SITE B

<u>Program Name: SESHI</u>

GENERAL PROGRAM DESCRIPTION

1. How long has your program been in operation? 3.5 years including planning, 11/02 first clients
    a. How many individuals have been served from program inception? 560
    b. How many on average do you serve on a monthly basis?

2. How many Full-time Equivalents (FTEs) are allocated to the program? 3.5 staff

3. Who is served by your program? (*Check all that apply)*
    a. ☒ Elders
    b. ☒ Medicare Recipients
    c. ☒ Dually Eligible (Medicare and Medicaid)
    d. ☒ Catchment area population
    e. ☒ Other: adults 55+ income less than 25K/yr, at risk.

4. How do you target individuals eligible to receive benefits under this program? (*Check all that apply*)
    a. ☒ Self-referred
    b. ☒ Referral from MD
    c. ☒ Outreach by program staff
    d. ☒ Other: in-service presentations to area hospital discharge planners, therapists, social workers, presentation to churches, neighborhood associations

5. Is your intervention or program targeted at people with certain characteristics that deem them at "high risk" for falling? ☐No ☒ Yes
    a. If **Yes**, how do you define "high risk?" (*Check all that apply)*
        i. ☒ age; specify: over 55
        ii. ☐ gender; specify:
        iii. ☒ history of falling,
        iv. ☒ Other: see referral form q1-6
    b. If **No**, then how are program participants identified?

6. Do you use standardized tools or assessment forms in your program?
   ☐ No ☒ Yes

7. Are you able to provide us with a copy of these tools/forms? ☐ No ☒ Yes

8. Does your fall prevention program include one or more of the following Components? (*For each Component, specify whether or not it is included as part of your program's Assessment. If Yes, then tell us how it is addressed as an Intervention*).

Component	Part of Assessment	Intervention
Activities of Daily Living (ADLs)	☒ Yes ☐ No	1. ☒ Suggestions about finding help to care for yourself 2. ☒ Referral to Physician 3. ☒ Referral to Home Care Agency 4. ☒ Other: provision of assistive devices and training
Instrumental Activities of Daily Living (IADLs)	☒ Yes ☐No	1. ☒ Suggestions about finding help to do these tasks 2. ☒ Referral to Physician 3. ☒ Referral to Home Care Agency 4. ☒ Other: volunteers, assistive devices, program referrals
Cognitive Status	☒ Yes ☐No	1. ☒ Referral to Physician 2. ☐ Referral to Home Care Agency 3. ☒ Other: social work
Fear of Falling	☒ Yes ☐No	1. ☒ Referral to Physician 2. ☒ Referral to Counselor/Therapist 3. ☒Other: home modification
Medical History Review	☒ Yes ☐No	1. ☐ Referral to Physician 2. ☒Other: reviewed by therapist
Medication Review	☒ Yes ☐No	1. ☒ Referral to Physician 2. ☐ Other
Home Safety	☒ Yes ☐No	1. ☒ Suggestions 2. ☒ Doing actual modification(s) 3. ☒ Paying for actual modification(s) 4. ☒ Other: assistive devices
Exercise	☐ Yes ☐No	1. ☒ We make suggestions and encourage exercise 2. ☐ Pamphlets 3. ☐ Video Exercise Programs 4. ☐ Scheduled program in a group setting; Type: Program Duration: ; Frequency of Exercise: 5. ☐ Individualized exercise program; Type: ; Program Duration: ; Frequency of Exercise:
Balance	☒ Yes ☐No	1. ☐ We make suggestions and encourage balance-related exercises 2. Type of training: 3. Program Duration:

Gait	☒ Yes ☐No	1. ☒ We make suggestion and encourage gait-related exercises 2. ☒ Training in proper use of ambulatory aides 3. ☒ Other: refer to PT for specific exercise

9. Do you send a report of your findings and recommendations after you visit the program participant? ☐ No ☒ Yes

a. If **Yes**, to whom are findings and recommendations reported? (*Check all that apply).*
   - i. ☒ Program participant
   - ii. ☒ Participant's Primary Care Physician (PCP)
   - iii. ☒ Participant's next of kin
   - iv. ☐ Other:

10. Who is involved in the program, either for Assessment or Intervention? (*Check all that apply).*
    - a. ☒ Administrative Staff
    - b. ☒ Nurse
    - c. ☒ Social Worker
    - d. ☒ Physical therapist
    - e. ☐ Medical Doctor
    - f. ☐ Emergency Response Unit (EMTs)
    - g. ☐ Fire Department
    - h. ☒ Volunteers
    - i. ☒ Other: building contractors city and non-profit programs

OPERATIONAL ISSUES

1. Do you provide educational materials to the program participant? ☐ No ☒ Yes
   - a. If **Yes**, what do you provide? brochures, handouts, packet

2. Do you supply any sort of "gift" or kit with information, supplies or equipment as part of the program? ☐ No ☒ Yes
   - a. If **Yes**, what do you provide? replace batteries in smoke detectors, fire extinguishers, long handled shoehorn and jar gripper prior to assessment and any devices recommended during assessment

3. If you discover that the program participant could benefit from equipment that might be covered by Medicare or Medicaid, how is this handled? referral is made to DME profider for Medicare so PT will evaluate and train

4. Do you run into any language barriers with the program participants you serve?
   ☐ No ☒ Yes
   - a. If **Yes**, how is it handled? translators-etiher family/friend of client or community service

5. In an operational sense, what do you view as the biggest challenge with implementing your program? Funding

6. What feedback do you get from the program participants you serve? We are making tremendous impact on health and quality of life

7. What feedback do you get from the people actually performing the intervention or pieces of the intervention? Very rewarding to be a part of the process

FUNDING REQUIREMENTS

1. How is your program currently funded? grants

2. Have you applied for and/or received any additional funding? ☐ No ☒ Yes
    a. If **Yes**, from which types of organization(s)?
        i. ☒ Governmental agency or body
        ii. ☐ Private institution
        iii. ☒ Private donations
        iv. ☐ Other:

3. Does the program pay for the cost associated with implementing the interventions or recommendations (e.g. home modifications, pill boxes, exercise programs, etc)? ☐ No ☒ Yes
    a. If **Yes**, what is paid for under the program? Up to $500 per client
    b. What is the average cost of a typical intervention? $425

4. Does the program participant pay for any part of the intervention?
☒ No ☐ Yes
    a. If **Yes, w**hat does the program participant pay for?
    b. What is the typical out of pocket cost?

5. If you took the total costs associated with the program, including the assessment and intervention costs, what would you say the annual per participant costs would be?
$864, overhead and services and equipment

6. How does this cost breakdown by each component of the intervention?
    a. Internal program staff cost: $ see attached budget
    b. Field staff cost: $
    c. Printed Materials and Mailing: $
    d. Home Modifications: $
    e. Exercise Program: $
    f. Other: cost: $

OUTCOMES MEASUREMENT

1. Do you follow up with the program participants? ☐ No ☒ Yes
   a. If **Yes**, how often? 90 days, 180 days (every 90 days)
   b. What method(s) do you use to follow up? phone survey
   c. What do you find when you follow up?

2. Are you measuring program participants' compliance with the recommendations put forth? ☐ No ☒ Yes
   a. If **Yes**, how do you measure this? they are asked during f/u calls
   b. What do you find? general compliance

3. Do you track program outcomes? ☐ No ☒ Yes
   a. If **Yes**, what specifically do you track? (*Check all that apply)*
      i. ☒ Changes in number of falls
      ii. ☒ Changes in number of repeat falls
      iii. ☐ Changes in number of injurious falls
      iv. ☐ Change in fear of falling
      v. ☒ Change in Emergency Room visits
      vi. ☐ Change in use of outpatient services (Doctor's visits, physical therapy, etc)
      vii. ☒ Change in use of inpatient services
      viii. ☐ Change in Medications
      ix. ☐ Participation in an Exercise program
      x. ☒ Other: self care (ADL/IADL) level of function

4. Do you track the program's impact on dollars spent by either the program participant or other funding source like Medicare or Medicaid? ☒ No ☐ Yes

5. Do you have a way of measuring whether the investment in the program is justified by the benefits it yields the program participants? ☐ No ☒ Yes
   If **Yes**, what have you found? falling has decreased

GENERAL OBSERVATIONS

1. What do you view as the single most important element of <u>your</u> program? Case management supervised by an OT and SW working together-implementing directly their recommendations

2. If you could add one element/component to the program to make it more effective, what would it be? On staff OTA to train on the equipment, do rehab 1-2 visists to retrain

3. What is the single most important element to assuring programmatic success?
   on-going case management and tracking

4. What is the single most important barrier to success? Isolationism by clients refusing service

5. Do you have any thing else you would like to share with us?

SUGGESTIONS FOR KEY COMPONENTS

If you were designing a new Fall Prevention program from “scratch” what would it look like?

1. Referrals from any source
2. OT and SW assessments
3. Funding and supervision of recommendation implementation
4. Follow-up