 <p>Date:</p>	<p align="center">CE/CME Evaluation & Credit Claim Form</p> <p>TITLE OF ACTIVITY: Update on Fall Prevention</p>	<p>Enduring Credits: 1.00</p> <p><input checked="" type="checkbox"/> Direct Sponsored <input type="checkbox"/> Jointly Sponsored</p>
<p>Please Check One: <input type="checkbox"/> St. Vincent's Birmingham <input type="checkbox"/> St. Vincent's Blount <input type="checkbox"/> St. Vincent's Chilton <input type="checkbox"/> St. Vincent's East <input type="checkbox"/> St. Vincent's St. Clair <input type="checkbox"/> St. Vincent's One Nineteen</p> <p><input type="checkbox"/> External Meeting</p>		
<p align="center">St. Vincent's Health System is committed to excellence in continuing education and your opinions are critical to us in this effort. Please note: a CME/CE certificate is issued only upon receipt of this <u>completed</u> evaluation form. PLEASE PRINT</p>		
<p>Legal Name:</p>		<p>Email Address: <i>(This is where your CE/CME certificate and or transcript will be sent)</i></p>
<p>Identify which continuing education hours apply to you:</p>	<p><input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> PA <input type="checkbox"/> NP <input type="checkbox"/> RN <input type="checkbox"/> PharmD <input type="checkbox"/> RPh <input type="checkbox"/> Tech <input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> Social Worker <input type="checkbox"/> Student <input type="checkbox"/> Other</p>	<p>Ministry and Facility:</p> <hr/> <p>Pharmacists please enter your NABP # & DOB</p>
<p>Comments on this Enduring Material:</p> 		

Method of Participation - To receive a maximum of *1.0 Credit(s)* you should:

- View the materials in this enduring material.
- Complete the posttest (you must answer 4 out of 5 questions correctly).
- Complete and submit the CME/CE registration and evaluation forms.

The estimated time to complete this activity, including review of the materials, is 1.0 hour(s).

Statement of Evaluation Instrument: The activity post- test and evaluation instrument are required for credit. Learners must earn a 75% correct rate on the post-test to receive credit.

1. Falls are the leading cause of TBI.
 - a. True
 - b. False

2. What percentage of hip fractures from falls die within a year of injury?
 - a. 10%
 - b. 20%
 - c. 30%
 - d. 40%

3. The average hospital cost for fall injury is:
 - a. \$20,000
 - b. \$30,000
 - c. \$40,000
 - d. \$50,000

4. Which of the following is not a long-term effect of fall injuries?
 - a. Disability
 - b. Dependence of others
 - c. Lost time from work
 - d. Loss of appetite
 - e. Reduced quality of life

 5. List 2 of the most common risk factors for falls.
-

Please scan back for credit to: lisa.davis2@ascension.org

Phone: (205) 838-3225 Fax: (205) 838-3518

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Attendance Roster

“Update on Fall Prevention”

Instructor:

Cynthia J. Brown, MD, MSPH

Credits: 1.00

- Direct Sponsored
- Jointly Sponsored

Date:

- Inter-professional
- Single Discipline

Please Check One:

- St. Vincent's Birmingham
- St. Vincent's Blount
- St. Vincent's Chilton
- St. Vincent's East
- St. Vincent's St. Clair
- St. Vincent's One Nineteen
- External
- Other:

Name (Please Print)	Hospital/Ministry/ Business	(Pharmacy) DOB & NABP #	Check That Apply
			<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> NP <input type="checkbox"/> PA <input type="checkbox"/> RN <input type="checkbox"/> Pharmacist <input type="checkbox"/> RPh <input type="checkbox"/> Pharmacy Tech <input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> Social Worker <input type="checkbox"/> Student <input type="checkbox"/> Other
			<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> NP <input type="checkbox"/> PA <input type="checkbox"/> RN <input type="checkbox"/> Pharmacist <input type="checkbox"/> RPh <input type="checkbox"/> Pharmacy Tech <input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> Social Worker <input type="checkbox"/> Student <input type="checkbox"/> Other
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Physicians: St. Vincent's Health System is accredited by the Medical Association of the State of Alabama to provide continuing medical education for physicians. Designation Statement: The St. Vincent's Health System designates this live activity for a maximum of see above *AMA PRA Category 1.00 Credit(s)*[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity.



Nurse: Ascension Health is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation. Provider Number: P0340. This activity is approved for 1.0 Contact Hours continuing education.

Pharmacists: The St. Vincent's Health System is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education. Completion of this knowledge-based activity provides for 1.0 contact hour (0.1 CEU) of continuing pharmacy education credit.

Faculty/Course Director/Planners: STVHS has selected all faculty participating in this activity. It is the policy of STVHS that all CME/CE planning committees, faculty, authors, editors, and staff disclose relationships with commercial interests upon nomination or invitation of participation. Disclosure documents are reviewed for potential conflicts of interest and if relevant, they are resolved prior to confirmation of participation. Only those participants who have no conflict of interest or who agreed to an identified resolution process prior to their participation were involved in this activity.

Please scan back for credit to: lisa.davis2@ascension.org (Info must be completely filled out for credit)

Fax: (205) 838-3518

 		CE/CME Evaluation & Credit Claim Form Course: "Update on Fall Prevention" Instructor: Cynthia J. Brown, MD, MSPH Professor of Medicine, Geriatrics, UAB		Credits: 1.00 <input checked="" type="checkbox"/> Direct Sponsored <input type="checkbox"/> Jointly Sponsored	
Date: <input checked="" type="checkbox"/> Inter-professional <input type="checkbox"/> Single Discipline					
Please Check One: <input checked="" type="checkbox"/> St. Vincent's Birmingham <input type="checkbox"/> St. Vincent's Blount <input checked="" type="checkbox"/> St. Vincent's Chilton <input checked="" type="checkbox"/> St. Vincent's East <input checked="" type="checkbox"/> St. Vincent's St. Clair <input type="checkbox"/> St. Vincent's One Nineteen <input type="checkbox"/> External Meeting					
St. Vincent's Health System is committed to excellence in continuing education and your opinions are critical to us in this effort. Please note: a CME/CE transcript is issued only upon receipt of this <u>completed</u> evaluation form. PLEASE PRINT					
Legal Name:		Email Address: <i>(This is where your CE/CME certificate and or transcript will be sent)</i>			
Identify which continuing education hours apply to you:	<input type="checkbox"/> MD	<input type="checkbox"/> DO	<input type="checkbox"/> Student/Resident	Ministry and Facility:	
	<input type="checkbox"/> NP	<input type="checkbox"/> PA	<input type="checkbox"/> PT <input type="checkbox"/> OT		
	<input type="checkbox"/> CRNA	<input type="checkbox"/> RN	<input type="checkbox"/> Social Worker	PHARMACY ONLY	
	<input type="checkbox"/> PharmD	<input type="checkbox"/> RPh	<input type="checkbox"/> Other	NABP # and DOB	
	<input type="checkbox"/> Pharmacy Tech				
The learning objectives for this activity were: At the end of this interdisciplinary activity participants will be able to: <ul style="list-style-type: none"> • Apply new fall prevention guidelines to older adult population • Describe recent changes in fall prevention strategies 					
Did the speaker(s) meet each of the objectives? <input type="checkbox"/> Yes <input type="checkbox"/> No Comment: _____					
What change(s) do you plan to make in your practice and/or department as a result of this CE/CME activity?					
<input type="radio"/>	Review how to screen patients for fall risk, assess modifiable risk factors and recommended effective strategies for reducing fall risk				
<input type="radio"/>	Describe how clinicians can reduce fall related hospital readmissions by conducting fall prevention strategies at the point of hospital discharge and the critical elements needed to sustain these efforts				
<input type="radio"/>	Implement evidence-based interventions for the management and prevention of falls				
What new team strategies will you employ as a result of this activity?					
<input type="radio"/>	Increase awareness and knowledge of fall risk and protective factors related to recent changes				
<input type="radio"/>	Educate patient and family on risk factors using the new fall prevention guidelines				
<input type="radio"/>	Identify common medications causing falls				
<input type="radio"/>	Improve communication with the inter-disciplinary team to identify opportunities for fall preventions				
<input type="radio"/>	This activity will not change my practice, because my current practice is consistent with what was taught				
How will your role in the collaborative team change as a result of this activity					
<input type="checkbox"/> Knowledge management <input type="checkbox"/> Improve healthcare processes and outcomes <input type="checkbox"/> Effective communication skills <input type="checkbox"/> Patient outcomes					
Did the information presented reinforce and/or improve your current skills? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Do you perceive any barriers in applying these changes?	<input type="checkbox"/> Organizational or institutional barriers		<input type="checkbox"/> Reimbursement		
	<input type="checkbox"/> Cost		<input type="checkbox"/> Administrative Support		
	<input type="checkbox"/> Patient adherence		<input type="checkbox"/> Reimbursement/Insurance		
	<input type="checkbox"/> Professional consensus or guidelines		<input type="checkbox"/> Inadequate time to assess or counsel patients		
	<input type="checkbox"/> Lack of resources		<input type="checkbox"/> No barriers		
	<input type="checkbox"/> Experience		<input type="checkbox"/> Other: _____		

FOR CME/CE CREDIT – BOTH SIDES OF THE EVALUATION ARE REQUIRED TO BE FILLED OUT COMPLETELY

Did you perceive commercial bias or any commercial promotional products displayed or distributed. No Yes
(If yes please Comment)

What I learned in this activity has increased my confidence in improving patient outcome results. Yes No

What other CE/CME topic(s) would you like to attend?

Speaker(s) Session

Speakers knowledge of Subject
Matter

Excellent Good
 Average Poor

Quality of Presentation &
Handouts

Excellent Good
 Average Poor

Overall Activity

Excellent Good
 Average Poor

Comments on activity:

Did the speaker(s) provide an opportunity for questions and discussion? Yes No (If no please comment)

Were there problems-in-practice related to this topic that were not addressed at this CE/CME activity that you felt should have been? Yes No

I will apply the knowledge and/or skills gained during this activity in my work: Yes No

This activity created an atmosphere that fostered adequate discussion time in which input and feedback was welcome:
 Strongly Agree Agree Neutral Disagree Other:

PHARMACISTS & PHARMACY TECHNICIANS CREDIT ONLY (must fill out these two questions to receive credit)

List at least two measures that can prevent falls in a hospital setting:

Identify common medications causing falls:

REQUEST FOR CREDIT - If you wish to receive credit for this activity, please return this completed form

By checking the box, I certify the above is true and correct.

Signature:

Thank you for participating and we appreciate your candid feedback to improve your experience at future activities.
To receive credit all questions must be completed on the evaluation

Please scan back for credit to: lisa.davis2@ascension.org

(205) 838-3518 FAX