M-DASH South Portland Meeting
Thursday, April 15, 2021, 1–3p.m.

Attending: Jess Maurer, Effie Rorke, Anne Schroth, Chad MacLeod, Ann Tucker, Gabe Martinez, Jason Oko, Maxine Beecher, Josh Pobrislo, Sue Henderson, Josh Reny, Sandy Warren, Lisa Joyce, Robb Couture, Anna Guest, Kathleen Babeu, Barb Skelton, Susan Lavigne. Presenters: Sharon Feeney & Renée Pepin, Dartmouth Centers for Health and Aging

Meeting Notes

I. Welcome & Agenda Overview

a. This is the 4th Action Planning meeting of this task force. We are well into the chosen priority topic of Fall Reduction with 2 work groups: Falls Intervention and Fall Prevention.
b. We will get updates today on the work happening in those two work groups.
c. Also, presentation from successful model of Falls Reduction from Dartmouth-Hitchcock Medical Center in NH.

II. Falls Intervention Work Group (Jess)

a. Background
   1. M-DASH Goal: Municipal Data Across Sectors for Healthy Aging is designed to create a data dashboard that contains relevant data regarding the needs of older residents of a particular community to help the community make data-driven decisions that can be measured over time.
   2. SP dashboard demonstrated a significant challenge with falls. A large percentage of calls (25% of calls for those over 50) are related to falls and 40% are not transported.
   3. If we could reduce falls in South Portland, EMS could do something different with the money that they are using transporting and responding to falls.
   4. **Intervention**: when someone falls, how do we make sure the cause is explored and reduced if possible. Intervention splits into two pieces:
      i. When someone is transported, info goes into EHR, PCP gets it and responds.
      ii. When someone is not transported, nothing happens after direct intervention of EMS helping someone off the floor. The reason for the fall is never explored and nothing is done to reduce the possibility that the person would fall again.

b. Intervention challenges we have been discussing with EMS, HIN, etc.
   1. When EMS is called to a fall
      i. What are opportunities for exploring/sharing information or following up with people who aren't transported by EMS to see if we can do something to reduce likelihood of another fall.
         - Right now, falls are reported inconsistently. One thing that would help is if we modify the way EMS reports fall.
         - We are hoping to explore with Maine EMS the possibility of adding a field in the EMS data collection tool that could ask: "Is this a reportable fall?" If we had that, we have the potential of more easily looking at reportable

falls in a particular community and easier for Health InfoNet to match up the data with the person's electronic health record.

ii. Within Health InfoNet, is it possible to build out a system where a PCP is notified when one of their patients has a fall? There are a lot of complicated steps to accomplish this, but it is possible and it would be the ideal solution.

iii. Also exploring what we can do in the interim. South Portland EMS already knows the people who fall repeatedly. We are starting there to figure out if there is something we can do immediately regarding intervention.

2. When someone has fallen and the cause is a condition in their home:
   i. We had a great conversation with Mike Hulsey, South Portland Housing Authority, about their capacity to take the lead on responding to referrals.
   ii. They are willing to do a falls risk assessment when we find someone who is at risk of falling or has fallen and, then, to coordinate and create a workflow with Habitat for Humanity and Opportunity Alliance/Community Concepts, who also have home repair initiatives. Each has different capacity in area of home repair/maintenance.

c. Intervention Discussion

1. Jason Oko, Maine EMS
   i. Recently learned about a program in Derry, NH: Falls cessation program with Rockingham Co. visiting nurses; incorporated into system w/ signature; all EMS does is get signature and then Fire Dept. refers and VNA follows up with home visit to assess, refer for services, etc.

2. Similar to VNA in Concord, NH program we already heard about.
   i. Challenge is training clinicians how to remember for these patients that they need signed form and how to have the conversation, etc.

3. Challenge here: There are so many home health agencies in Southern Maine?
   i. Could NLVNA be the pilot?
   ii. Could Greater Portland Health?
   iii. Could Community Paramedicine get referrals from ER?

4. How to ensure consistency with EMS getting patient permission?
   i. Could program MEFIRS: if "falls" mentioned in any of the topic areas (dispatch reason, provider primary impression, cause of injury), then it would require EMS provider to look at patient signature field and ask if interested in referral.

5. Can you add to MEFIRS: Is this a reportable fall?
   i. What is definition of a reportable fall? *Need to define this.*
   ii. Not sure if it would transfer to HIN.
   iii. What were the discrepancies in current EMS data? Could we get closer to 25% if focused EMS data search.

III. Prevention Work Group (Anne)

a. Update

1. See notes of 3/23 meeting for outline.
2. Summary: Plan for anchor event in September
   - Quarterly falls assessment event, with referrals to classes/resources
   - Connection to volunteer navigator (Senior Companions?)
   - Other resources available at quarterly events (like home repair, SMAAA, etc.)

b. Next Steps

1. Planning Committee: Who can coordinate? Hire someone? AmeriCorps Volunteer?
2. Age-Friendly South Portland: In planning for 2021, have set aside resources to help. Chad/Sue can take idea to committee and see what they can take on.
3. We have to figure out what is reasonable in South Portland: is this something that could live in public health? AF committee? Need to decide as a team if it makes sense, or if it needs to be pared down or changed.
4. Questions re: liability?
5. SMAA and Age-Friendly South Portland share some volunteers: could try to recruit a SMAA volunteer to sit on the planning committee to be a liaison for the evidence-based programs.
6. Age-Friendly South Portland's next meeting is May 12.

IV. Presentation

Sharon Feeney, Falls Risk Reduction Hub coordinator and Behavioral Activation for Social Connectedness interventionist, Dartmouth Centers for Health and Aging, Dartmouth-Hitchcock Medical Center.
Renée Pepin, Research Scientist, Community and Family Medicine, Dartmouth Centers for Health and Aging, Geisel School of Medicine at Dartmouth and Dartmouth Hitchcock Health

a. In 3rd year of pilot Falls Risk Reduction Hub project: a centralized place to exchange info; get referrals from clinicians, provide services, refer to community-based services, etc.
   a. Receive referrals (3500 charts in last 18 months) from, e.g.:
      - ER (have specific referral protocol and are auto-generated to Hub)
      - Clinic staff
        - PCPs
        - Some neurologists
      - Partner programs
      - Community organizations
      - Faith-based programs
      - Current/former participants
   b. When we receive referral
      i. Screen people
      ii. Send to community-based falls prevention program
      iii. Send to PT
      iv. Send to falls clinic at hospital
   c. Tried to set up an EMS project because concerned about falls without transfer.
      i. Tried a couple things:

1. Have EMS provider give information to person who fell. Did not have a lot of success with that. Wasn't the teachable moment.
2. Tried partnering with VNA to go back in and provide information.

ii. Ran into trouble with information-sharing. We don't have a platform for people across sectors to be able to communicate about a patient.

d. Idea for ME: Could have notification sent from HIN to PCP (whether transfer or not), and simultaneously send automatically to community-based, HIPAA-covered entity. That agency could create a log and, if don't hear from PCP, could just follow up directly with patient.

1. Maine has Health Information Exchange which solves the problem of communication across sectors, but we don't have a designated, HIPAA-covered agency to receive referral. We need a Hub.

V. Next Steps

a. Next Meeting: June 10, 1-3p.m. *(from Doodle Poll sent after meeting)*
b. Intervention: Anne will set up meeting.
c. Prevention: Age-Friendly South Portland will meet and let us know decision about coordinating proposed event.