Falls Prevention Task Force Meeting Agenda

Date: April 21, 2020
Time: 9:30am

Location: Zoom Meeting
On Phone: Sharon Nieb, Kay Graham, O'Shane Elliot, Alicia Violette, Liz Head, Elizabeth Ayangunna, Dustin Abram, Megan Stadnisky, Julie Waller, Michael, Yolanda, Ashley Singleton

Agenda Items

I. Introductions
   a. Sharon Nieb – IPRCE – Program Director
   b. Kay Graham – Brenau University – Gainesville Falls Coalition
   c. Dustin Abram – OT – Freedom & Mobility
   d. Julie Waller – OT – Side-by-Side Brain Injury Club House
      i. Partnership approach – 3 work units – work with members to do tasks throughout the day. Julie does IADL assessments in homes.
   e. Megan Stadnisky – DHS/Division of Aging Services – EB program coordinator & co-worker Harper😊😊
   f. O’Shane Elliott – IPRCE – Falls work/FPAD
   g. Alicia Violette – IPRCE – Graduate research assistant
   h. Michael – Program manager – Rebuilding Together Atlanta
      i. Starting FP program – receive clients on a referral basis and repeat ER patients – do modifications.
   i. Ashley Singleton – IPRCE – Program manager
   j. Yolanda - DHS/Division of Aging Services – In-home services specialist.

II. Discuss BOLD Funding Opportunity
    a. 3 year funding – beginning on September 30th
    b. Avoidable hospitalizations –
    c. HP 2030 – reducing hospitalizations from Falls
       i. Interfacing of COVID –
       ii. Crosses well with Emory HRSA clinics
          1. Looking at virtual capabilities.
          2. Looking to do Falls Prevention assessments virtually
          3. Chronic disease self-management program – toolkit can be sent to individual
             a. Developed a script to allow trained folks to help through the pieces of the program
             b. The application of these program through virtual means is not yet evidence-based.
             c. Tai Chi for Arthritis being done via Zoom.
d. Going through extensions offices in state – would need to prioritize where the burden is

e. Public Access television –
   i. need a larger partners with Tai Chi for Arthritis group for proprietary purposes – Jocalyn is main contact. Master trainer in Georgia – helping to get people trained in virtual classes.
      1. Ensuring eyes on people is important plus social interaction. Don’t want to increase risk of falls by using recorded intervention.
      2. Bingo-cize – work on levels. DAS trying to bring to Georgia

   ii. Tips and tricks, resources

f. – Tai Chi – is there a liability issue here? – AAAs have checked into this. These organizations likely have insurance – would it be worsened by a different format? don’t know.

g. Have someone to call to get help with setting up electronic platform.

h. CDSMP – already adapted to be an online program – Better Choices; Better Health.
   i. Anonymous version of community setting version – been around for 10 years

i. Hospitalizations piece – preventing -re-admissions.
   i. Habitual fallers – hospital transitions programs – frequent flyer – case management support -safety net of services. Help with translating discharge plans to their homes – coastal and heart of GA – contract with hospitals on a menu of services. Limited to these two AAAs at this time.

4. Community based programs not necessarily associated with a hospital system?
   a. AAAs – Aging network in Georgia

5. CDSMP – would have to talk with the officials about adding
   a. Early stage dementia when coupled with caregivers -proven effective with that population.

   iii. Referral process? –
      1. Electronic health records system.
      2. Part of education should be about referral process

iv. Dementia assessment clinics –
    1. Work in complimentary

   v. Home modification aspect to this?
      1. Habitat has an aging in place program? LOS???
      2. Coordinated referral system for this?
      3. ADRC as assessment and referral
d. Faith-based component to the grant application
   i. Training/education of deacons to be aware of possibilities and be a referral source –
   ii. Faith villages – GWEP – funded to train faith leaders
   iii. Caregiver avenue to reach this population

e. Training –
   i. What about second wind dreams
   ii. VDT

f. Dementia coalition – Gainesville – beyond dementia.
   i. Training for churches and caregivers -well attended
      1. What are next steps – follow-up with folks that attended is needed.
      2. Social worker and nurse practitioner presented.

g. Some services not being provided in the home – anything that includes transportation to get to services??

h. OT participants – incorporate assessments where OTs can do strengthening exercises.
   i. E.g., if someone needs rails or grab bars – OT might be able to help educate on how to use items installed
   ii. Work in the home with aging adults -educate family and person – review assessments/modifications/make recommendations (Dustin)
   iii. NAICS -connection for Dustin (Liz Homework)
   iv. Connect Kay Mcgill and Dustin and Michael

III. Falls Prevention Awareness Day 2020

a. Megan says virtual and start planning now. How that could help us reach more people.

b. The beauty of in person was having multiple assessments and items in one place; however this is our most vulnerable population.

c. Ideas
   i. Falls risk assessment
      1. Assessment sheet to give to caregivers and family members or providers to do assessment in the home?
      2. Checklist available to folks to review and send back
      3. STEADI self-assessment
      4. Safe at home Checklist
   ii. You-Tube video to explain checklists – make entertaining
      1. PT/OT students work on this?
      2. Recorded webinars
   iii. Zoom – break out rooms
      1. 10 minutes with a PT, pharmacists (medical review!!), music therapists, eye health discussions
      2. We would need to practice these things ahead of time
      3. Multiple events/rooms across the state
      4. Challenge: 55-70 group not a huge deal – getting older groups hooked into Zoom can be a challenge
iv. Working with libraries or churches for
   1. One item
   2. Training/help with technology
      a. Could libraries show people how to use the technology prior to the events.
      b. If we can’t get the supplies to make physical spaces safe we cannot do events in person.

v. Technology pilots for future

IV. Around the room
   a. IPRCE –
      i. STEADI project with Emory – will be talking more about it next meeting.
         Proposing to assess attitudes, beliefs, and barriers of implementing STEADI through telemedicine with help of a caregiver. There will be focus groups around this piece. Pilot trial – 20 adults and attempt proof of concept that this can work safely.
      ii. Establishing remote monitoring methods before/after COVID restrictions. SMART watches provided – monitoring in COVID restrictions and after COVID restrictions.

b. Megan -DAS
   i. Innovations around this time is exciting despite the limitations.
   ii. Getting EB to individuals in need
      1. Main goal – manage current conditions
      2. Remain connected somehow
      3. Prevent falls

c. Dustin –
   i. Pushing forward on getting business off the ground. Looking for assessment tool that tracks outcomes.

d. Julie –
   i. First call – happy to be here! Researching home assessment tools – very promising with many features.

e. Michael –
   i. Kicking around ideas with partners counts as work! Love it.
   ii. Writing grants to get safe at home work properly funded. How do we safely go into homes to do modification work; connecting the dots (processes) and people and making it sustainable.

f. Yolanda –

g. Kay –

h. Alicia –
   i. Near end of semester – hooray!

i. Elizabeth A. – IPRCE team
   i. Going well – home is boring
j.  O-Shane –
   i.  Staying home and safe –
   ii.  Drafts of faith-based toolkit – moving it along – need input soon.

V.  Adjourn

Next Meeting: May 19, 2020