**MA Commission on Falls Prevention Meeting**

**MA Department of Public Health (DPH)**

**Lobby 1 Conference Room**

**250 Washington Street, Boston**

**April 24, 2019; 11:00 AM - 12:30 PM**

**Meeting Minutes**

***(Accepted 12-14-20)***

**Members Attending:** Rebekah “Bekah” Thomas (Chair), Colleen Bayard, Ish Gupta,

Melissa Jones, Joanne Moore, Annette Peele, Emily Shea, Mary Sullivan

**Members Attending Remotely:** Jennifer Kaldenberg

**Pending Member Attending:** Brian Doherty

**Members Not in Attendance:** Almas Dossa, Helen Magliozzi, Deborah Washington

**Others Attending:** Carla Cicerchia, DPH-Div. of Violence and Injury Prevention; Chiara Moore, Kate Fillo, and Kate Saunders, DPH-Bureau of Health Care Safety and Quality; Tara Gregorio (MA Senior Care Association.)

**1)****Welcome/Introductions/Commission Business:** (Bekah Thomas, Chair) *PPT slides*

* Commission Chair Bekah Thomas greeted all in attendance and opened the meeting. Next each person present or participating remotely introduced them self and their affiliation.
* After introductions the Chair asked the Commission members to review a draft of the minutes from the last meeting on 1/7/19. She requested a motion to approve the minutes, which was received and seconded; the minutes were unanimously accepted.
* Before introducing the featured presenter for the meeting, Bekah referring to her slide presentation read through a reminder of the Commission’s statutory mission and reporting requirements.

**2) Presentation/Discussion:** *Nursing Home Falls with Injury from 2013-2018*(Chiara Moore, MPH, Epidemiologist, DPH Bureau of Health Care Safety and Quality) *PPT slides*

* DPH epidemiologist Chiara Moore presented on fall-related injury data collected from MA nursing homes in the years 2013-2018. By state regulation all nursing homes are required to report to DPH whenever a fall with injury has occurred. Chiara began by providing some basic background about the nursing home population including the following:
* National data indicates residents in these facilities fall approximately 2-3 times as frequently as community-dwelling older adults age 60+ and that 10-25% of the falls that happen in nursing homes result in injury that can include fractures, lacerations and the need for hospital care.
* In MA, 18% of all older adult fall-related deaths are nursing home residents.
* Before going over the details of the nursing home data Chiara explained the data sources: 1) reports from nursing homes as required by state regulation through the DPH Health Care Facility Reporting System (HCFRS); and 2) the Minimum Dataset (MDS) which reflects a comprehensive assessment performed on nursing home residents upon admission, when there are significant clinical changes and then quarterly.
* For the remainder of her presentation, Chiara shared fall related injury data (2013-2018) and other data points from nursing homes covering a broad range of categories including:
* The general nursing home resident population (an average of 133,000 annually – long and short stay; 60% female; mostly between the ages of 70 and 89; predominantly white)
* Number of falls with injury reported (20, 686 from 431 nursing home facilities; 12, 535 resulted in fractures, 6,487 resulted in lacerations; and 3,056 involved hemorrhages/bruising)
* Rates of falls by gender, race, and ethnicity
* Falls with injury and whether or not assistive devices were used
* Length of stay prior to fall injury
* Locations where falls occurred within the nursing home setting
* With regard to racial disparities and relative risk of falls with injury, Chiara noted that black nursing home residents had the lowest risk of experiencing a fall with injury and that white residents had the highest. She also highlighted that a significant increase of falls with injury was seen among Asian nursing home residents during the 2013-2018 timeframe. She asked the Commission members if they had any thoughts or possible explanation for this matter. This garnered some of the following comments and questions from some members:
* In the Asian culture reverence for the older generation leads to caring for them within the family unit for as long as possible; perhaps the increase is due to much older people being placed in nursing homes (with advanced age there is an increased risk for falls).
* Was there a medical diagnosis such as dementia captured with this data (there was not)?
* Could osteoporosis be an underlying factor?
* The data also showed that over 50% of the nursing home falls with injury happened in the resident’s room and the majority of residents who fell were not using assistive devices.
* Chiara asked the members and other attendees if they had any thoughts about any other data analyses or questions that should be asked in terms of addressing resident safety and identifying appropriate falls prevention interventions in the nursing home setting; comments included the following:
* Look at the acuity of patients and number of prescription medications they are taking
* Track anti-coagulant use as contributors to falls
* Impact of improper footwear
* Safety concerns when staffing turnover is high; training of staff is very important
* What about staffing levels?
* Link falls with the time of the day they occur to see if there is any correlation
* Look at use of restraints/bed alarms, etc.
* Language barriers between staff and residents
* Track Body Mass Index (BMI)-this could possibly impact seriousness of injury
* Chiara said that the next steps planned for this data project will include linking the data to vital statistics and gathering additional patient information through MDS. She thanked the members and other attendees for their feedback which will be taken into consideration as revisions and further analysis is performed. BHCSQ plans to draft and release a report on their data findings later in 2019.
* Note: data webpages that were cited during the meeting:
* Serious Reportable Events reports (SREs) from hospitals-includes falls events:

<https://www.mass.gov/lists/serious-reportable-event-sres>

* Population Health Information Tool (PHIT):

 <https://www.mass.gov/orgs/population-health-information-tool-phit>

**3) Discussion:** *Planning for Development of the 2020 Commission Report* (Bekah Thomas, Chair/All) *PPT slides*

* Bekah Thomas opened up a discussion with an accompanying slide presentation on the topic of planning for and developing a new Commission report of recommendations that will be submitted to the Legislature/EOHHS Secretary by September 2020. She first reminded members that due to recent passage of legislation, the Commission’s new statutory reporting schedule is now every two years instead of annually.
* She made a point of stating that nothing regarding the content of the future report is “written in stone” and that members’ input throughout this process will be important.
* She began by referring to the last substantial report that the Commission issued with recommendations-the “Phase 2 Report” (September 2015) citing some of the main focus areas on which recommendations were made: Primary Care, Community-Based Falls Prevention and Community-Design and the Built Environment. She commented that although the Phase 2 report had much substance, the recommendations were structured in such a way that they were more internally rather than externally focused (i.e., actions the Commission should take to learn more about falls prevention rather than actions other bodies can take to prevent falls). A key goal for this next report is reframing the recommendations while still continuing to achieve consensus. Referencing the slide with the proposed outline for the report/recommendations-all members present were agreeable to staying with the following three focus areas for the recommendations: 1) Physicians/PCPs; 2) Community-based Interventions and Programs; and 3) Environmental/Community Design.
* Given the earlier presentation from Chiara Moore on nursing home fall injury data the group engaged in a brief conversation about whether a new section should be added to address reduction of falls in long-term care settings. The members were in agreement that for this report the recommendations should remain with reduction of falls for community-dwelling older adults. Broadening the scope to include institutional and clinical settings would demand too much time, require identifying new subject matter experts, duplicate the efforts of other mandated reports, etc. The additional workload would just not be feasible especially within the timeframe. The group agreed that referencing the forthcoming BHCSQ falls in long-term care facilities report and the Serious Reportable Events annual report within the new Commission report is sufficient.
* Next the members reviewed a suggested timeline for completing the work (April 2019 – September 2020). The Chair proposed the idea of establishing a Report Drafting Work Group ideally comprised of 3-5 volunteer Commission members who will be tasked with developing and drafting the 2020 Report. The work group will likely meet monthly over the summer and fall 2019, pull in any needed experts, etc. with the expectation that a first draft will be ready for initial review and discussion at a full Commission meeting around October. She also talked about the vetting and editing process as the report develops. It is anticipated that as the final draft nears completion that each Commission member will have an opportunity to vet it with the organization they represent on the Commission for any feedback/comment. Bekah commented that the Commission would be able to benefit from DPH’s Injury Surveillance Program and Health Care Safety and Quality Division for data gathering assistance. She stated that she sees the 2020 Report as one in which the Commission can leverage all the work and information gathering that has already transpired and simply update the information and some of the changes that have occurred within the state since the Phase 2 Report was released. Some members responded that this would be a very different way of working together versus the drafting of the Phase 1 (2013) and Phase 2 Reports. With those reports the Commission had funding available to contract with a team of public health consultants from JSI Research & Consulting, Inc. who were responsible for shepherding the development of both reports.
* Before concluding this discussion Bekah asked for volunteers to serve on the new 2020 Report Drafting Work Group. The following members agreed to participate: Bekah Thomas (Chair), Melissa Jones, Jennifer Kaldenberg, and Annette Peele. Commission staff will reach out to any members not present at the meeting in case they are also interested in participating. The Work Group will be subject to Open Meeting Law requirements. Staff will share notices of all Work Group meetings scheduled with the full Commission membership as some members may wish to attend as non-Work Group members.

**4) Closing Remarks** (Bekah Thomas)

* Bekah thanked everyone for their attendance and contributions and adjourned the meeting.

*Meeting concluded at 12:25 PM.*