Community Fall Prevention Venture Charter

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Concept

SCL is partnering with our communities to combat the falls epidemic engulfing our baby boomer population.

Our innovative strategy will engage the community around fall prevention through a combination of door-to-door canvassing, home safety inspections with modifications, and education offered in community and faith locations to those at risk for falls, as well as family members and caregivers concerned about their loved ones' fall risk.

We are partnering with local fire departments, faith communities, city personnel, and non-profit organizations to make our innovation comprehensive and cost effective.

Packaged in a way that overcomes the inherent resistance and denial which usually presents around issues related to aging, this innovation offers fall prevention intervention that trains older adults to educate those in their life who are at risk for falling, "Friends Don't Let Friends Fall". By engaging in a "train-the trainer" model of education we not only break down the barriers to participating, we also equip members of the community to pass along what they have learned, thereby amplifying our efforts beyond the impact on a single adult.

A fall is often the start of terminal decline. Loss of mobility, or even the fear of falling again, can lead to social isolation and a loss of independence which threatens an individual's ability to age in place.

Falls are largely preventable, however. With training around strategies to prevent falling, exercises to increase strength and balance, and home modifications to make the environment safer, SCL hopes to keep boomers on their feet and in their homes.

Venture Definition:

- What we are working on:
    - Community intervention which reduces the incidence of older adult falls in a defined service area.

- The problems we are having:
    - The population at risk does not, typically, self-identify as at risk
    - Evidence-based educational interventions, while effective, are not well attend due to lengthy time commitment (6-8 weeks)

- The impact to the SCL Health community if we don't find a solution to these problems:
    - Preventable falls will continue to increase in number affecting individual and family stress, quality of life, community burden, and health care cost.

Clear, Compelling Goal:

Please frame in the form of a SMART Goal (Specific, Measurable, Achievable, Realistic, Timely).

By the end of the pilot period (February 2019), 300 older adults and family members, within the identified communities, will have received targeted fall prevention education and will have passed on what they have learned to at least 200 additional adults.

Metrics:

Provide the metrics you will use to determine whether your venture is successful. The metrics should support your clear, compelling goal.

- Number of older adults participating in intervention
- Number of family members participating in intervention
- % increase in confidence about falling. Pre/post
- Number of adults who passed-on what they learn to another adult

Alignment with Strategic Priorities:

Please provide an overview of which strategic priority this aligns to and how it will contribute.

This innovation is being driven by associates who are passionate about creating a change to improve the lives of our elder community members who are falling or who are at risk for falling. It aligns with the strategic imperative for growth, as we are actively going into the community to provide education in a variety of ways and empowering citizens to help others, expanding the reach of our healing ministry.

Scope:

Items to consider when defining the scope of your venture include (but are not limited to) operational and technical resources, workflows, education/training, communications, technical build

- In Scope:
    - Additional training for our Physical Medicine staff related to addressing the issue of falling.
    - Partners to include EMS, Local Fire Department, and city government.
- Out of Scope:

Anticipated Venture Start Date: August 2018

Anticipated Venture End Date: February 2019

Innovation Playbook

(Please work with the System Innovation Team to work through this portion of the document)

- Type – New way to engage the customer with innovative intervention
- Shift – Move from delivery of standard content to content that engages the customer and equips them to pass the information within their networks.
- Ambition
    - Core: Incremental changes to existing products by changing the way traditional fall education classes are marketed and delivered and improving home safety inspections with modifications from a therapy standpoint.
    - Transformational: Neighborhood canvasing focuses on the delivery of a new opportunity to serve people in an area of high need based on the percentage of falls requiring calls to 911 in that zip code.

Point Of View

We wonder if she thinks she's too young for a fall to be serious.

It would be game changing to offer a fall intervention that prepared her to help others in her life who are a fall risk while simultaneously teaching her how to avoid her own risk.

Venture Tribe

- Venture Sponsor: Community Falls Team
- Innovation Partner: Peter Kung, Theresa Casterton
- Venture Team

Name	Role
Chuck Ault	Community Health
Brooke Borysiewicz	Occupational Therapy
Jessica Leintz	Physical Therapy
Randi Koch	Trauma Coordinator

Risks

Please outline the risks that this venture may incur. These could be related to compliance, technology, resources, adoption, etc.

- Potential risk of injury or fall during educational courses
- Risk of poor attendance at educational classes

Technical Requirements

Please provide an overview of what new pieces of technology or changes to existing technology would be needed to support this venture.

None

Innovation Challenge:
Venture Milestones and Timing

Venture Name	Communtiy Fall Prevention	Date	06-4-2018
Venture Lead	**Falls Team**		
Location		**Venture Timing**	
Region	Montanta and Colorado	Start Date	August 2018
Care Site/Department	Community Health, Trauma, Physical Medicine	Target Completion Date	February 2019

Venture Milestones, Accountability & Schedule: Please identify milestones for 3 phases of work

Phase 1: Setup and Prepare for Venture Launch
Things to consider:

- Contract negotiations (if needed)
- Defining scope of work
- Identify stakeholders and decision makers
- Assess current state and gaps to address
- Develop goals and metrics
- Communication strategy
- Training strategy
- Define testing approach

List the Key Milestones and Activities *If applicable, include IRB milestones, including target date for IRB approval*	Responsible Lead	Due Date
Defining scope of work	All	8/1/2018
Identify Partners	All	07/1/2018
Build Educational Intervention	All	8/1/2018

Innovation Challenge:
Venture Milestones and Timing

Phase 2: Launch and Testing Things to consider: • Testing your solution • Training those affected by the change • Cutover from old to new processes or tools • Measuring effectiveness of your change • Go-live support		
List the Key Milestones and Activities	Responsible Lead	Due Date
Test educational Intervention	All	8/15/2018
Go-live	All	8/25/2018

Innovation Challenge:
Venture Milestones and Timing

Phase 3: Report Out • Assemble performance metric data • Summarize findings • Define pivot and/or expansion plan		
List the Key Milestones and Activities	Responsible Lead	Due Date
Review 2-month performance data	All	10/20/2018
Define pivot plan	All	10/31/2018
Implement with adjustments	All	November
Final Metrics	All	February

Innovation Venture Metrics

Venture Name	Community Fall Prevention	Date	5/24/2018
Venture	**Community Canvassing Effort**		
Location		**Venture Timing**	
Region	Arvada - 80004	Start Date	7/15/2018
Care Site/Department	LMC – Phys. Medicine/Community Health	Completion Date	01/2018

Performance Metric Description

Identify outcome and process measure results that address the health of the individual, the care provided and/or the reduction in cost of care. Identify the target, the quarter the target will be achieved and any baseline measurement currently available

Metric	Process (P) or Outcome (O) Measure	Triple Aim Metrics Improve health (H) Improve care (C) Reduce costs (RC)	Baseline Performance and Measurement Period	Target Performance	Frequency Measured	Goal Date for Achieving Target
# of resident contacts	P	H	700 – 7/18 – 2/19	700	Monthly	2/2019
# of contacts who schedule home safety visit	P	H	70 – 7/18-2/19	70	Monthly	2/2019
# of contacts who participate in education intervention	P	H	300 – 7/18 – 2/19	300	Monthly	2/2019

Innovation Venture: Pilot Risks

Venture Name	Community Fall Prevention	Date	06-4-2018
Location		**Venture Timing**	
Region	Montana and Colorado	Start Date	August 2018
Care Site/Department	Community Health, Trauma, Physical Medicine	Target Completion Date	February 2019

Risks

Describe Risk	What Would Be the Potential Impact on the Project & SCL Health if the risk became an issue?	Probability of Happening (Low, Med, High)	Mitigation Strategies
Participant falls during fall prevention class.	The class gets a reputation of being an unsafe environment. Participant brings legal action	Low	Waiver
Poor attendance	Can't effectively demonstrate intended outcomes	Low	Good partnerships and marketing strategy

BUDGET TEMPLATE FOR INNOVATION CHALLENGE

Venture Name: Community Fall Prevention

Venture Lead: Falls Team

Date: 6-4-2018

Detailed Funding Sources and Budget

Identify a detailed budget indicating how funds will be spent each quarter for the grant period.

Total funding requested by innovation venture	$56,598							
	Phase 1 - Secure Materials	**Phase 2 - Live Pilot**					**Phase 3 - Wrap Up and Report**	
		Month 1	**Month 2**	**Month 3**	**Month 4**	**Month 5**	**Month 6**	**Total**
INNOVATION CHALLENGE								
Operating Expenses								
Wages and Benefits	$2,000	$5,833	$5,833	$5,833	$5,833	$5,833	$5,833	$36,998
Office Supplies	$0	$250	$0	$0	$250	$0	$0	$500
Office Expenses	$0	$100	$100	$100	$100	$100	$100	$600
Medical Supplies	$0	$0	$0	$0	$0	$0	$0	$0
Training, Training Materials	$2,500	$0	$8,000	$0	$0	$0	$0	$10,500
Contract Labor	$0	$500	$500	$500	$500	$500	$500	$3,000
Other - Marketing Material	$3,000	$0	$0	$2,000	$0	$0	$0	$5,000
Operating Expense Subtotal	**$7,500**	**$6,683**	**$14,433**	**$8,433**	**$6,683**	**$6,433**	**$6,433**	**$56,598**
Capital Expenses								
Equipment	$0	$0	$0	$0	$0	$0	$0	$0

Innovation Challenge Semi-Finalists Submission

Please fill out this submission form and return to Peter Kung (peter.kung@sclhs.net) by end of day on April 7th, 2018. Submissions received after the deadline will not be considered and will not move forward in the challenge.

Innovation Venture Lead(s): Brooke Borysiewicz, Randi Koch, Jessica Leintz, Chuck Ault
Additional Team Member Names: *Carol Engle*
Location (Care site, Department**): Lutheran Medical Center, Physical Medicine and Rehabilitation; St. Vincent Healthcare, Outpatient Rehabilitation, (406)238-6400; Platte Valley Medical Center, Emergency Department**
Email: brooke.borysiewicz@sclhs.net; randi.koch@sclhs.net; jessica.leintz@sclhs.net; chuck.ault@sclhs.net

Innovation Venture Title: STEADI Steps to Fall Prevention

Innovation Intent: *This is a concise articulation of your venture's goal. Consider these two questions as you frame your intent:*

1. *How is this innovation different? Assess what others have already focused on and use this to identify types of innovation to focus on those things that are distinctive and create a shift in the patient journey.*
2. *How ambitious is this venture? How much will you be able to move the needle on your goal?*

Falls are the leading cause of injury and death among those age 65 and older and a top reason for admission to SCL Health facilities. Whether or not the fall causes a person injury, it can frequently result in the person becoming fearful of falling and in limitations of normal activities. This can result in decreased mobility and physical conditioning, thus increasing risk for falling in the future and decreasing overall quality of life. The goal of this opportunity is to invest in our communities to help our patients have a decreased risk of injurious falls through improved collaboration of multidisciplinary healthcare providers and provision of community fall prevention programs.

While strong, evidence based community fall prevention programs exist, SCL Health does not have one in place system-wide. We would like to make an ambitious move to standardize fall risk screening and assessment throughout SCL Health to make fall prevention the standard of care in our system.

First, we plan to integrate the CDC's STEADI (Stopping Elderly Accidents, Deaths, and Injuries) algorithm for identifying fall risk into the Epic workflow as Oregon Health and Science University (OHSU) successfully did in 2011. Using this algorithm, we will identify community members at low, moderate, and high risk for falls and be able to intervene appropriately. For those identified at a risk for falls, we

will engage them in the CDC/USDOA approved comprehensive fall prevention program “Stepping On” or in some cases, “Matter of Balance”. St. Vincent Healthcare will be offering its first on-campus “Stepping On” workshop this spring and the program has had successful implementation Longmont United Hospital, as well as others.

This venture will incorporate two highly researched and evidence based programs with proven outcomes into our system in order to keep our patients safe, healthy, active and independent longer while reducing unnecessary healthcare costs. At some care sites, the recruitment and delivery of these important services will be targeted to zip codes with high-risk populations and will include community partnerships with local fire and EMS providers to increase participation.

Innovation Shift: *What is the primary focus of the change you want to create with your venture? Choose from one of the following three options and provide a short narrative of how your venture fits that option:*

· *Business Model: configuring assets, capabilities, and other elements of the value chain to serve our customers and generate revenue differently*

· *Platform: Focus on reinventing, recombining, or finding fresh connections across capabilities and offerings to create new value for customers.*

· *Customer Experience: Connects, serves, and engages customers in distinctive ways, influencing their interactions with SCL health and our offerings.*

The CDC estimates that an older adult falls every second of every day. But, less than half talk to their doctor about their fall. Our platform calls for a multidisciplinary approach that will connect existing resources within our system (pharmacy, therapy, MDs, nursing) to provide a comprehensive fall prevention program to our community. The current approach to fall prevention is fragmented and involves players in various arenas managing their own separate “parts” with little to no interdisciplinary communication.

In our EDs, hospital settings and outpatient clinics, all patients are currently assessed for falls by asking if they have had a fall in the past three months, if they have difficulty balancing, or if devices are used to assist with mobility. Epic provides fall risk actions, but does not flag for further assessment needs or referral to other providers. Often, the questions stop there and any fall issues are not addressed in greater detail. Referrals to other providers may also be outside of our system, breaking the continuity of care. This is where identification, education and collaboration is needed to make fall prevention part of a patient’s routine care.

The CDC STEADI initiative provides a clinical algorithm, tools and support that could be used and incorporated to provide better care for the patient as a whole. Stepping On, a well established fall prevention program, can also be offered to fall risk patients to educate about the common causes of preventable falls and decrease the risk of one causing harm or death.

Background: *Identify if and how a similar solution has been tested or implemented before in either another healthcare organization or another industry. If so, identify when, where and the results that were achieved.*

"Stepping On" is an evidence based seven week program that is effective and proven to reduce falls in older people living in the community by 31%. The Stepping On program has been implemented at Longmont United Hospital with subsequent 30% reduction in falls. St Vincent's has a trained leader and is going to begin its first workshop on campus beginning in April. Future classes could be offered in a variety of settings and locations to better serve the community.

Benefits: *Identify potential patient experience, health, or financial benefits associated with the solution. Include the benefits to the patients, caregivers and providers within and outside our four walls. How can those benefits be measured? Are you already measuring those benefits?*

According to the CDC, annual medical expenses for older adult falls cost over $31 billion. In 2014, 1 in 4 older adults reported a fall, totalling 29 million older adult falls. 24% of those falls required medical treatment or restricted activity for at least a day. This is a growing burden, as over 10,000 people in the U.S. turn 65 every day. Costs due to falls will continue to surge unless preventive measures are adopted as part of our routine care. The Stepping On program has been shown to provide 100% return on investment, according to research cited in the Wisconsin Institute for Healthy Aging (WIHA) Stepping On implementation guide.

The benefits of this program can be measured by tracking the number of admissions and emergency department visits due to injurious falls. System hospitals would benefit financially if providers refer patients for reimbursable intervention by physical therapists for deficits related strength, gait and balance and occupational therapists to assess safety and the patient's ability to function in the home. These experts can help identify risks and reduce overall preventable falls with personalized assessments and recommendations.

Technology: *Describe the technology that will be needed to implement the solution. Identify if the technology already exists or needs to be created. If the technology already exists describe what will be tested that is unique to this solution. Explain how the new technology will enable providers or patients to create or enhance services.*

We plan to incorporate the STEADI screening tool into our existing electronic medical record, Epic. STEADI recommends screening for falls with these three questions:

1. Have you fallen in the past year?
2. Do you feel unsteady when standing or walking?
3. Do you worry about falling?

If they answer yes to any, further assessment is needed which can be provided by our own clinical experts. This will help us "flag" those at risk for falls and intervene appropriately. Individuals at high risk will be referred to our Stepping On program. Keeping referrals in our own system will provide better continuity of care and allow SCL Health to be recognized as a leader in community based fall prevention.

Funding/Resources:

1. Describe the time required to secure resources and launch the venture.

In order for a Stepping On workshop to be provided, a leader must apply to complete a three day training session, which is critical to implementing a successful program. Therapists would be able to start seeing patients for treatment immediately, with additional training completed and equipment purchased during the pilot phase as able. STEADI materials are available immediately and free of charge online. We would need to connect with our IT resources in order to implement this into Epic.

2. Describe the investment needed for this solution (people, roles, technology).

The investment required for successful implementation of our innovation depends on proper staff education and training. Both STEADI and Stepping On provide resources to facilitate successful training which can be used to our advantage. Training for therapists, pharmacists, and MDs would cover implementation of improved process in primary care, acute and outpatient settings. We could incorporate STEADIs Pharmacy/provider training into Healthstream for ease of access.

We would also need funding to purchase a license from WIHA and additional funds for therapy staff to attend training to become Stepping On leaders and Master Trainers. Stepping On recommends the organization develop a "Master Trainer" that can subsequently train other leaders within the organization. It may be beneficial for each state/area to invest in a Master Trainer to train new leaders and lend support as needed to facilitate success of program implementation. Funds would be needed for marketing and printed materials.

Education funds would be also used to provide therapists with advanced education to more efficiently and effectively evaluate and treat patients with complex balance, vestibular and/or vision impairments that may be contributing to imbalance and falls. An investment in therapy equipment, including suspension systems and technology for visual perception training, would be used in therapy clinics to provide the ability to challenge the patient in a variety of situations that can improve overall safety and confidence in the home and community.

Stepping On's operational costs are estimated at $10,000 per the organization's implementation guide. Scaling this across the system with the additional of the STEADI screening tool into Epic would likely require operational costs of 100-150K. Grants may be available to help cover cost materials.

3. Lastly, 'guessimate' and circle budget needed (the innovation project funding will not exceed a 6 month period pilot).

A) $10,000-$25,000

B) $25,000-$50,000

C) $50,000-$75,000

D) $75,000-$100,000

E) $100,000-$150,000 (Due to scale of project to improve care across multiple sites)