting.

**9:55 Adjourned**

**TASK FORCE WILL MEET AT 7:30 AM (NOTE TIME CHANGE), THIRD WEDNESDAY OF THE MONTH AT ALTERNATING LOCATIONS**

**NEXT MEETING DATE: *WEDNESDAY, FEBRUARY 21, 7:30 – 9:00 AM***

**Location to be announced**

Main agenda item: report, discussion and adoption of workgroup workplans

**Attachments: Work group rosters as of 1/18/06 (we expect to add folks, and if you have recommendations as to whom please let me know).**