

MINUTES

Purpose: Engage Okaloosa County community members in a health improvement process through an open, two-way dialogue to reduce the impact of harmful events such as pedestrian injuries, older adult falls, and substance use and to reduce the housing burden.

Attendees: Emily Pickens, Florida Department of Health in Okaloosa County (DOH-Okaloosa); Taela Cintron, DOH-Okaloosa; Beth Smith, DOH-Okaloosa; Greg Cain, Okaloosa County Emergency Medical Services; JB Whitten, City of Crestview; Jason Fulghum, Okaloosa County Sheriff's Office (OCSO); Anthony Sawyer, Fort Walton Beach Housing Authority; Chris Hawkins, CDAC Behavioral Healthcare; Mercedes Feris, Latin Flair Events; Jennifer Edwards, West Florida AHEC; Petra Maddens, DOH-Okaloosa; Shawn Nickel, NWFLHealth Network; Karen Engert, Centerwell Home Health; Kat Beedie, DOH-Okaloosa; Kris Pickens, Emerald Coast Health Care Coalition; Lisa Reese, Catholic Charities; Blake Good, Ocean City Wright Fire Department; Ryan Adair, North Bay Fire Department; Christine Syfrett, DOH-Okaloosa; Leann Calabro, Fort Walton Beach Fire Department.

Opening – Elizabeth “Beth” Smith

- Beth opened the meeting and welcomed attendees. Beth thanked partners for attending the OCHIP Celebration on February 22, 2024.
- Emily shared Community Engagement Survey results from the previous meeting. Attendees reported their opinions were heard and the meeting met their needs.
- Minutes from the January 18, 2024 meeting were reviewed and approved.

Action Plan Updates – JB Whitten

Community Paramedicine Discussion – Older Adult Falls

- Mayor Whitten opened discussion by asking attendees to review over the fall risk prevention documents provided. Greg Cain led a discussion about these documents.
 - Greg provided an overview of the Fall Intervention Assessment and OCEMS Fall Intervention Program and materials.
 - The program is funded through the Coordinated Opioid Response (CORE) Network allocation. Two community paramedic positions will be filled.
 - The program enrollment criteria would prompt a response by the community paramedic team based on an individual's responses to the fall risk assessment. Individuals can be self-enrolled or enrolled through EMS.
 - The community paramedics will go to the individual's home to assess their level of need, provide care, refer to services, and provide resources.
 - Meeting attendees agreed it would be important to consider having a community paramedic who speaks additional languages.
 - Kat suggested partnering with DOH-Okaloosa's Lean on Me program, since they also complete home visits to go over safety measures and disaster plans in case of an emergency.
 - Emily suggested working with other community partners such as AHEC or other nonprofit agencies to get referrals through fall prevention classes.

- Jennifer from WFAHEC would be interested in partnering OCEMS to distribute the Fall Risk Assessment and to serve as a referral source for those in need of balance and/or strength courses.
- OCEMS is in the process of purchasing a case management software to assist with the paramedicine program, including managing referrals.
 - The software would compile information from the paramedicine program and relay it to the individual's primary care physician.
 - Emily mentioned this case management system is similar to the Unite Us platform that the Healthy Behaviors OCHIP group is working with.
 - They will offer self-referral for services and use the program to stand up a post-overdose response team.
 - Emily and Greg will discuss opportunities for integration of platform data, as OCEMS will require HIPAA components that Unite Us does not need for behavioral health-related service referrals.
- Attendees discussed Fall Prevention Month in September.
 - If group members want to do an event or activity for the observance, attendees agreed they would like to start planning early to not become inundated with tasks due to Fall Prevention Month and Pedestrian Safety Month in October occurring back-to-back.

Community Paramedicine Discussion – Opioid Overdoses

- Mayor Whitten opened discussion by sharing progress towards educating the public about opioid overdoses and the distribution of Narcan in the community.
 - He stated the Crestview Drug Task Force will be hosting a mini Health and Wellness Fair event on Saturday, March 30 from noon to 4:00 p.m. at Allen Park for education and distribution of Narcan in the community.
 - DOH-Okaloosa will provide Narcan and the fire department will demonstrate how to administer it. There will also be blood pressure checks, HIV testing, sickle cell testing, and blood sugar testing.
- Greg shared information about Your Life Was Saved Kits. OCEMS would leave behind a kit with information on local resources, a CPR mask, and Narcan.
 - Emily mentioned adding information to the resource card about a first responder team coming to talk with the person later in order to link them to care, if desired.
 - This is part of the post-overdose response team from the Healthy Behaviors OCHIP group. It is based on Daytona Beach's DART program and the Naloxone Plus Pathway for pre-arrest diversion.
 - The outreach team would respond by visiting the home of an individual who overdosed within 24 to 72 hours to link them to care in person.

Okaloosa Walton Housing Summit

- Emily shared the Okaloosa Walton Housing Summit will be held on Monday, May 13th at the Niceville Community Center.
 - The event is invitation only due to capacity limits at the venue. It will focus on action planning and solution-focused conversations. This includes panel discussion between developers and government officials.

- o The group will discuss the Housing Summit in greater detail at the April meeting.

Action Items – JB Whitten

- Emily will share more details of the Housing Summit, as available.

Closing – Emily Pickens

- The Fort Walton Beach Fitness Festival is April 13th at the Landing from 9:00 a.m. to noon. There will be Zumba, kickboxing, other health activities, and a fresh juice truck.
 - o The International Food Truck Festival starts immediately after this event.
- The International Festival will be held on Sunday, April 21st at the Landing in Fort Walton Beach. They will also host this event in Crestview on May 11th.
- WFAHEC will be hosting a six-week diabetes course for anyone 60 years old and older. There are still spots available. Contact Jennifer for more details.
- Shawn Shared information on a free Generational Trauma Conference at the FSU Panama City campus on April 8th and 9th. Sign up via Eventbrite.
- DOH-Okaloosa will be hosting a community DEC Awareness training at Beulah First Baptist Church in Fort Walton Beach on March 26th at 6:00 p.m. All are welcome.
- DOH-Okaloosa will host the Run4Health 5K event on April 20th at Spanish Trail Park in Crestview. The race begins at 8:00 a.m. The event is in recognition of Child Abuse Prevention Month, National Minority Health Month, and National Public Health Week. All event proceeds will benefit the Early Learning Coalition of the Emerald Coast.
- Emily shared the OCHIP Healthy Behaviors group is offering first responder community resource briefings. This is a 15-minute presentation of community resources in the area to provide up-to-date information and continuity between information being given out to the public. They have reached most law enforcement agencies in the area and are currently looking to work more with fire departments.

Next Meeting – April 18th at 9:00 a.m. at DOH-Okaloosa

Action Items	Owners	Deadline	Status
Share details of Housing Summit	Emily Pickens	4/18/2024	In Progress

OKALOOSA COUNTY EMS
Mobile Integrated Health
Fall Intervention Program

Objective: To reduce the risk of death and injury due to falls and identify patients who may benefit from professional intervention to address medical issues and social determinants of health that may increase their risk of falls, impact health and wellness, and reduce life quality.

Enrollment Criteria (ALL):

1. History 3 or more EMS calls in 90 days. (Home Visit)
2. History of 2 or more falls in 90 days (Telehealth Call)
3. Resides in the OCEMS service area.
4. Patient resides in an independent living/home environment.
5. Patient with legal capacity, health surrogate, or legal guardian agrees with MIH/CP involvement.
6. MIH/CP and patient/surrogate/guardian agree that the patient would benefit from MIH/CP involvement.

Exclusionary Criteria (ANY):

1. Patients who are deemed to be a danger to self or others.
2. Patients deemed by MIH/CP or involved care provider to not be appropriate for participation.

Program Components:

Patient Telehealth Calls and Scheduled Home Visits

Patients participating in the FIP will receive either a telehealth call or home visit conducted by specially trained Okaloosa County EMS personnel including MIH/CP paramedics. These home visits are designed to offer:

- Vital signs, and medical assessment if deemed appropriate by Medic.
- Assessment of fall issues using STEADI assessment tool
- Functional assessment
- Review of durable medical equipment currently in use
- Review of current plan of care inclusive of involved physicians, home care, and/or therapy.
- Assessment of fear of falling.
- Assistance with rug removal and furnishing/equipment placement to modify environment for safety.
- Provision of grip socks and other appropriate fall prevention tools including fall zone tool.
- Connection to physicians and care providers for follow-up medical and therapeutic care, as well as orders for identified needs for home care, therapy and/or medical equipment.
- Care Coordination aligned with involved physicians' and care providers to empower the patient to effectively navigate any medical, durable medical equipment, or home environment issues that are contributing to falls.
- Patient and caregiver education and support to enhance their role in assisting the patient in managing care needs of patient, assist with connection to resources and programs, decrease fall risk, and encourage self-care.
- Assistance in utilizing the patient's medical care network to ensure the physician/provider relationship is fully engaged.
- Identification of social, emotional, or psychological barriers to chronic disease management and assistance in addressing these barriers.
- Advocacy to ensure a care plan is fully implemented to support the patient, family, and caregivers ongoing chronic disease management needs, emotional health needs, health and wellness goals, minimize existing barriers, and enhance the patient, family, and caregiver's life quality.
- Closure through warm transition to Primary Care Physician and home care agency, if involved.
- If deemed appropriate referral to MIH/CP Paramedics for creation and facilitation of plan of care to address needs related to health issues, social determinants of health, mental and emotional health, and life quality.

SOG:

1. Review email of Fall Reports emailed at 0800 daily
2. Enter Fall Intervention patients into the Fall Intervention Program using patient types below.
3. Complete Fall Intervention Calls and complete associated documentation.

Fall Intervention Type 1: If only one fall in past 90 days, mark complete.

Fall Intervention Type 2: If 2 or more EMS calls of any type in 90 days, schedule task for call same day as entry.

Fall Intervention Type 3: If patient has more than 3 falls or EMS calls in 90 days place patient in FIP patient state and schedule for home visit.

Fall Intervention Type 4: If patient is noted to have complex comorbidities (i.e. mental health, addiction, significant disabilities/disease, or social determinant of health challenges) schedule same day task for call from MHI/CP.

4. Paramedics will attempt one home visit for FIT3 to complete fall intervention assessment and care plan.
5. Upon closure, appropriate documentation and actions will be facilitated prior to the patient being marked complete.

Patients contacted for telehealth calls will speak to a MIH paramedic who will offer:

- Assessment of fall issues using STEADI assessment tool
 - Virtual functional assessment
 - Review of durable medical equipment currently in use
 - Review of current plan of care inclusive of involved physicians, home care, and/or therapy.
 - Assessment of fear of falling.
 - Guidance regarding rug removal and furnishing/equipment placement to modify environment for safety.
 - Email of fall zone tool.
 - Connection to physicians and care providers for follow-up medical and therapeutic care, as well as orders for identified needs for home care, therapy and/or medical equipment.
 - Care Coordination aligned with involved physicians' and care providers to empower the patient to effectively navigate any medical, durable medical equipment, or home environment issues that are contributing to falls.
 - Patient and caregiver education and support to enhance their role in assisting the patient in managing care needs of patient, assist with connection to resources and programs, decrease fall risk, and encourage self-care.
 - Assistance in utilizing the patient's medical care network to ensure the physician/provider relationship is fully engaged.
 - Identification of social, emotional, or psychological barriers to chronic disease management and assistance in addressing these barriers.
 - Advocacy to ensure a care plan is fully implemented to support the patient, family, and caregivers ongoing chronic disease management needs, emotional health needs, health and wellness goals, minimize existing barriers, and enhance the patient, family, and caregiver's life quality.
 - If deemed appropriate referral to MIH/CP Paramedics for creation and facilitation of plan of care to address needs related to health issues, social determinants of health, mental and emotional health, and life quality.
- Measurable interventions for both home visits and telehealth calls will be provided as appropriate, including:

Performance Measures:

- The number of patients 911 calls for falls 90 days prior to MIH/CP fall intervention home visit and 90 days post MIH/CP fall intervention home visit.
- The number of patients 911 calls for falls 90 days prior to MIH/CP fall intervention via telehealth and 90 days post MIH/CP fall intervention via telehealth.
- The number of patients 911 calls for falls 90 days prior to declining MIH/CP intervention and 90 days post declining MIH/CP intervention.

- The number of patients 911 calls for falls 90 days prior to non-completed MIH/CP fall intervention and 90 days post missing MIH/CP intervention.

Outcome Measures:

- Did MIH/CP fall intervention lead to reduction in 911 calls related to falls for participating patients? Telehealth and home visit.
- Did refusal of MIH/CP intervention lead to increase or continued 911 calls related to falls for non-participating patients?
- Did patient participation in MIH/CP fall intervention program lead to increased patient/caregiver perception of safety? Telehealth and home visit.
- Did participation decrease patient's fall risk concerns? Telehealth and home visit.
- Did participation decrease patient's fear of falling? Telehealth and home visit.
- Did patient referral lead to connection or re-connection to a PCP? Telehealth and home visit.
- Did patient referral lead to resolution of issues related to social determinant of health? Telehealth and home visit.
- Did patient contact with MIH/CP result in patient report of a positive experience with the healthcare continuum? Telehealth and home visit.
- Did the participating patient connect to any fall related community program or support resource? Telehealth and home visit.
- Did the patient contact with the MIH/CP program result in the patient gaining access to DME? Telehealth and home visit.
- Did the participating patient experiencing falls reduce their falls after fall Intervention? Telehealth and home visit.
- Did the participating patient connect to physical therapy due to their fall intervention? Telehealth and home visit.
- Did the patient maintain any home modifications made or recommended by the MIH/CP team? Telehealth and home visit.
- Is the patient continuing to use grip socks provided by the MIH/CP Team? Home visit only.

Data Points:

- Reasons for patient decline of MIH/CP.
- Reason for patient acceptance of MIH/CP.
- Specific referral breakdown to show what referral partners patients desired/agreed to connection with.
- Patients reporting current connection to PCP.
- Patients reporting fear of falling.
- Patients reporting current connection to home health.
- Patients reporting current connection to fall related community program or support resource.
- Patients reporting current connection to physical therapy.

Home Safety

Options

Outside of house

Sidewalk and/or pathway to house is level and free from any hazards?
Add Note

- Yes
- No
- N/A

Driveway is free from debris/snow/ice?
Add Note

- Yes
- No
- N/A

Outside stairs are stable and have a sturdy handrail?
Add Note

- Yes
- No
- N/A

Porch lights are working and provide adequate lighting?
Add Note

- Yes
- No
- N/A

Living Room

Furniture is of adequate height and offers arm rests that assist in getting up and down?
Add Note

- Yes
- No
- N/A

Floor is free from clutter that would create tripping hazards?
Add Note

Yes

No

N/A

All cords are either behind furniture or secured in a manner that does not cause trip hazards?

Add Note

Yes

No

N/A

All rugs are secured to the floor with double sided tape?

Add Note

Yes

No

N/A

Lighting is adequate to light the room?

Add Note

Yes

No

N/A

All lighting has an easily accessible on/off switch?

Add Note

Yes

No

N/A

Phone is readily accessible near favorite seating areas?

Add Note

Yes

No

N/A

Emergency numbers are printed near all phones in the house?

Add Note

Yes

- No
- N/A

Kitchen

Items used most are within easy reach on low shelves?

Add Note

- Yes
- No
- N/A

Step stool is present, sturdy, and has a hand rail?

Add Note

- Yes
- No
- N/A

Floor mats are non-slip tread and secured to the floor?

Add Note

- Yes
- No
- N/A

Oven controls are within easy reach?

Add Note

- Yes
- No
- N/A

Kitchen lighting is adequate with easy to reach switches?

Add Note

- Yes
- No
- N/A

ABC fire extinguisher is located in the kitchen?

Add Note

- Yes

- No
- N/A

Stairs

Carpet is properly secured to stairs and or all wood is properly secured?
Add Note

- Yes
- No
- N/A

Handrail is present and sturdy?
Add Note

- Yes
- No
- N/A

Stairs are free from any clutter?
Add Note

- Yes
- No
- N/A

Stairway is adequately lit?
Add Note

- Yes
- No
- N/A

Bathroom

Tub and shower have a non-slip surface?
Add Note

- Yes
- No
- N/A

Tub and shower have a grab bar for stability?

Add Note

- Yes
- No
- N/A

Toilet has a raised seat?

Add Note

- Yes
- No
- N/A

Grab bar is attached near the toilet for assistance?

Add Note

- Yes
- No
- N/A

Pathway from bedroom to bathroom is free from clutter and well-lit for ease of movement in the middle of the night?

Add Note

- Yes
- No
- N/A

Bedroom

Floor is free from clutter?

Add Note

- Yes
- No
- N/A

Phone is next to the bed and within easy reach?

Add Note

- Yes
- No
- N/A

Flashlight is near the bed in case of an emergency?

Add Note

- Yes
- No
- N/A

General

There are smoke detectors in all areas of the house, each floor, and tested?

Add Note

- Yes
- No
- N/A

CO detectors on each floor of the house and tested?

Add Note

- Yes
- No
- N/A

Flashlights are handy throughout the home?

Add Note

- Yes
- No
- N/A

Resident has all medical information readily available and in an area emergency providers will easily find?

Add Note

- Yes
- No
- N/A

All heaters are away from any type of flammable material?

Add Note

- Yes
- No
- N/A

Overall Tips

Homeowner has good non-skid shoes to move around the house?

Add Note

- Yes
- No
- N/A

All assisted walking devices are readily accessible and in good conditions?

Add Note

- Yes
- No
- N/A

There is a phone near the floor for ease of reach in case of a fall?

Add Note

- Yes
- No
- N/A

All O2 tubing is less than 50 feet and is not a trip hazard?

Add Note

- Yes
- No
- N/A

Resident has had an annual hearing and vision check by a primary care provider?

Add Note

- Yes
- No
- N/A

Resident has the proper hearing and visual aids prescribed and are in good working order?

Add Note

- Yes
- No
- N/A

All medications are properly stored and labeled to avoid confusion on dosage, time to take, and avoidance of missed doses?

Add Note

- Yes
- No
- N/A

Cancel

Fall Intervention Tools

-- Select --
Previous Answers

- 08/24/2023: 2 - Yes

Have you fallen in the past year?

[Add Note](#)

-- Select --
Previous Answers

- 08/24/2023: 2 - Yes

Do you use a cane or walker to get around?

[Add Note](#)

-- Select --
Previous Answers

- 08/24/2023: 1 - Yes

Do you feel unsteady when walking?

[Add Note](#)

-- Select --
Previous Answers

- 08/24/2023: 0 - No

Do you steady yourself by holding on to furniture when walking at home?

[Add Note](#)

-- Select --
Previous Answers

- 08/24/2023: 1 - Yes

Are you worried about falling?

[Add Note](#)

-- Select --
Previous Answers

Do you use your hands to get up from a chair?

[Add Note](#)

- 08/24/2023: 1 - Yes

-- Select --
Previous Answers

Do you have trouble stepping up onto a curb?
Add Note

- 08/24/2023: 1 - Yes

-- Select --
Previous Answers

Do you often have to rush to the toilet?
Add Note

- 08/24/2023: 0 - No

-- Select --
Previous Answers

Have you lost any feeling in your feet?
Add Note

- 08/24/2023: 1 - Yes

Do you take any medication that makes you feel lightheaded or more tired than usual?
Add Note

-- Select --
Previous Answers

- 08/24/2023: 1 - Yes

Do you take medicine to help you sleep or improve your mood?
Add Note

-- Select --
Previous Answers

- 08/24/2023: 0 - No

Do you often feel sad or depressed?
Add Note

-- Select --
Previous Answers

- 08/24/2023: 1 - Yes

STEADI Assessment - Total Score:

- Tip: Scores equal to or greater than 4 indicate a fall risk.

Add Note

Previous Answers

- 08/24/2023: 11

Are there areas of your home where you feel you might fall?

Add Note

Yes

No

Do you ever feel short of breath after climbing stairs or walking a short distance?

Add Note

Yes

No

Do you have trouble with depth perception or vision?

Add Note

Yes

No

Do you drive yourself?

Add Note

Yes

No

Do you drive at night?

Add Note

Yes

No

CARES

Location of the fall:

- TIP: If Other, enter details in the question notes.

Add Note

-- Select --

Were there any environmental factors that may have contributed to the fall?

Add Note

Yes

No

N/A

Were there any behavioral factors that may have contributed to the fall?

Add Note

Yes

No

N/A

Were there any physical issues that may have contributed to the fall?

Add Note

Yes

No

N/A

Were there any neurocognitive deficits that may have contributed to the fall?

Add Note

Yes

No

N/A

Did you complete the fall intervention tool?

Add Note

Yes

No

N/A

Did you complete any environmental modifications (removal of rugs or re-organization of furniture/DME)?

Add Note

Yes

No

N/A

Did you link the patient to their PCP?

Add Note

Yes

- No
- N/A

Did you link the patient to resources?

Add Note

- Yes
- No
- N/A

Fall Interventions Initial/Follow-up:

Add Note

Scheduled PCP visit for patient

-- Select --

Cancel

Palm Beach County Fire Rescue **Fall Intervention Program**



Palm Beach County Fire Rescue is committed to supporting safe and secure communities. Falls are a common cause of injury, and can happen at any age. This Fall Zone Tool was designed to guide you on you or a loved ones fall risks, and includes simple guidance on steps you may take to ensure your safety and wellness in each zone.

Green Zone: Fall Safe

Add 1 point for every item that is true about you today. If you have score of 4, you are in the Green Zone, and you are considered Fall Safe.

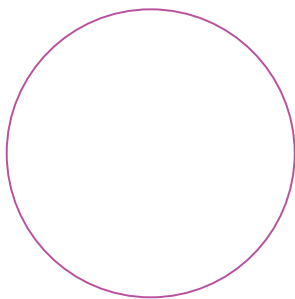
- No loss of balance-1
- No dizziness or lightheadedness-1
- No difficulty with daily movements and activities-1
- No fear of falling-1

Consider the following actions to stay Fall Safe:

- Visit your physician and eye doctor for a yearly wellness exam
- Take a Tai Chi class
- Participate in daily physical activity and exercise as recommended by your physician
- Create a safety plan for emergencies/disasters








Palm Beach County
Board of County
Commissioners



Palm Beach County
Fire Rescue

Yellow Zone: Fall Risk

Add 1 point for every item that is true about you today. If you have a score of 2 or higher, you are in the Yellow Zone, or have a Fall Risk.






-  Loss of balance, stumbling, and/or staggering-1
-  Occasional or chronic dizziness or lightheadedness-1
-  Need help with daily activities or movements-1
-  Vision issues-1
-  Have fallen without an injury-1

Consider the following actions to decrease your Fall Risk:

- Visit your physician to explore falls, request a physical therapy and occupational therapy evaluation, and discuss durable medical equipment that may increase your safety.
- Wear a fall detection or life alert device to notify 911 if you need help
- Install a key lock box or key code box at your front door for ease of EMS or caregiver entry in an emergency. Call 1-561-616-7033 for more information.
- Visit your eye doctor for an exam
- Call the Florida Elder Helpline at 1-800-96-ELDER (35337) or 211 to explore care support resources

Red Zone: Fall Alert

Add 1 point for every item that is true about you today. If you have a score of 1 or higher, you are having a Fall Alert.

-  Suddenly feeling very dizzy, faint, or lightheaded-1
-  Sudden onset of medical or psychological issues impacting daily activities and movement-1
-  Seeing double, blurred vision, or sudden onset of blindness-1
-  Fallen and cannot get up-1
-  Fall with injury-1
- This is a Fall Alert to encourage you to seek medical evaluation as soon as possible. If you are experiencing a medical emergency, or have just fallen, call 911.
- If you are experiencing a new medical issue or one that is impacting your activities and movement, call your physician for immediate assessment and guidance.



Scan
the code

- For All Emergencies Immediately Call 911
- Connect with us:
www.pbcgov.org/pbcfr