Falls Prevention Webinar # 2
May 12, 2015
Using Go to Webinar

Once you have joined the webinar, you will see the Attendee Control Panel and Grab Tab. The Control Panel contains panes that can be expanded or collapsed by clicking the Plus icon or Minus icon on the left side of each pane. **Note:** Viewing the Attendee List, raising your hand and asking questions are only available if the organizer has enabled these features.

**Attendee List** - Displays all the participants in-session (if enabled by the organizer)

**Grab Tab** – Allows you to open/close the Control Panel, mute/unmute your audio (if the organizer has enabled this feature) and raise your hand

**Audio pane** – Displays audio format. Click **Settings** to select Mic & Speakers devices

**Questions pane** – Allows attendees to submit questions and review answers (if enabled by the organizer). Broadcast messages from the organizer will also appear here

**Webinar details** – Provides a quick reference, and the Webinar ID can be given to someone to join through www.joinwebinar.com

**Note:** You cannot participate by phone only, you must be logged on or have a member of group logged on to webinar.
Attendance Policy

To receive CPD units for attending attendees must show an in-session duration (or the time an attendee was logged in to the webinar) of at least 75 percent but not greater than 125 percent of the total duration of the webinar. Attendees who show an in-session duration of less than 75 percent or more than 125 percent will NOT receive credit for attendance, or any available CPD units. The in-session duration is tracked by GoToWebinar’s automated reporting tools. Attendees must show an in-session duration of at least 45 minutes but less than 90 minutes to qualify for CPDs for Brown-Bag Thursday webinars, which are 60 minutes.

Definitions

Example 1: Tabitha logged in to the Brown-Bag Thursday webinar at 11:50 a.m. The webinar started at noon. She viewed the webinar until it ended at 1 p.m. Her in-session duration on the GoToWebinar report shows as 70 minutes, or 116 percent. Tabitha will receive CPD units.

Example 2: Becky logged in to the Brown-Bag Thursday webinar at 11:55 a.m. The webinar started at noon. She had a meeting at 12:30 and left her desk without logging out. She returned to her desk at 1:30 and logged out of the webinar. Her in-session duration on the GoToWebinar report shows as 95 minutes, or 160 percent. Becky will not receive CPD units because her in-session duration was greater than 125 percent.

Example 3: Yanni logged in to the Brown-Bag Thursday webinar at 11:50 a.m. The webinar started at noon. He had to leave his office at 12:20, and logged out of the webinar before leaving. His in-session duration on the GoToWebinar report shows as 30 minutes, or 50 percent. Yanni will not receive CPD units because his in-session duration was less than 75 percent.

Webinar Duration The duration, in minutes, of the webinar
In-Session Time stamp of when attendee joined and exited the webinar
In-Session Duration Time attendee remained in-session (participating in the webinar)
Join Time stamp of when attendee joined the webinar
Leave Time stamp of when attendee exited the webinar
Housekeeping

Group Attendance sheets for MUI-facilitated trainings should be emailed in the Excel Format located on website at Group Viewing Sheet to Connie.McLaughlin@dodd.ohio.gov or Debra.Forrest@dodd.ohio.gov
You do not need to send to anyone else.
Proof of Continuing Professional Development Units will be emailed for those who **actively** participated in the Webinar within 30 days of Webinar
Follow up by Email or Phone to MUI Office at 614-995-3810.

Thank you for your participation!
Purpose

Today’s training is the 2\textsuperscript{nd} in a 4-part series on fall prevention.

We hope you will walk away with a better understanding of fall prevention strategies and a greater awareness of available resources to help you in your work.
Today’s Presenters

Anne Goodman, MPH
Injury Prevention Coordinator
Grant Medical Center

Tia L. Gulley, MA
Program Manager – STEADY U/A Matter of Balance
Elder Connections Division
Ohio Department of Aging
Your Role in Fall Prevention Among Older Adults

May 12, 2015

Anne Goodman, MPH
Injury Prevention Coordinator
Epidemiology

• Each year 1 in 3 adults aged 65 or older fall each year and less than half talk to their health care provider

• Falls are the most common cause for TBI

• 20-30% of falls cause moderate to severe injury

• Many people who fall develop a fear of falling and consequently limit their activity
Epidemiology

• The death rates from falls among older men and women have risen sharply over the past decade.
• Men are more likely than women to die from a fall; after taking age into account
  – Fall death rate is approximately 40% higher for men than for women.
• Older whites are 2.7 times more likely to die from falls as their black counterparts.
• Rates also differ by ethnicity.
• Older non-Hispanics have higher fatal fall rates than Hispanics.
# National Estimates of the 10 Leading Causes of Nonfatal Injuries Treated in Hospital Emergency Departments, United States – 2013

<table>
<thead>
<tr>
<th>Age Groups</th>
<th>Rank</th>
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<th>25-34</th>
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<td>134,229</td>
<td>859,884</td>
<td>624,880</td>
<td>421,946</td>
<td>361,560</td>
<td>335,177</td>
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<td>288,371</td>
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<td>35,600</td>
<td>35,600</td>
<td>35,600</td>
<td>819,878</td>
</tr>
</tbody>
</table>

*The “Other Assault” category includes all assaults that are not classified as sexual assault. It represents the majority of assaults.

**Injury estimate is unstable because of small sample size.

Falling Risk Factors

- Biological
- Behavioral
- Environmental Factors
Special Considerations for Individuals with Developmental Delays

- Higher risk for falling at earlier age
- Degenerative changes occur earlier and last longer
- Prior history of falling
- Weakness
- Gait/balance deficits
Top Three Questions

- Have you fallen in the past year?
- Do you feel unsteady when standing or walking?
- Do you worry about falling?
Interventions

• Specific strategies can be employed to reduce falls
  – Assessing and addressing fall risk factors
  – Identifying and treating co-morbidities
  – Participation in exercise programs aimed at improving balance, strength and flexibility

(Chang et al., 2004; Gillespie et al., 2012; Moyer 2012)
Interventions

• Healthcare providers have failed to integrate guidelines into clinical practice
  – Community physicians failed to identify falls or adequately evaluate patients who reported falling (Rubenstein, Solomon, & Roth, 2004)
  – 37% of older patients were asked about falls by their provider (Chou, Tinetti, King, Irwin & Fortinsky, 2006)
  – Only 8% of providers used guidelines to direct their care (Jones, Ghosh, Horn, Smith & Vogt, 2011)
Special Considerations

- Urinary and bowel incontinence
- Rushing to bathroom
- Sleep walking at night
- Cognitive impairments
- Poor judgment
- Dizziness
Assessments

Chair Rise Exercise

**What it does:** Strengthens the muscles in your thighs & buttocks.

**Goal:** To do this exercise without using your hands as you become stronger.

**How to do it:**

1. Sit toward the front of a sturdy chair with your knees bent & feet flat on the floor, shoulder-width apart.
2. Rest your hands lightly on the seat on either side of you, keeping your back & neck straight & chest slightly forward.
3. Breathe in slowly. Lean forward & feel your weight on the front of your feet.
4. Breathe out & slowly stand up, using your hands as little as possible.
5. Pause for a full breath in & out.
6. Breathe in as you slowly sit down. Do not let yourself collapse back down into the chair. Rather, control your lowering as much as possible.
7. Breathe out.

Repeat 10–15 times. If this number is too hard for you when you first start practicing this exercise, begin with fewer & work up to this number.

Rest for a minute & then do a final set of 10–15.

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**The Timed Up and Go (TUG) Test**

**Purpose:** To assess mobility

**Equipment:** A stopwatch

**Directions:** Patients wear their regular footwear and can use a walking aid if needed. Begin by having the patient sit back in a standard arm chair and identify a line 3 meters or 10 feet away on the floor.

**Instructions to the patient:**

When I say “Go,” I want you to:

1. Stand up from the chair
2. Walk to the line on the floor at your normal pace
3. Turn
4. Walk back to the chair at your normal pace
5. Sit down again

On the word “Go” begin timing.

Stop timing after patient has sat back down and record.

**Time:** _______ seconds

*An older adult who takes ≥12 seconds to complete the TUG is at high risk for falling.*

Observe the patient’s postural stability, gait, stride length, and sway.

Circle all that apply:

- Slow tentative pace
- Loss of balance
- Short strides
- Little or no arm swing
- Steadying self on walls
- Shuffling
- En bloc turning
- Not using assistive device properly

**Notes:**

For relevant articles, go to: [www.cdc.gov/injury/STEADI](http://www.cdc.gov/injury/STEADI)
Assessments

Chair Stand—Below Average Scores

<table>
<thead>
<tr>
<th>Age</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
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<tr>
<td>60-64</td>
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<td>&lt;12</td>
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<td>65-69</td>
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<td>&lt;8</td>
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<tr>
<td>90-94</td>
<td>&lt;7</td>
<td>&lt;4</td>
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</tbody>
</table>

The 30-Second Chair Stand Test

**Purpose:** To test leg strength and endurance

**Equipment:**
- A chair with a straight back without arm rests (seat 17” high)
- A stopwatch

**Instructions to the patient:**
1. Sit in the middle of the chair.
2. Place your hands on the opposite shoulder crossed at the wrists.
3. Keep your feet flat on the floor.
4. Keep your back straight and keep your arms against your chest.
5. On “Go,” rise to a full standing position and then sit back down again.
6. Repeat this for 30 seconds.

On “Go,” begin timing.

- If the patient must use his/her arms to stand, stop the test. Record “0” for the number and score.
- Count the number of times the patient comes to a full standing position in 30 seconds.
- If the patient is over halfway to a standing position when 30 seconds have elapsed, count it as a stand.
- Record the number of times the patient stands in 30 seconds.

**Number:** __________ Score __________ See next page.

*A below average score indicates a high risk for falls.*

**Notes:**

For relevant articles, go to: [www.cdc.gov/injury/STEADI](http://www.cdc.gov/injury/STEADI)
Assessments

The 4-Stage Balance Test

**Purpose:** To assess static balance

**Equipment:** A stopwatch

**Directions:** There are four progressively more challenging positions. Patients should not use an assistive device (cane or walker) and keep their eyes open.

Describe and demonstrate each position. Stand next to the patient, hold his/her arm and help them assume the correct foot position.

When the patient is steady, let go, but remain ready to catch the patient if he/she should lose their balance.

If the patient can hold a position for 10 seconds without moving his/her feet or needing support, go on to the next position. If not, stop the test.

**Instructions to the patient:** I’m going to show you four positions.

Try to stand in each position for 10 seconds. You can hold your arms out or move your body to help keep your balance but don’t move your feet. Hold this position until I tell you to stop.

For each stage, say “Ready, begin” and begin timing.

After 10 seconds, say “Stop.”

See next page for detailed patient instructions and illustrations of the four positions.

<table>
<thead>
<tr>
<th>Instructions to the patient</th>
<th>Time:_________ seconds</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Stand with your feet side by side.</td>
<td>Time:_________ seconds</td>
</tr>
<tr>
<td>2. Place the instep of one foot so it is touching the big toe of the other foot.</td>
<td>Time:_________ seconds</td>
</tr>
<tr>
<td>3. Place one foot in front of the other, heel touching toe.</td>
<td>Time:_________ seconds</td>
</tr>
<tr>
<td>4. Stand on one foot.</td>
<td>Time:_________ seconds</td>
</tr>
</tbody>
</table>

An older adult who cannot hold the tandem stance for at least 10 seconds is at increased risk of falling.

Notes:

For relevant articles, go to: [www.cdc.gov/injury/STEADI](http://www.cdc.gov/injury/STEADI)
Orthostatic Hypotension

Measuring Orthostatic Blood Pressure

1. Have the patient lie down for 5 minutes.
2. Measure blood pressure and pulse rate.
3. Have the patient stand.
4. Repeat blood pressure and pulse rate measurements after standing 1 and 3 minutes.

A drop in systolic of >20 mm Hg, or in diastolic of >10 mm Hg, or experiencing lightheadedness or dizziness is considered abnormal.

<table>
<thead>
<tr>
<th>Position</th>
<th>Time</th>
<th>BP</th>
<th>Associated Symptoms</th>
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<tr>
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<td>BP</td>
<td>/</td>
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<tr>
<td></td>
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<td>HR</td>
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</tr>
<tr>
<td>Standing</td>
<td>1 Min</td>
<td>BP</td>
<td>/</td>
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<td>Standing</td>
<td>3 Min</td>
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<td>HR</td>
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</tbody>
</table>

For relevant articles, go to: [www.cdc.gov/injury/STEADI](http://www.cdc.gov/injury/STEADI)
Prevention

• Exercise regularly
  – Enroll in a Matter of Balance or Stepping On
• Have a pharmacist review **ALL** of your medications
• Vision and hearing screenings
• Home safety evaluation
• Proper footwear
Matter of Balance

- Evidence based to reduce *fear* of falling
- 8 weeks, 2 hours each class
- Anyone 60 or older, ambulatory and able to problem solve
- Interested in improving balance, flexibility and strength
Stepping On

- Evidence based to *reduce* the occurrence of falls
- 7 weeks, 2 hours each class
- Has had a fall in the past year, lives at home, cognitively intact
- Interested in preventing falls in home and in the community
Stepping On is CDC-Approved because it’s “Multifactorial”

• Strength and Balance Exercises
• Vision
• Medication Review
• Home Modification
Community Fall Prevention Opportunities

What is Stepping On?

Stepping On is a program that has been researched and proven to reduce falls in older people.

It consists of a workshop that meets for two hours a week for seven weeks. Workshops are led by health professionals who are concerned about falls. In addition, local guest experts provide information on exercise, vision, safety and medications.

Site: Gerlach Center for Senior Health

Topics include:
+ Simple and fun balance and strength training
+ The role vision plays in keeping your balance
+ How medications can contribute to falls
+ Ways to keep from falling when out in your community
+ What to look for in safe footwear
+ How to eliminate falls hazards from your home

Is this workshop for you?

Stepping On is designed specifically for anyone who:
+ Be able to walk without the help of another person
+ Has had a fall in the past year
+ Does NOT use a walker, scooter or wheelchair most of the time outdoors
+ Lives at home
+ Cognitively intact

How can I become involved?

+ Refer patients or family members you feel meet the criteria
+ Become a host SITE for the programs
+ Become a coach for Matter of Balance, Stepping On or BOTH

Criteria for Coaches:
+ Enjoys working with older adults
+ Good communication and interpersonal skills
+ Enthusiasm
+ Reliability
+ Willingness to lead a small group
+ Ability to perform range of motion and low-level endurance exercises

Stepping On was recently shown to have a 64% Return on Investment for every $1.00 invested.

If you would like to know how you can become a coach, host a class or find out more information about these two exciting programs, please contact Anne Goodman.

Contact:
Anne Goodman, MPH
Injury Prevention Coordinator
Grant Medical Center, Trauma Services
(614) 566-9301
anne.goodman@ohiohealth.com

OhioHealth

What is Matter of Balance?

Matter of Balance is an evidence-based program designed to reduce the fear of falling and increase activity levels of older adults.

This program emphasizes practical strategies to manage falls.

Class meets for 2 hours a week for 8 weeks.

Sites: Westerville Parks and Recreation, Gerlach Center for Senior Health and Jewish Community Center

Participants Will Learn To:
+ View falls as controllable
+ Set goals for increasing activity
+ Make changes to reduce fall risks at home
+ Exercise to increase strength and balance

Is this workshop for you?

+ Anyone concerned about falls
+ 65 years or older, ambulatory and able to problem solve
+ Anyone interested in improving balance, flexibility and strength
+ Anyone who has fallen in the past
+ Anyone who has restricted activities because of falling concerns
Home Safety

- Lighting
- Grab bars
- Loose rugs and carpet
- Access to phone
- Reduce clutter
- Stairs, railings and steps
- Frequently used items too high or too low?
Thanks for your time!

Questions????
Preventing Falls...
One Step at a Time

DODD FALLS PREVENTION WEBINAR SERIES
MAY 12, 2015
A Falls Epidemic in Ohio

Falls are the #1 cause of injuries leading to ER visits, hospitalizations and deaths for Ohioans age 65+:

• A fall every 2.5 minutes
• An injury every 5 minutes
• An emergency room visit every 8 minutes
• Two hospitalizations each hour
• Three deaths each day

Direct care costs alone = $646 million
A Falls Epidemic in Ohio

• Ohioans age 65+ make up approximately 14% of the population, but account for more than 83% of fatal falls.
• Fatal falls among older Ohioans increased 167% from since 2000.
• 1 in 3 Ohioans age 65+ living in the community fall each year. 1 in 2 after age 79.
• More than half of older adults who live in a nursing home will fall this year.
Falls are not a normal part of aging and most falls can be prevented.
Introducing STEADY U

Comprehensive falls prevention initiative led by the Ohio Department of Aging and supported by Ohio government and state business partners:

• Strengthen existing falls prevention activities
• Identify opportunities for new initiatives
• Coordinate a statewide educational campaign
What Causes Falls?

Personal factors:

• Muscle strength and balance
• Nutrition and hydration
• Vision and hearing
• Judgment
• Inactivity
• Fear of falling
What Causes Falls?

Medical factors:
- Medications and interactions
- Urinary incontinence
- Osteoarthritis and osteoporosis
- Diabetes (neuropathy, hypo/hyperglycemia)
- Other conditions (e.g., stroke, Parkinson’s)
What Causes Falls?

Environmental factors:

• Tripping hazards (e.g., thresholds, rugs, cords, clutter, uneven surfaces)
• Insufficient lighting
• Unsafe stairs
• Poor design and organization
• Slippery/shiny floors
• Pets
United We Stand...

STEADY U reaches out to:

- Older Ohioans & baby boomers
- Family members/caregivers
- Doctors, nurses & other medical staff
- Nursing home & other care facility staff & leaders
- Business owners, managers and employees
- Community leaders and groups
1. www.steadyu.ohio.gov
2. Promote participation in A Matter of Balance
3. Encourage primary care physicians to conduct falls risk assessments using the STEADI toolkit
4. Help stores, restaurants and other businesses become “falls-free zones”
5. Help nursing homes evaluate environmental factors and remove risks
6. Collaborate to reduce risk in people with Alzheimer’s disease, dementias and developmental disabilities
7. Make risk assessment core part of Medicaid HCBS
- Self-assessment
- Tip of the day
- Newsletter
- Facebook and Twitter
- Promotional toolkit
- Targeted tips and resources
- News & research
A Matter of Balance

- Free, community-based and lay-led small-group workshops that help participants:
  - View falls as controllable
  - Increase activity levels
  - Remove risks in the home
  - Exercise to increase strength & balance

- Evidence-based
- Available in all 88 Ohio counties
Engaging Physicians

- Doctors ask their older patients about falls in only 37% of cases
- Only 8% of physicians use clinical guidelines on falls prevention

STEADI helps primary care physicians:
- Make prevention part of the practice
- Access background info on falls
- Read case studies
- Use validated assessment tools
- Make referrals
- Encourage and empower
Falls-free Businesses

- Reduce falls risks for employees and customers/visitors

- Resources include:
  - Tip lists
  - Sample incident reports
  - Hazard checklist
  - Sample prevention policy
Nursing Homes

• Make research findings more available to staff and administration
• Identify funding opportunities
• Provide technical assistance and training for environmental change
• Provide guidelines for resident assessment
• Prevent staff injuries
At-Risk Populations

- Elders with Alzheimer’s disease and other dementias are three times more likely to suffer hip fractures.
- Also more likely to die from injury.
- Falls could be an early sign of Alzheimer’s.
- STEADY U will support Alz. Assn. and DODD efforts.
Risk Assessment in Medicaid

- PASSPORT Medicaid Waiver includes falls assessment as part of intake process
- Falls prevention strategies are included in care plans
- Referral to community resources
- Expanding to other Medicaid home care programs
Partners

Ohio Government
- Bureau of Workers Compensation
- Department of Aging
- Department of Developmental Disabilities
- Department of Health
- Department of Medicaid
- Department of Public Safety
- Governor's Office of Health Transformation

Business Partners
- State Falls Prevention Coalition
- Area Agencies on Aging
- Alzheimer’s Association
- AARP Ohio
- Senior Centers
- Council of Retail Merchants
- Medical Associations
- LTC Trade Associations
- Colleges & Universities
- MORE!
What will you do?

What are some things you can do to help the people you serve understand that falls are preventable and take action?
Upcoming Falls Prevention Webinars

Part 3 on Jul 24, 2015 10:00 AM-11:00 AM
Keeping individuals served and staff safe from falls
Provider Panel

Part 4 on Oct 15, 2015 1:00 PM-2:00 PM
Recap on webinar series and year to date 2015 data on falls
Thank You

Connie McLaughlin, MUI Regional Manager Supervisor
(614) 752-0092
Connie.McLaughlin@dodd.ohio.gov

DODD Website
dodd.ohio.gov

Abuse/Neglect Hotline
1-866-313-6733