

HSD LUNCH & LEARN: FOCUS ON FALLS PREVENTION
September 22, 2022 (MS Teams event)

TRANSCRIPTION

0:0:0.0 --> 0:0:0.310

Stewart, Irene

OK.

0:0:1.10 --> 0:0:2.120

Stewart, Irene

Recording has begun.

0:0:5.660 --> 0:0:11.570

Bailey, Michael

Alrighty, we'll give it one more minute and we'll start at the top of the hour here.

0:0:21.980 --> 0:0:22.440

OLeary, Mary

He was like.

0:0:26.700 --> 0:0:42.230

Bailey, Michael

All right. Well, good afternoon and happy pre Friday. Welcome, welcome. Welcome to the first HSD lunch and learn of the 2022-2023 season. My name is Michael Bailey, and I have the pleasure of.

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Stewart, Irene

Michael, you went on mute. You have a had the pleasure of.

0:0:52.770 --> 0:0:53.310

Bailey, Michael

Ooh.

0:0:54.190 --> 0:0:55.720

Bailey, Michael

Ah, thank you.

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Bailey, Michael

My name is Michael Bailey and I have the pleasure of serving as the deputy director here at the Seattle Human Services Department. I am extremely excited to help kick off today's event and I look forward to the other events that we're gonna be having throughout the year at a high level, these events provide ample opportunity to one highlight issues that are important to the people that we serve and collaborate with too, provide valuable information to our attendees that could be used to benefit you, your friends, your family, and our communities.

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Bacon, Caroline
Because.

0:1:27.740 --> 0:1:58.0

Bailey, Michael

And three, to showcase some of the amazing work that team HSD is doing to advance our one Seattle mission and how we're collaborating with our community partners to sustain and scale our impact. If you're here at Team HSD, I hope you notice my offer in the meeting, invite the HSD division with the best attendance today, we'll receive Donuts, Donuts delivered by the executive team here at HSD are phenomenal manual who works with our.

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Bailey, Michael

Legislative and External affairs team will be reviewing the attendance log and will help to identify the winning division and once that winner is identified, we'll notify the department just for bragging rights and we'll collaborate with the appropriate division director on where and when to deliver the Donuts. And while this is an internal HSD event, we recognize that we have some of our city partners attending today. That being said, I want to recognize the attendance of some of our aging and disability partners.

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Bailey, Michael

Mainly Seattle fire, EMS and King County elder abuse coalition. Thank you for your partnership. Now I've set the tone for today. I want to introduce Mary Pat and to keep things fun, I want to provide a few fun facts about Mary. Many of you know, Mary and I just want to add that in addition to serving as a division planner, Mary is also a registered nurse. Mary Pat hails from the great state of North Dakota.

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Bailey, Michael

Which I hear is the best of the Dakotas, but I'll let Mary weigh in on that. And Mary has supported ADS for over 26 years. So basically, Mary is a true public servant. And I personally feel blessed to have the opportunity to work with her. Mary Pat will share her expertise and falls prevention, and she's gonna introduce some amazing guests. So together, they're going to tell you a little bit about how people can avoid broken bones.

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Bailey, Michael

Uh, traumatic experiences and potentially worse conditions as well. So Mary Pat, I've taken up more than enough time. I am have highly caffeinated, so I'm excited to hear what you and other folks have to say. Mary Pat, the floor is yours.

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OLeary, Mary

Thank you, Michael. I am pleased to talk about fall prevention, which is very near and dear to my heart. And yes, North Dakota is the better of the Dakotas. And I will say that I am a fall injury survivor having sustained a brain injury in 2016. Falls are near and dear to my heart and I've been involved at the

Washington state level, the county level and also locally with our King County Fall Coalition. I am so thrilled and pleased today.

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OLeary, Mary

To be joined by two experts in their respective fields. First, we're gonna hear from Kelly Murden. She is an award-winning, nationally recognized physical therapist who received the physical therapist of the Year award by the states chapter of the Washington State Physical Therapist in 2019. She is passionate, energetic, and a true advocate for geriatric physical therapy. Kelly, the virtual stage is yours.

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OLeary, Mary

You're on mute, Kelly.

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Murdin, Jessica

That's a bad. OK, how about now? Yeah, OK, take 2. Alright. Well, thank you very much, Mary Pat. I'm very honored to be here. I wanna thank the Seattle Human Service Department for having me for inviting me here. This is such an important topic. I'm so grateful to have an audience to share about it because falls are a big deal and something that we all need to be considerate of, especially in the work that we all do. I don't have much time and I have a lot I wanna cover and I really.

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Murdin, Jessica

The purpose of my presentation is to give you a ton of resources, so I'm not gonna go through every slide word by word so that you understand it. I hope that you have access to this information and can come back to it later to really dig in. So forgive me for not going through each slide, but I wanted to make sure you had this resources at your fingertips. OK, so let's jump in. Falls are not just an old age issue, right? So that's my first thought is that I think that's a pre misconception often is that.

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Murdin, Jessica

No, I'll deal with that when I get older. Well, I think all of us need to be mindful of the things that I'm about to cover because there's a lot of risk factors that are all present for us or maybe our loved ones or the people that you work for. And having an awareness of what risk factors are for falls, no matter where you are on the spectrum of age is really important. So I think you would be a better service to your people you care for and be better prepared for yourself by understanding some of these things. OK, next slide.

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Murdin, Jessica

So just to kind of bring that home, here's some examples of people that had some falls that maybe you're familiar with. How about Ann B Davis? She fell in the bathtub, sustained a coma and passed away. So she died from a fall. And then Dave Friedman, he wrote that 100 things to do before you die. He fell at home, hit his head and passed away from that injury. And Eddie Arnold, he had a broken hip. So he was in a skilled nursing facility. And at that facility, he had a fall and passed away.

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Murdin, Jessica

So again, the point of this slide is just as a reminder, it's not just older adults who are at risk of falls and the injuries and death sustained from those. So that's the point. I just want to reiterate that a little bit just to kind of get your attention that we all need to understand these factors to apply to ourselves. OK, next slide.

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Murdin, Jessica

Fall risk. I think the reason we're here, I think it's pretty exciting that it's fall national fall and Injury Prevention week. That's what's bringing us here today and we're all here to kind of learn and do our part to reduce falls and they're devastating impact, so.

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Murdin, Jessica

I'm not gonna read all these slides, but I just the biggest thing you're gonna take home is falls are the leading cause of injury related ER visits in our with for our older adults and they can be more dangerous than we think. So let's talk a little bit more deeply into that. OK, next slide. So starting with King County. So this is data that the Department of Health put out. So this slide is talking about the leading injury related deaths by mechanism. So people who died from a fall.

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Murdin, Jessica

Where did that fall happen, or how did that? I'm sorry, injury happen falls covered 44% of all the injury related deaths, that's almost half. So that's a big percentage. So this is a big deal. This is something that really impacts a lot of people. OK, next slide.

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Murdin, Jessica

The next slide you're going to see what I want you to take away from this. Just lean back. That's a positive trend. It's getting worse. That's that's the big point here. This is 20 years of data that you see in front of you, that line and it continuing to go up. So the number of fall related deaths among King County residents 60 and older continues to get worse. And it's gotten worse by 7% in just one year from 20 to 2021. And I don't think Kobe's gonna make this line improve. So it's a.

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Murdin, Jessica

The trend, it's a it's getting worse and we also know that our population numbers are also increasing so that the number of people is gonna also increase. So that's why we're here. That's why we all want to improve our skills in this area. Next slide.

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Murdin, Jessica

The this next slide is telling you this take away is where do these falls happen? These fall related deaths. Most of them are at home and I think there's a lot of people as they get older, they tighten to pull in their activity. Well, it just won't go to that place. And that place has gravel or there's a stairs there. So I'm just going to stay home. Well, this slide I think speaks to the fact that's not helpful actually. Instead,

what we need to have people understand is there's a multidimensional factor to fall risk. Like, what puts you at risk for a fall is complicated.

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Murdin, Jessica

So let's dig into those areas instead of limiting your activity to home, because that's where most of them actually do occur. So that's the point of this slide on the next slide just speaks to a little bit about King County residents with dementia or Alzheimer's.

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Murdin, Jessica

There we go. Umm account for 24% of fall related hospitalizations. So as a smaller part of our older adult population, they make up a quarter of those hospitalizations. So a significant number. So just remember that cognitive impairment does also impact your increased risk of falling. So I know that we have a dementia action collaborative in the area that is well aware of these risk factors. So just wanted to highlight that as well for you if you're working with someone who has a cognitive impairment.

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Murdin, Jessica

That of itself also does increase their risk of falls.

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Murdin, Jessica

Next slide.

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Murdin, Jessica

Point of this slide is hospital discharge location. So I had a fall. I had to go to the hospital and after I leave, where do I go from there and what you see on the red box is that 45% of these people were discharged to a long term care facility. There we go and what that means is almost half of the people who went to the hospital because of a fall go to some kind of a nursing home. That's a devastating life changing event for them.

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Murdin, Jessica

So again, just recognizing the impacts of of falls and and their significance. And if you look along the the green and yellow bars for our black, the people, non Hispanic, Native Hawaiian Pacific Islanders, those numbers increase. So very impactful especially and if you go down the socioeconomic time frame that is going to be even more impactful to their life because they don't have the resources to cover a lot of this long term care facilities.

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Murdin, Jessica

OK. Next slide is just a bunch of fall facts. There's a lot of information on this slide. I don't need to read it all to you again. I, I want you to take this and dig in later, but the take away is falls are common and falls are costly. They're costly, both financially and otherwise. The impact they have on people's lives. And

again, these trends are continuing and to continuing to get worse. So that's why we're here is to what can we do in gain our own skill in supporting.

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Murdin, Jessica

Fall prevention.

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Murdin, Jessica

The next slide talks about just let's define a fall. What? What do we mean by fall? Because I think that there's some differences in how my mom wants to define a fall and how I want to define a fall. So landing on the ground or some lower surface when you didn't intend to be there. That's the definition of a fall. And this does include slips and trips, mom.

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Murdin, Jessica

And accidents like if you got hit by a scooter or a shopping cart from someone else, those aren't considered a fall.

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Murdin, Jessica

And you don't exactly have to land on the ground to be considered as fall. So if you go to stand up from a chair, you lose your balance and you fall back into the chair. That is considered a fall. So.

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Murdin, Jessica

I was surprised when I first read this because I don't think my mother would consider all of those things that on this slide a fall. So again, just keeping that in perspective.

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Murdin, Jessica

Umm for to make sure that we're all coming from the same place. OK, next slide.

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Murdin, Jessica

Umm so yes, so the next factors that we're going to talk about is let's move a little bit more into risk factors for falls. So I've talked about how the nitty gritty, the doom and gloom of fall. So what can we do about it? So let's learn about some risk factors. So next slide.

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Murdin, Jessica

Falling and fears of falling is not a normal part of aging. I think that's a really important thing to understand. I think there's there's some. Well, I'm 83. What else do you expect and like? Well, I would expect that you have the muscle strength and the balance stability to not fall. That is not an accepted normal process. So I think again that's a common misconception that instead we need to dig into what is it that for you specifically that is causing you to have an increased risk. So next slide.

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Murdin, Jessica

Shows us a lot of these different what are the fall risk factors and what what you see is that research shows us that it's really a combined effect kind of this interaction of these different areas that is increases your risk of fall. So not all of us have all of these fall risk items, but we all have our own and I think there's also interplay like taking medic, multiple medications might cause increased dizziness or muscle weakness may be related to my difficulty with balance so.

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Murdin, Jessica

There's interactions between the two, which makes it understandable that fall risk or fall prevention has to be multidimensional, and it has to be able to be more nimble because it has to be specific to the person. And I think that's what makes it more tricky. So in the next slide.

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Murdin, Jessica

Another way of kind of breaking out these risk factors is there's physical risk factors. So that's the changes in your body that increase your risk for a fall, like if you're inactive and you sit, your legs will get weak and that'll put you in an increased risk or behavioral factors are things that we can either do or we don't do that increase your risk of fall. So that could be climbing the ladder at 82 to clean the gutters. Maybe not the best idea. Environmental things are on my porch to my the front of my house has no railing.

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Murdin, Jessica

At all, or tubs that are deep and don't have grab bars. Those are environmental factors, so kind of thinking about how do we group these things might help us understand or really dig into what applies to you or your people that you care for. So the next slide just kind of digs in a little bit more to that physical risk factors. Of course as a PT, this is where I spend most of my time. But you know we all have different types of physical risk factors. So we can control and some we can't. So our challenge today is to improve those factors that we can change.

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Murdin, Jessica

We can become more physically active, we can improve our home environment, we can have it evaluated, get your vision checked, check your medications. All of those things would impact your risk, your fall risk. You can deal with the fear of falling through education. We have some evidence based programs I think of matter of balance, kind of educate you about what is true fall prevention improve with exercise. There's lots of things we can do. So just wanted to give you a little bit more on.

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Murdin, Jessica

The physical part and the next slide we have Yip. No, we'll we'll talk to you later. She's a pharmacist and she's the expert. But I medications is one of the fall risk areas. But I will let her give you a lot more specific information at the end of this presentation. But in general, just know one of the key areas of is just multiple medications. And here are some ideas about ways that you could reduce some of these key areas for medication mismanagement that increases.

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Murdin, Jessica

Fall risk, but I'll let Yip give you even more detail later. Another area of fall risk. Next slide is hearing. Did you know that people with mild hearing loss are three times more likely to fall? I thought that was pretty interesting. That's a pretty significant three times the likelihood that's a significant amount. So when was the last time you had your ears checked? I can't remember what last time I had my hearing checked. So thinking about my mom or people in your life that you might want to ask that question because I don't think it's as common as.

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Murdin, Jessica

My dental appointment or my annual exam with my physician. I think the hearing isn't quite as frequent, so something to consider. Remember that that is a risk. Next slide tells us that vision and is a fall risk. I think it's really important to have an eye exam after the age of 50 every year. So if you do have visual problems from diabetes, glaucoma, macular degeneration or other eye problems, you really, really should see your doctor more than once a year. When we first start wearing.

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Murdin, Jessica

I focals or trifocals or those progressive lenses. It really takes some time on how you learn to kind of navigate your world, and particularly true when you're going up and down steps or curbs. You might wanna hold on to someone or a handrail. You may need to choose to use a ramp instead, but these are things I just think us as care providers or family members being aware of and talking about with people I think is a really important area to kind of tease out when we're talking about fall.

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Murdin, Jessica

Prevention the next slide.

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Murdin, Jessica

Tells you about blood pressure, another common area, and so the first question is, how do you have your blood pressure checked regularly and you should talk to your doctor about how often should I be checking my own blood pressure. I think one of the more significant areas is when you get dizzy, when you stand up, that hypothesize orthostatic hypotension. And I think that's a common problem. And also, when you have blood pressure, blood pressure medications, very common. When you change the dosage of those things.

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Murdin, Jessica

When your body's still adapting to those changes that can affect your sense of dizziness. When you change positions, so moving slowly as you transition between a seated and the standing position counting to three before you start moving, things like that are some good tips, and I have on here the link to this brochure. CDC has wonderful fall prevention brochures. Here's the link to this one that's specific to postural hypotension.

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Murdin, Jessica

Next slide some more fall risk areas are chronic conditions, so diabetes, arthritis, stroke. You know these chronic conditions impact falls in different ways. Diabetes maybe alters the sensation in your foot. Arthritis could cause you to walk with maybe a more stooped posture because you're painful. Stroke increases weakness on one side that may affect your ability to catch yourself on that side. So all these areas have their different ways of impacting your fall. So being aware that you should kind of go through this checklist with people and.

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Murdin, Jessica

Remember that? Discuss that. What area? How does that particularly impact that person?

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Murdin, Jessica

Next slide, one more area is in environmental recommendation. So that home situation, how's your lighting? How are your throw rugs, you know a lot of these areas. Again the CDC has a great.

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Murdin, Jessica

This check for safety brochure that the link is on here and well the links are also aggregated at the end of this presentation for you to find them a little bit more easily, but this you can have someone OT or PT come assess someone's home to kind of do a safety check assessment. Yip has a really nice checklist at the end of her presentation. Also as doing some environmental assessments but that's another area that should be considered OK next slide.

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Murdin, Jessica

Moving into the now what, so we've talked about risk factors. So let's move into prevention. So next slide. The first question is, are our falls preventable? Can what can we do about them? And I think the fact that you hear someone she fell that can have a huge impact on us. So what can we do about it? And I think yes, the answer is yes, they are preventable. So let's talk about how next slide here we see the steady the study is from the CDC and it has a toolkit that's created by the American geriatric and British Geriatric size society.

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Murdin, Jessica

This is their clinical process on how they identify fall risk. So screen assess, intervene kind of three general areas to screen. We're gonna ask questions. There's some brochures for how many falls have you had? I think there's three main questions about do you feel unsteady? Have you fallen? And do you worry about falls and then to assess, OK from there.

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Murdin, Jessica

What? What? What areas do we need to dig deeper into? And then what are we gonna do about it for intervene if we go to the next slide? All this is is just more detail. This is available to you, you can go and download this for free. It just tells you really specifically when we talk about screen, what are they

talking about and these are the experts from across the world giving you guidance on how do I look into fall risk for my patient or my client or my family member. So I just want you to have these tools.

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Murdin, Jessica

How to screen, how to assess how to intervene? That's what that slide is for. And then the next slide again, just giving you more resources like what if I know somebody who has some poor balance or that has maybe some depth perception problems? What are some things I can do about it? That's what this slide is trying to help you with and the next slide.

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Murdin, Jessica

I just want you to know that the steady toolkit from the CDC has wonderful brochures that dig deeper into this, that you can print for free. I gave you the link there, so I just wanted you to have access to some of these resources if you wanted to educate someone about them or learn for yourself.

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Murdin, Jessica

OK. The next slide is just kind of a summary slide of what can you do to prevent falls and if we had to wrap it all into four key things, this is what the CDC would recommend exercise pharmacist vision and get your home and make sure your home is safe. So those are kind of the four key areas that we need to make sure that we address if we are thinking to improve the fall risk for someone.

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Murdin, Jessica

And again, the links to those is is on that slide for you and that's just a nice summary of the key. That's not all of them, but those are kind of the four key ones, OK.

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Murdin, Jessica

Shifted into evidence based programs. Next slide.

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Murdin, Jessica

OK, so this is kind of my meat and potatoes. This is where I live and I know I'm moving fast. I hope we have time for questions at the end, but I'm just trying to give you as much information as we can in our brief time together. So let's talk about the evidence based fall prevention program. So next slide here is just.

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Murdin, Jessica

Kind of a list of what I felt like was the most common ones in in Washington state, and these are ones that the CDC has kind of given that stamp of approval that these programs have been shown through research through a pretty rigorous process to be deemed fall prevention intervention programs by the CDC. So matter of balance, enhanced fitness, Otago to IG Kwan and sail, those are kind of I think they're all available in Washington state and they have been proven.

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Murdin, Jessica

To reduce falls, so I wanna make sure you know that those are kind of a good, good starting point and there's many more on the list from CDC. But I felt like these were a good starting point for us here at Washington State. The next slide just wants to give you, OK. So if I want to go to some of those evidence based programs, how do I find them? Well, community living connections is a great place to start. Your healthcare provider, ask your primary care doctor. Senior centers often have wonderful programs. YMCA, I think of silver sneakers.

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Murdin, Jessica

It's commonly at YMCA online. Is it oodles of of videos available? We're gonna watch a video in a moment about Otago. And that came from YouTube. It's a free video as well. The PBS has that wonderful sit and fit that's been around for a long time. But it's a great program. And one of the handouts that are available for you is the King County Fall prevention resource. That one is just local to King County. What are some of these fall prevention resources? So that's an handout available that the King County Fall Coalition put together.

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Murdin, Jessica

A couple years ago as a resource. So I want you to know where to go next and this is more from a bigger picture. Nationally, if you wanted more information about evidence based resources, this is from a national level. So this is kind of pulling back a little bit. Did I say Vince, next slide, sorry.

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Murdin, Jessica

This one. This is the national level. So if you wanted to to look at some maybe some of that weren't available in Washington state, where could you find those? That's what this slide is for?

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Murdin, Jessica

OK, next slide. Now where you get to move into Otago and Otago is the evidence based program that I have most experience with and it is itself an evidence based. I just said that fall prevention program that came out of New Zealand. So in the next slide what Otago is is 17 exercises and it has we have four categories. We have a warmup, we have five strengthening exercises and 12 balance exercises and there's also a walking program.

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Murdin, Jessica

And the red boxes identify for you kind of what? The secret sauce. I think of Otago. What makes it unique and effective. And Otago, you have weights and those weights. You make them progressively heavier. I think that's a key part of why the strengthening program works. There's most of the exercises are done in standing. All but one. I think that's an important factor and the balance exercise is also a progress. So I have both hands. I go to one hand and then I go to no hands.

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Murdin, Jessica

Progressive nature, I think, is also kind of part of what makes Otago so effective. OK, now, Irene, if we could just go through these next slides pretty quickly, there's pictures of this is the warm up. We're gonna watch a video of this. So we don't really need to dig in too much in these pictures. But I just wanted you to have access to them. These are the three strengthening exercises that have the weights. The next slide shows you other strengthening exercises just using body weight and next slide shows me that here's the progressive nature of a ballot. See, he's got two hands then she in the middle has one and the woman on the far right.

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Murdin, Jessica

Has no hands, so that's a progressive balance exercise. Next slide.

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Murdin, Jessica

Here is just supported and unsupported heel toe walking, so walking heel to toe standing on one leg, just the progressive nature of this program. Next slide.

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Murdin, Jessica

And we have some squats and backward walking. Next slide and walking sideways, walking and turning around. The dynamic nature is great and next slide.

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Murdin, Jessica

Stairs like we just said that. Yep. Keep going. Got a couple more slides. There we go. Now, let's watch it. I think this is a better way to kind of see it. This is Tiffany Schubert. She's been a huge advocate and disseminator of this program. This video is about four minutes long, but I think you walk away understanding a lot more about Otago. OK.

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Stewart, Irene

The Otago exercise program is an evidence based fall prevention program that was developed and tested at the University of Otago in New Zealand. That's where it gets its name from.

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Stewart, Irene

Researchers found that when adults.

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Stewart, Irene

Over the age of 65, did this prescribed set of exercises three times a week that they fell 35% less than others that were receiving a placebo treatment?

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Stewart, Irene

These exercises when you do them can really protect you against a fall by improving your leg strength and improving your balance.

0:28:52.790 --> 0:29:8.860

Stewart, Irene

Before you start this program today, you should know that your participation is purely voluntary and you need to monitor yourself. If an exercise doesn't feel good or is painful, you really shouldn't do it and you should check with your healthcare provider before starting.

0:29:9.810 --> 0:29:22.140

Stewart, Irene

The way we set up our program is that you will do a progression. You will do one session of the program for approximately 2 weeks or until you feel that the exercises have become easy.

0:29:23.20 --> 0:29:40.70

Stewart, Irene

Once the exercises are easy, we'll make it more challenging by adding in more repetitions of the exercise or by making it more challenging for your balance by asking you to either not hold on, not use your hands at all, or other types of challenges.

0:29:40.940 --> 0:29:51.90

Stewart, Irene

This really should be a fun program for you to do and you will see that as you do the program that your legs get stronger and your balance improves.

0:29:52.510 --> 0:29:57.440

Stewart, Irene

Ideally you wanna do the program three times a week for about 30 minutes.

0:29:58.500 --> 0:30:8.650

Stewart, Irene

On days when you're not doing the exercise program, you should strongly consider incorporating a walking program in also three times a week, working up to about 30 minutes.

0:30:9.500 --> 0:30:10.630

Stewart, Irene

If you do this.

0:30:11.310 --> 0:30:31.380

Stewart, Irene

Strength training three times a week, walking three times a week, you will actually achieve the optimal dose of exercise to protect yourself against a fall, and you'll also be achieving the recommended dose of exercise by the American College of Sports Medicine for older adults, we strongly recommend.

0:30:32.650 --> 0:30:33.960

Stewart, Irene

Is the set of ankle weights.

0:30:35.70 --> 0:31:3.150

Stewart, Irene

So these are for three of the exercises. These are really, really important. If you feel that you're not quite

strong enough yet to put on ankle weights and use them, I would challenge you to try ankle weights. No matter much, no matter what, even if it's just one pound or a half a pound. This extra weight, this extra resistance will really give you the greatest benefit when you're working on improving your strength and improving your balance.

0:31:5.420 --> 0:31:20.830

Murdin, Jessica

OK, so now she's gonna show you some of these. So the just the video can continue to play, but I just wanted to speak over it just again, these are the exercises you're gonna see. She's gonna go through some of these. We'll see the warm up and some balance exercises and some walking.

0:31:36.440 --> 0:31:43.490

Murdin, Jessica

Yeah, looks like it's going. So, yeah, just showing you that these are the three groups that we're about to see. The font is very fuzzy.

0:31:44.880 --> 0:31:45.530

Murdin, Jessica

She's coming.

0:31:47.290 --> 0:31:49.80

Murdin, Jessica

There we go. OK, so this is the warm up.

0:31:49.500 --> 0:31:52.300

Murdin, Jessica

Umm, just it's a pretty basic.

0:31:53.100 --> 0:31:57.530

Murdin, Jessica

Ooh, there's the neck trunk rotation. Still part of the warm up standing up.

0:31:59.270 --> 0:32:2.820

Murdin, Jessica

Now this is the goes into the strengthening part. The only one that seeded.

0:32:5.470 --> 0:32:6.340

Murdin, Jessica

Standing.

0:32:7.10 --> 0:32:9.580

Murdin, Jessica

Still have to wait on third one that has the weights on.

0:32:12.530 --> 0:32:13.740

Murdin, Jessica

Just use body weight.

0:32:16.150 --> 0:32:18.200

Murdin, Jessica

And they just target the key muscles for.

0:32:18.990 --> 0:32:23.420

Murdin, Jessica

Lower extremities for fall prevention. Squats standing up.

0:32:25.420 --> 0:32:26.990

Murdin, Jessica

And she's doing it the hardest way.

0:32:28.270 --> 0:32:29.530

Murdin, Jessica

Tandem stance walk.

0:32:32.600 --> 0:32:35.630

Murdin, Jessica

Standing on one leg, a key thing that we don't practice enough.

0:32:37.560 --> 0:32:43.80

Murdin, Jessica

Walking heel to toe something most people try to avoid, but it's actually something a great skill to have.

0:32:43.790 --> 0:32:45.470

Murdin, Jessica

This is the Figure 8 walking.

0:32:46.220 --> 0:32:50.830

Murdin, Jessica

That oftentimes we might need to do next to a wall so they would have something to hold on to initially.

0:32:51.760 --> 0:32:54.520

Murdin, Jessica

Or do it with their Walker. That would be acceptable to start.

0:32:55.250 --> 0:32:58.790

Murdin, Jessica

What we're trying to progress it away backwards walking tandem.

0:33:0.200 --> 0:33:6.710

Murdin, Jessica

Again, something that that I think a lot of older adults would avoid doing, but it's a good challenge for them to they can do it safely.

0:33:10.670 --> 0:33:14.220

Murdin, Jessica

Great. That's the end of the video. You can go on to the next slide.

0:33:15.620 --> 0:33:17.90

Murdin, Jessica

So I just wanted to kind of.

0:33:16.150 --> 0:33:18.220

Stewart, Irene

The Otago exercise program is.

0:33:20.70 --> 0:33:43.980

Murdin, Jessica

Give you that taste. I think some of us have never seen Otago, so hopefully now you have a better understanding of what it is. And here's some free resources that you can access the video we just watched is the 2nd bullet there. So and to get trained in Otago, there's one that course is there that just to know that it was created for physical therapists. So it speaks to physical therapist so next slide.

0:33:48.550 --> 0:34:19.180

Murdin, Jessica

What I have done is taken Otago where Otago has been a physical therapist, has working with the patient and I prescribed these certain exercises for the patient to do at home and then they discharge from therapy and they do it on their own. That's kind of been the traditional model. And what I found in the last six years doing this is that that's not enough. one-on-one isn't enough. We need to reach a wider swath of people. So I what I do is I train people at a Senior Center or assisted living in this exercise program and I oversee it.

0:34:19.410 --> 0:34:49.300

Murdin, Jessica

As a physical therapist, so if you go to the next slide, this is kind of walks you through. So I come in and I train on the exercises and how to do the study, how to do those assessments. We do pre and post test testing for our each of the individuals I make modifications. That's where I feel like my role is is what do we need to tweak based on that fall risk. They participate in the exercise group for about 8 weeks, twice a week. I'm overseeing it and then I come back and we all do the post test results.

0:34:49.420 --> 0:34:59.860

Murdin, Jessica

And this has been a great format. It's worked really well in Snow Valley and we're expanding this year to do this further. So hopefully you'll be able to see more Otago groups in your area.

0:35:1.180 --> 0:35:2.290

Murdin, Jessica

And next slide.

0:35:3.970 --> 0:35:12.360

Murdin, Jessica

Yes, just that yeah, it was successful and based on that, we're doing more. So this is what our flyer was for Snow Valley when we did this last year, so.

0:35:12.660 --> 0:35:17.340

Murdin, Jessica

Umm, that is all I have. Thank you so much for the opportunity to speak to you.

0:35:21.580 --> 0:35:52.450

OLeary, Mary

Thank you, Kelly. That was amazing. And as you all can see how exciting and dynamic, Kelly is awesome, awesome, awesome. And now I'm pleased to introduce you to Yip, No pharmacy resident from Kelly Ross Pharmacy and a strong advocate for medication safety. She has a pharmacist with our senior drug education program. She graduated from University of Washington with a pharmacy degree with the client certificate and geriatric. She's amazing.

0:35:52.570 --> 0:35:58.790

OLeary, Mary

And also we are so welcome to have you here. Yep. Please take it away to the virtual stage.

0:35:59.530 --> 0:36:3.560

Diep Ngo

Thank you so much Mary Pat, for those wonderful introductions, so.

0:36:4.270 --> 0:36:33.820

Diep Ngo

For this next portion, I'll be going into some medications and how they're related to falls and then some ways that we can address those as well. So start with this slide. I have a few objectives really to describe the medication related risk factors or false and then review prevention strategies for patients and then identify some helpful resources that you can provide to patients as well. So then on the next slide, we'll jump right into some of those medications that are associated with falls and really falls can occur with anyone just like Italian mentioned before.

0:36:34.230 --> 0:36:40.610

Diep Ngo

See anyone can be affected by fault and anyone can be on medications and therefore can also be impacted by fault.

0:36:41.380 --> 0:37:11.510

Diep Ngo

And often times when we think of falls, we think of older adults, in part because they may be more prone to side effects due to decreased clearance of the medications or more likely just generally also more likely to be on multiple medications. So the first one I have are allergy medications. These are antihistamines, and some of these can cause some of that drowsiness, especially with those first generations like Benadryl. Anybody that's ever taken Benadryl knows that it makes you sleepy, and then the next day, some.

0:37:11.710 --> 0:37:14.420

Diep Ngo

Oftentimes, people still feel sleepy afterwards.

0:37:15.140 --> 0:37:17.820

Diep Ngo

So that's one thing to note that can increase the persons.

0:37:19.120 --> 0:37:45.630

Diep Ngo

Risk for falls as well. Additionally, these antihistamines that some of them have those anticholinergic effects, including the Benadryl, so it can cause inability or blurred vision, so not being able to see as well. So the pupils become more dilated and the eyes fail to completely adapt, so that results in that blurry vision. Additionally, these anticholinergic side effects include having some urinary retention and that can also impact falls as well.

0:37:46.740 --> 0:37:57.890

Diep Ngo

So I have here on the slide there are three images. These are all over the counter products that we commonly see and these all have antihistamines. That's the component that helps people fall asleep.

0:37:59.180 --> 0:38:23.140

Diep Ngo

And the thing about this is that what I really wanted to address is that these are over the counter products that anybody can have in their homes. So it's really important to not just think about the the prescription products, but also the over the counter products, especially ones that have multiple medications in them. So really turning that package around and looking at the ingredients list and really comparing them.

0:38:23.920 --> 0:38:28.320

Diep Ngo

It can be difficult for many people as well, so really talking to a pharmacist can help with that.

0:38:29.700 --> 0:38:47.440

Diep Ngo

Some other medications that I have associated with falls include sleep medications, anxiety medications, depression medications, and then opioids and muscle relaxants. And this is because these medications can cause sedation, dizziness, or impaired motor function. So all of these can help to contribute to falls.

0:38:48.480 --> 0:38:52.20

Diep Ngo

So on the next slide, I have a few more medications.

0:38:54.820 --> 0:39:26.460

Diep Ngo

That can contribute to falls, so this includes diuretics, so these increase urination. That means more additional trips to the restroom and then coupled with urgency or any tripping hazards. This can lead to falls as well. And then I will also have antihypertensives or medications for blood pressure. So if we if we shoot too much so the blood pressure medication may be works too well, then we can have too low

of blood pressure and that can cause people to feel dizzy. Additionally, these can also cause what Kelly had mentioned the orthostatic hypotension.

0:39:27.720 --> 0:39:58.110

Diep Ngo

And we also have diabetes medications, which can cause too low blood sugars, and that can contribute to falls as well. And then I ointments well, why is this on here? Well, essentially they can also cause blurred vision just like the urinary retention medications. They can cause blurred vision and that may contribute to a fall. These are only a few of the medications that can cause or can contribute to falls. There are many more and there are also medications that can cause a fall to be more impactful, such as blood thinners, which can increase the risk of a serious bleed.

0:39:58.380 --> 0:40:14.560

Diep Ngo

Especially with a fall or medications like proton pump and or inhibitors or emmerthal like which is also called Prilosec and these can decrease bone mineral density. So when a person does fall they may be at higher risk of a fracture and therefore the impact of a fall can be higher.

0:40:15.750 --> 0:40:16.250

Diep Ngo

Next slide.

0:40:17.870 --> 0:40:38.40

Diep Ngo

And there are some other medication related risk factors. So have the first one is multiple pharmacies and providers because with having multiple pharmacies and providers, there may be gaps in communication. This can lead to some of the other medication related risk factors including having multiple medications or medications that interact with each other.

0:40:39.530 --> 0:40:58.770

Diep Ngo

For the multiple medications I included having over the counter products that we previously mentioned prescription products, but also supplements supplements is something that we like to specifically ask for ask about because there can be those side effects as well as drug interactions with other products as well.

0:41:0.100 --> 0:41:1.740

Diep Ngo

Also duplicate medications.

0:41:2.400 --> 0:41:32.970

Diep Ngo

As you all can think, you may have additive side effects. So thinking about those as well and then taking medications differently than prescribed. So I wrote this specifically this way because having too many medications, especially or too high of a dose, especially of the medications that we spoke about previously, can increase the risk of falls. But you can also imagine that someone who is not having

enough other medication may not be adequately treating their condition. So especially in the case of pain.

0:41:33.160 --> 0:41:36.390

Diep Ngo

If they're still having pain, that can also result in false as well.

0:41:37.360 --> 0:41:46.700

Diep Ngo

And then the last one I have is not understanding the medications and this can really contribute to not knowing what side effects to watch out for or taking it differently than prescribed.

0:41:50.220 --> 0:41:51.730

Diep Ngo

Umm. And then next one.

0:41:53.810 --> 0:42:23.680

Diep Ngo

What patients continue to reduce their fall risk includes revealing their medications with the provider or pharmacist to really tease out what types of side effects they may have, or if there's any drug interactions, and then address those as well. Another thing is to stay hydrated because dehydration can also result in false, so staying hydrated to prevent that and then reporting problems. So if they're having side effects or if they're noticing things that are changing that, or they're worried about potential fall risk, making sure that they're.

0:42:23.770 --> 0:42:35.830

Diep Ngo

Delaying that to someone and expressing that so they can have help and then also keep moving so many of the things that Kelly had mentioned earlier about exercise and so forth and then checking vision and feet.

0:42:36.960 --> 0:42:41.150

Diep Ngo

And really, the feet one is really important because making sure that people have.

0:42:42.470 --> 0:42:54.240

Diep Ngo

Footwear that is not only comfortable but appropriate for for regular walking as well, and then making the home safer and we'll get into a little about about these environmental factors later on as well.

0:42:55.130 --> 0:42:59.460

Diep Ngo

And then also learning how to fall safely and what to do if they have fallen. Next slide.

0:43:2.330 --> 0:43:29.920

Diep Ngo

And then this next slide goes over what pharmacists can do for patients. So we can help to organize their medications to make it easier for them to remember, to take them, and then to make sure that

they don't take too much or too little their medications at a specific given time, and then also explaining the use and possible side effects of medicines and monitoring their blood pressure. This is something that Kelly had mentioned earlier, but pharmacists are able to monitor blood pressure and relate that to the patient as well.

0:43:30.710 --> 0:43:34.200

Diep Ngo

And then screen patients now talk about this in a little bit as well.

0:43:34.810 --> 0:43:51.500

Diep Ngo

But reviewing their medications and identifying interactions, there's a large portion of it and also taking all of that information and coordinating their care with their provider. So if there are any interactions that they have identified and that's something that we can reach out to the provider to address as well.

0:43:52.640 --> 0:43:53.120

Diep Ngo

Netflix.

0:43:54.430 --> 0:44:0.10

Diep Ngo

So what can you do for patients? And this is where that screening comes into play and it's this is where that study.

0:44:1.110 --> 0:44:24.860

Diep Ngo

Those study questions come into play as well, so you can ask them. Have you fallen in the last year? Do you feel unsteady on your feet, and are you worried about following? These are very simple. Just these three questions. You can ask it, and if they said yes to any of these questions, then recommend them to speak to their support system and provider to make sure that we're addressing some of those issues and can reassess why they feel that way.

0:44:25.830 --> 0:44:32.730

Diep Ngo

And then the last thing is providing resources and tools to patients so they can reduce their own risk. So next slide.

0:44:35.530 --> 0:44:42.360

Diep Ngo

So what exactly are those tools and resources? So the first one I have is the CDC study initiative and this is.

0:44:43.470 --> 0:45:6.970

Diep Ngo

One another, one that Kelly had one into depth about, but I have it listed there. The next one is that and I need calls and falls prevention as well. The next two are generally geared towards older adults, so the National Council on Aging and then the King County Fall Prevention Coalition, that one I like in particular because the IT is very specific to the area.

0:45:7.860 --> 0:45:38.530

Diep Ngo

And there's some nice handouts on there as well. And then the the DH, older adults falls. The last one I have is a no fault at all. Hand out that Kelly Roth had made. And so it includes a home safety checklist which will go into in the next slide. But the front of it, you can see on the right side as if you statistics on there it asks those three questions and then also has those things that patients can really do. So once again reviewing your medications, keep moving making the home safer.

0:45:38.600 --> 0:45:41.50

Diep Ngo

Speaking up and the checking, vision and feet as well.

0:45:41.980 --> 0:45:42.570

Diep Ngo

The next flight.

0:45:46.690 --> 0:45:47.180

Diep Ngo

Uh.

0:45:49.500 --> 0:46:5.390

Diep Ngo

So this is the backside of that. So that's the home safety checklist. What I like about this is that it really focuses on modifying the environmental risk factors that were previously mentioned. And these are categorized into components of the home that these motivations modifications can occur.

0:46:6.610 --> 0:46:33.620

Diep Ngo

As pharmacists, we are heavily focused on medications, but we also want to make sure that when we are assessing a patient, it's not just about the medication. There are so many factors outside of medications that need to be addressed as well. And we don't want to have medications cover up a problem that already exists. So making sure that we look into other things like these environmental factors as well as a key part of what we'd like to do.

0:46:34.690 --> 0:47:5.720

Diep Ngo

So for this fall prevention checklist, we have lighting for making sure there's adequate lighting and having such as having Night Lights throughout the House, especially in walkways from the bed to the bathroom. This is really important if they're on medications that can increase your nation. So like diuretics for instance, and then keeping good lighting all over the house and making sure those lights are accessible. The next component is their cases and hallways, so making sure there's handrails on both sides of the staircase so that they feel steady when they're going up.

0:47:5.840 --> 0:47:7.230

Diep Ngo

And feel balanced as well.

0:47:8.310 --> 0:47:26.500

Diep Ngo

The next part is bathrooms and toilets, so installing those grab bars, bathrooms in general are slippery and specially the tub, and so making sure there's things to grab onto so that they feel steady within the bathroom, especially transitioning from the bathtub to the rest of the bathroom as well.

0:47:27.660 --> 0:47:57.510

Diep Ngo

The next portion is floor, so removing mats and throw rugs, these are all tripping hazards and then removing furniture objects that obstruct walkways, so making sure there's open walkways for for people as well. And then also securing any electrical cords, other things. The most important one or as well some of the most important ones include non slip shoes indoors and then keeping an updated list of medications as well and then phones within reach in case someone does fall.

0:47:57.850 --> 0:47:59.280

Diep Ngo

That they can call for help.

0:48:0.480 --> 0:48:24.30

Diep Ngo

And these are some of the fall prevention things that people can do, but really these resources are not just for your clients, not just for your patients, but really something that you can share with anybody. The wording here may be a little bit more geared towards older adults, but definitely these are all things that people can do to help to prevent falls for themselves as well. So next slide.

0:48:27.680 --> 0:48:31.320

Diep Ngo

Umm. So then the next portion will hop into questions.

0:48:32.760 --> 0:49:3.350

OLeary, Mary

Thank you. Yep, I am so grateful for your expertise. It just amazing. And as as you can see, not only is Kelly passionate. Yep, is also so passionate and has just done an incredible job with our senior drug education program. And again applause to you dip as well as Kelly. We do have time for questions and we have one question that says does Prilosec contribute to falls and I believe you did mention that.

0:49:3.710 --> 0:49:5.830

OLeary, Mary

So Yep, could you answer that please?

0:49:6.330 --> 0:49:29.700

Diep Ngo

Yeah, of course. So there are medications that can contribute to lower bone density. And so while it doesn't cause someone to fall necessarily or contribute directly, what it can do is that if someone does fall, their bones may not be as strong, meaning they may have or are more likely to have a fracture. And this is really with higher doses and with long term therapy.

0:49:33.180 --> 0:49:33.870

OLEary, Mary

Thank you.

0:49:35.40 --> 0:49:48.840

OLEary, Mary

So we do have time for questions. If you want to raise your hand or you can type your question in the chat if there's any questions for either Kelly or gift would be happy to take some questions.

0:49:51.280 --> 0:50:24.730

OLEary, Mary

And I will do a little plug while we're waiting for you to synthesize your your brain cells for questions that we are piloting a capable program that involves a nurse, an occupational therapist and a handy worker. And we are selecting certain teams in the Seattle Office and in the Renton office. And this is a evidence based program that addresses safe aging in place, including issues related to falls minor home modifications to help in older adult live more safely.

0:50:25.170 --> 0:50:44.400

OLEary, Mary

And the nurse works on issues as like unstable diagnosis. Diabetes falls the medications. So we are piloting that and I am just really gonna be pleased to be able to print out the success of that after we get more clients.

0:50:46.340 --> 0:50:59.160

OLEary, Mary

Michael says how can we connect the Community to this amazing information? Thank you, Michael, for that question. So there's various ways as you heard, there is a King County Fall coalition and we have a lot of information.

0:51:0.540 --> 0:51:28.730

OLEary, Mary

That we share with community living connections. We also have on our aging King County website a falls prevention self management plan. We also have one that's in low literacy, so it talks about like the red flags of falls. So they when you're doing everything right, getting your exercise, taking your medications, that's a resource we also have on our aging King County website and we have information in the chat.

0:51:29.310 --> 0:51:33.620

OLEary, Mary

We have a whole section on healthy aging and that talks about falls.

0:51:37.280 --> 0:51:55.630

Murdin, Jessica

Mary Pike, could you just the how did the did does everyone know how to access the information from this presentation? Like do they know how to get their links? I I saw someone asking for an e-mail for all the links and I think I remember Irene telling me that you need to go to the certain website to get all the handouts for this event. Can we just?

0:51:56.490 --> 0:51:59.610

Murdin, Jessica

How? How does that work for them to access the handouts and they put this?

0:52:1.80 --> 0:52:1.350

Stewart, Irene

I'm.

0:52:0.310 --> 0:52:2.480

O'Leary, Mary

Irene, would you answer that for us, please?

0:52:2.420 --> 0:52:9.420

Stewart, Irene

Sure. I will follow up with an e-mail to everyone who was not only who attended, but everyone who is invited.

0:52:11.680 --> 0:52:33.510

Stewart, Irene

There are some people on this call who are don't necessarily show up on my invitation list, and that's great. I'm glad you're here. If you are not part of the Human Services Department, I wouldn't mind if you would put into the chat your e-mail address so that I could be sure to capture because everyone in the Human Services Department was invited.

0:52:35.30 --> 0:52:35.740

Stewart, Irene

And others.

0:52:37.640 --> 0:52:38.290

Stewart, Irene

Thank you, Emily.

0:52:38.90 --> 0:52:42.860

Murdin, Jessica

I did see Alan Abe asked a question. Shocking.

0:52:43.380 --> 0:52:48.610

Murdin, Jessica

And about how what do you have to do to be trained as an Otago?

0:52:49.360 --> 0:53:19.270

Murdin, Jessica

To to teach Atago and you just have to be trained in Otago and how you get your training. There's I mentioned the the one training that's really good for physical therapists. The training that I provide is training for anotado. So as if I've trained you and not just me. If you have been trained in Otago, that is, that's all. That's all the requirements there are. So it really it can be anyone one of the people who teaches it in Snow Valley was a graduate of the program. She is a member of the Senior Center and now she teaches it.

0:53:19.470 --> 0:53:29.300

Murdin, Jessica

And that's kind of my role is to make sure that they're competent in that. So it could be a wide range and you don't have to be a physical therapist by any stretch. Thanks, Alan.

0:53:30.490 --> 0:54:1.840

OLeary, Mary

Thank you, Ellen. We we have a question about what can the city do to really support this work? And also this was from age friendly and I think the issue is is we had mentioned in our Washington state meeting about falls and injury violence prevention, there are individuals who feel that the person should not stay in their own home, particularly if they've had falls. They're like they just have to move because the fire departments are getting calls and they're saying, hey.

0:54:1.930 --> 0:54:32.50

OLeary, Mary

You know, you gotta do something with this person that keep falling. We as a Community need to be able to look at all of the different elements of evidence based programs to see what the person needs. Perhaps it is having an A toggle program in home. Perhaps it's a physical therapist in their home. Perhaps it's participating in a sit and be fit class. But I really do think that there are limited adult family home beds, nursing home beds, assisted living beds. We need to be able to.

0:54:32.260 --> 0:54:48.390

OLeary, Mary

Provide as much support as safe aging in place as possible. Ellen shared Seattle Fire Health One is a fall prevention program in collaboration with rebuilding together, and these are for folks who frequently call 911 for a fall incident.

0:54:52.460 --> 0:54:54.250

OLeary, Mary

Other questions? Comments.

0:54:56.380 --> 0:55:2.190

OLeary, Mary

And Karen Winston, did you mention Kelly were in the community? The Atago classes are offered.

0:55:3.70 --> 0:55:18.40

Murdin, Jessica

Yes. Well, UM, the Snow Valley Senior Center is the one that's up and running right now. We have. We are working on. We got a grant to do a class at North Shore Senior Center and we're gonna try. There's a couple assisted livings right near North Shore that we're going to try to branch out to.

0:55:19.100 --> 0:55:42.700

Murdin, Jessica

So those are the three places that we have on the docket. We're trying to get some down South in the Milton area as well, but we don't quite have that solid yet. So this is our second year of doing this as a group. So it's fairly new and the one that I know that is running is Snow Valley Senior Center starting I believe in the next month or so the second round of the classes.

0:55:44.170 --> 0:55:45.560

OLeary, Mary

Thank you. Thank you, Kelly.

0:55:44.640 --> 0:55:46.950

Murdin, Jessica

I would also say the Otago network.

0:55:47.990 --> 0:56:6.260

Murdin, Jessica

Ohh I don't have a link for that. There's an Otago network, the Department of Health has a network of like what therapists are trained in Otago in your area. If you wanted to therapist that is familiar with the toggle and could prescribe it to someone as a physical therapy exercise program. The Department of Health has that. I can try to find the link.

0:56:7.960 --> 0:56:39.630

OLeary, Mary

Thank you, Kelly and my colleagues at Karen Winston, Allison Bowl and Fong, when all participate in the Dementia Action Collaborative and different subgroups. And I will tell you that a key component is any sort of exercise program or evidence based program that can actually help with cognition. And there has been research on a toggle that as Kelly had mentioned about the repetition that people can be improving with their.

0:56:39.870 --> 0:57:10.0

OLeary, Mary

Cognition, with participation in a toggle. So because I kind of am A linking pin with DAC as well as falls and brain health, I really like to see that connection that not only is it, you know, promoting reduced risk for falls, but it also is helping brain health. Yes, Sue, I definitely think connecting Yep. And Kelly to the community living connections regional network would be great. We need to get this information out there.

0:57:10.80 --> 0:57:25.930

OLeary, Mary

Wide and large folks truly and honestly, we can make a difference as a community, as a Human Services Department family if we can help people feel like falls, you know, are not.

0:57:26.980 --> 0:57:35.940

OLeary, Mary

You know, and inevitable part of aging, but that there are things you can do if you fall. There are things that you can do to prevent major injury.

0:57:36.760 --> 0:58:8.160

OLeary, Mary

And yes, Mary, thank you. I also really appreciated Kelly mentioning the definition of a false. Oftentimes people think you have to go splat on the sidewalk or land on the carpet. And then they say they fell and that doesn't have to be. It could be you're getting up from a couch and you lose your balance when you

fall back. Another thing I think about older adults and even friends of mine that are in their mid 50s or whatever and they'll say I really hate it when the doctor asks me if I fall. It makes me feel old.

0:58:8.340 --> 0:58:38.430

OLEary, Mary

And I said, you know, using the motivational interviewing I said, hey, might you consider instead of thinking you're making me feel old to say, hey, doctor, so and so or nurse practitioner so and so. I really appreciate the fact that you're thinking about me that you're worried about my whole health. And thank you for asking me about falls. No, I haven't had a fall. But thank you. And also, as Kelly can tell you from the physical therapist, it makes a big difference depending upon how you fail.

0:58:38.550 --> 0:58:57.720

OLEary, Mary

Where are you? Fell the time of the day and also for persons having more difficulty getting up from a chair. Maybe their arms are weak and they do need those strengthening exercises of the lower. I mean of the upper extremities. Or it could be their legs are weak. And so once they get up, their legs aren't strong enough to hold their weight. So.

0:58:59.110 --> 0:58:59.900

OLEary, Mary

Anyway.

0:59:1.780 --> 0:59:5.940

OLEary, Mary

Other comments we got about two more minutes.

0:59:6.940 --> 0:59:7.310

OLEary, Mary

Uh.

0:59:6.530 --> 0:59:22.370

Mitchell, Mary

I just saw that Monique posted a question. If a person has medication with one or more doctor or different pharmacies. Do you know if there is a service or an app that a person can sign up for that can link all of the meds for?

0:59:22.910 --> 0:59:24.70

Mitchell, Mary

Upper for the person.

0:59:25.390 --> 0:59:49.420

Diep Ngo

The unfortunately with the all of the different electronic medical records, they don't all connect unfortunately. So really making sure that the patient has a list of their own medications or if they can convince it to a provider within the same system where those medication records are all linked to each other, or having one pharmacy that sometimes they want might have.

0:59:50.640 --> 1:0:20.270

Diep Ngo

A link to the electronic medical record of the of specific institution or health system as well. So unfortunately there's not just that one space. However, what I would say is that one of the things that a pharmacist can do is what we call a comprehensive medication review and that includes going through with the patient that the medication list and going through one by one as well as like how the patient has been taking it, going through how it was.

1:0:20.400 --> 1:0:25.350

Diep Ngo

Subscribed and then having those interventions and coordinating that with the provider as well.

1:0:26.550 --> 1:0:31.990

Diep Ngo

But to my knowledge there isn't that one app where every single provider has access to it.

1:0:33.280 --> 1:0:40.970

Diep Ngo

It's a really focusing. That's why we want to have focus on having providers within the system or a limiting it to just one pharmacy.

1:0:43.780 --> 1:1:14.990

OLeary, Mary

Well, thank you everyone. We've come to the end of our hour. Karen, I see you had a question about ankle weight, so I will follow up with you after the presentation. I do see that question. I just really wanna thank all of you. I hope you've learned at least something today that you can share with others in the Community, at least one other person. And again, I wanna extend a deep appreciation to and Kelly for their time, their valuable information. I just really appreciate each and every single one of you that's.

1:1:15.60 --> 1:1:35.380

OLeary, Mary

On this presentation today for your dedication to the health and safety of the people in the Seattle area and the King County region, I look forward to continuing to work collaboratively with all of you as we work together to build a strong false coalition in our Community. Again, my deep appreciation and thank you so much.

1:1:36.980 --> 1:1:37.510

Murdin, Jessica

Thank you.

1:1:44.590 --> 1:1:46.570

Stewart, Irene

Michael, did you have any final words?

1:1:56.990 --> 1:1:57.460

Murdin, Jessica

Oh yeah.

1:1:57.520 --> 1:1:57.930

Stewart, Irene

Like.

1:2:0.690 --> 1:2:6.640

Stewart, Irene

So thank you all. Thank you, Mary pat. And and thank you.

1:2:6.720 --> 1:2:7.110

Stewart, Irene

Umm.

1:2:8.350 --> 1:2:37.200

Stewart, Irene

Deep and Kelly, this this was fabulous. This had so much information packed into an hour. I loved it and really appreciate your time. I appreciate your knowledge, your talent and everything that you've done to share it with us and with others throughout the region. So, Diana, there are no Maple bars in Donuts. So I am about to stop the recording. And if you want to stay on to talk some more, that's fine. But I.

1:2:37.300 --> 1:2:40.70

Stewart, Irene

I'm calling this to a close. Thank you very much.

1:2:40.300 --> 1:2:41.110

Murdin, Jessica

Thank you so much.