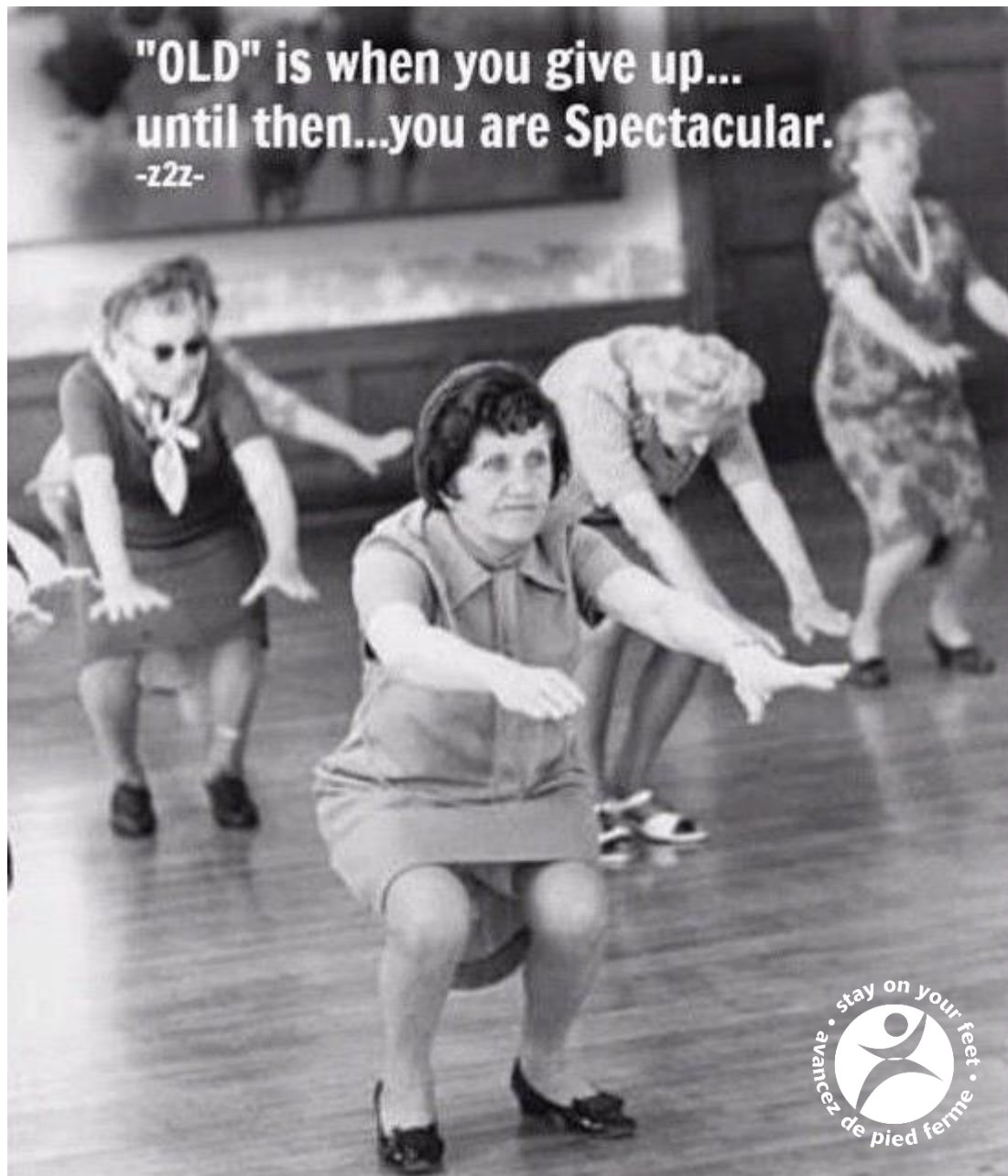


**"OLD" is when you give up...
until then...you are Spectacular.**

-122-





Falls Prevention in Primary Care: Assessment to Intervention

Introduction

Jon Brunetti: Executive Director, Espanola Family Health Team

Wendy Carew: Regional Coordinator, Stay on Your Feet, NE LHIN, 705-840-1610

Lorna Desmarais: Public Health Promoter, Timiskaming Health Unit

Meghan Peters: Quality Improvement Decision Support Specialists for 9 Family Health Teams

Working Together



Temagami

Family Health Team



East End

Family Health Team



Great Northern

Family Health Team



City of Lakes | Ville de lacs

Family Health Team
Équipe de santé familiale



Services de santé du

TIMISKAMING
Health Unit



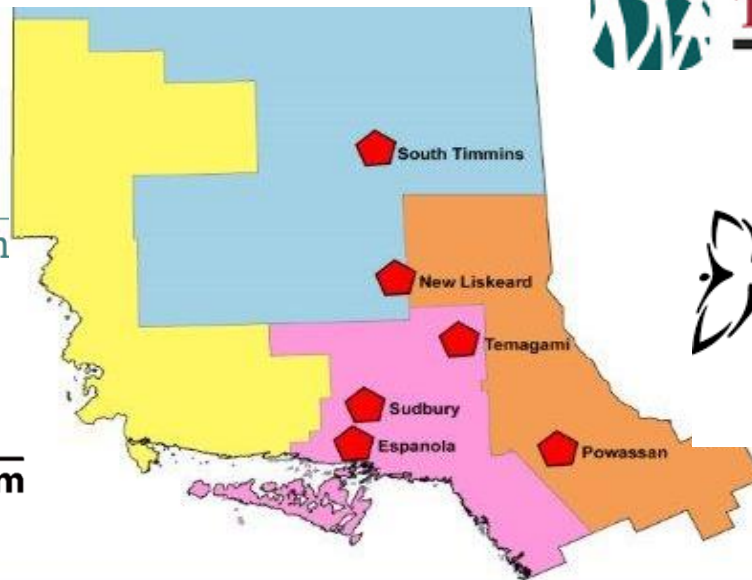
Powassan & Area

Family Health Team



Espanola & Area

Family Health Team



Ontario

North East Local Health
Integration Network



Bright Lights Award 2016

Collaboration Across Interprofessional Teams to Foster Improvement

Espanola & Area Family Health Team; Powassan & Area Family Health Team; City of Lakes Family Health Team; Great Northern Family Health Team; East End Family Health Team



A dirt road winding through a forest. The road is light-colored and leads into the distance, flanked by tall, thin trees and dense brush. The sky is overcast and grey. The overall mood is quiet and contemplative.

**I can do things you cannot, you
can do things I cannot; together
we can do great things.**

Mother Teresa

Objective

1.) To describe:

- how the NE LHIN, primary care providers and public health units work together to implement a standard older adult falls risk screen and assessment process and;
- how older adults are supported to improve their balance, strength and flexibility through a range of physical activity opportunities.

2) To demonstrate:

- how to optimize the tools within the EMR to efficiently streamline patient screening, assessment and referral.

Background

1 in 3 people age 65 and older fall each year.



6

Falls are the 6th leading cause of death (Canada).

Falls and Injuries cost Canadians **\$3 Billion** each year

22% of patients are 65 years or over

Falls Risk Screen / Assessment Best Practices

A strategy to reduce the risk of falls should include:

- a multi-factorial assessment of known falls risk factors and management of the risk factors identified
- direct interventions customized to the identified risk factors, coupled with an appropriate exercise program should follow the multifactorial risk assessment
- Interventions implemented by the team conducting the falls risk assessment

- Based on overall quality of the evidence and magnitude of benefit for the intervention, ratings for the above : A – strong recommendation.
From: Panel on Prevention of Falls in Older Persons, JAGs, January 2011, vol 59, no.1.

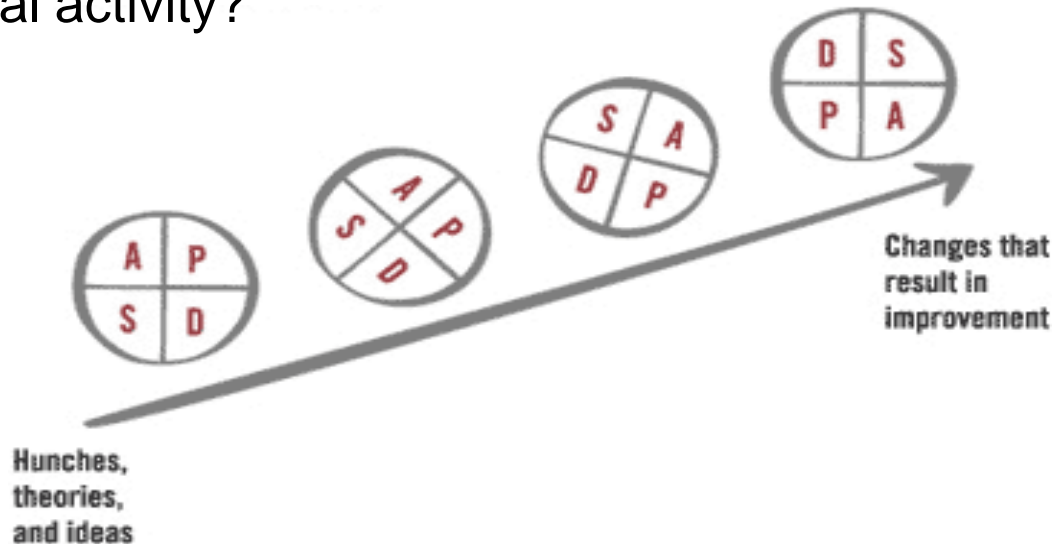
Falls Risk Screen / Assessment

Best Practices

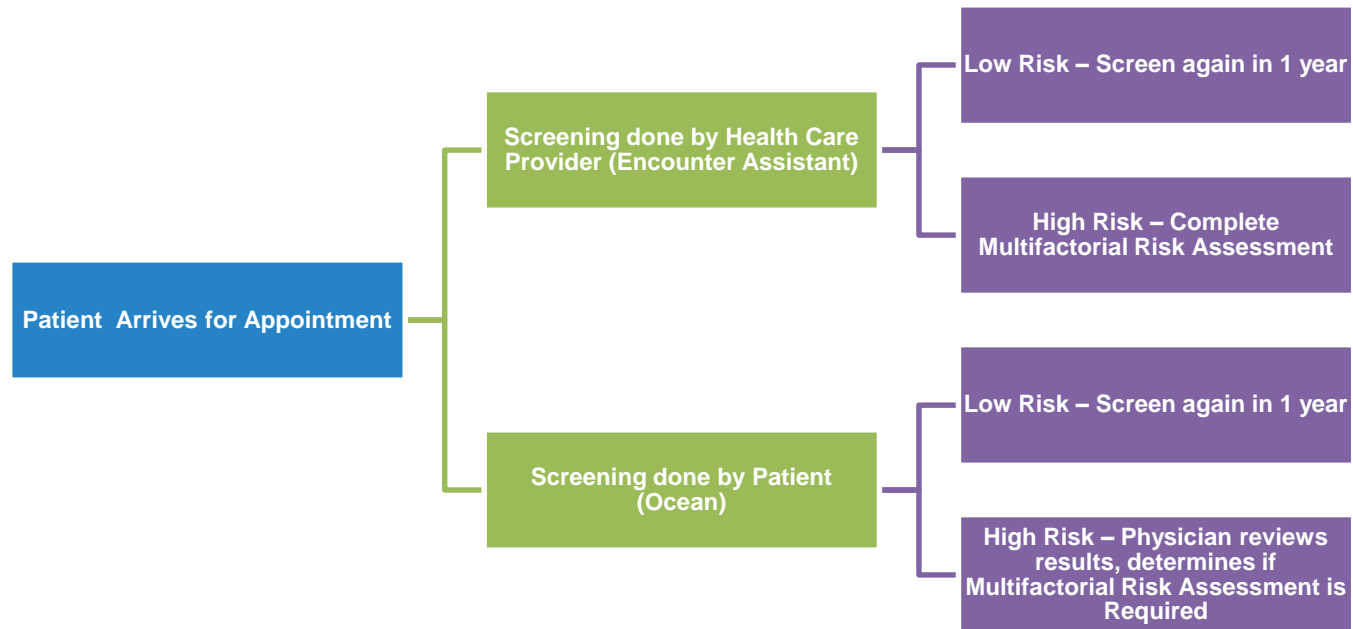
- Partnered with 6 FHT's, 5 public health units, Stay on Your Feet, NE LHIN
- Adapted CDC/STEDI Algorithm into TELUS PS Suite EMR
- Integrated a patient self-risk screen on Ocean tablets
- Offered free community exercise classes (including “From Soup to Tomatoes”)
- Linked patients to community resources and interventions to prevent falls

Falls Risk Screen / Assessment Best Practices

- Can a standard fall risk screen and assessment tool be incorporated into the daily workflow of a FHT including the use of tablet by the patient for initial screen (for all 65 and over patients)?
- Will the “at risk” patient receive a multi-risk factor assessment for falls and be referred for preventative interventions, including a prescription for physical activity?

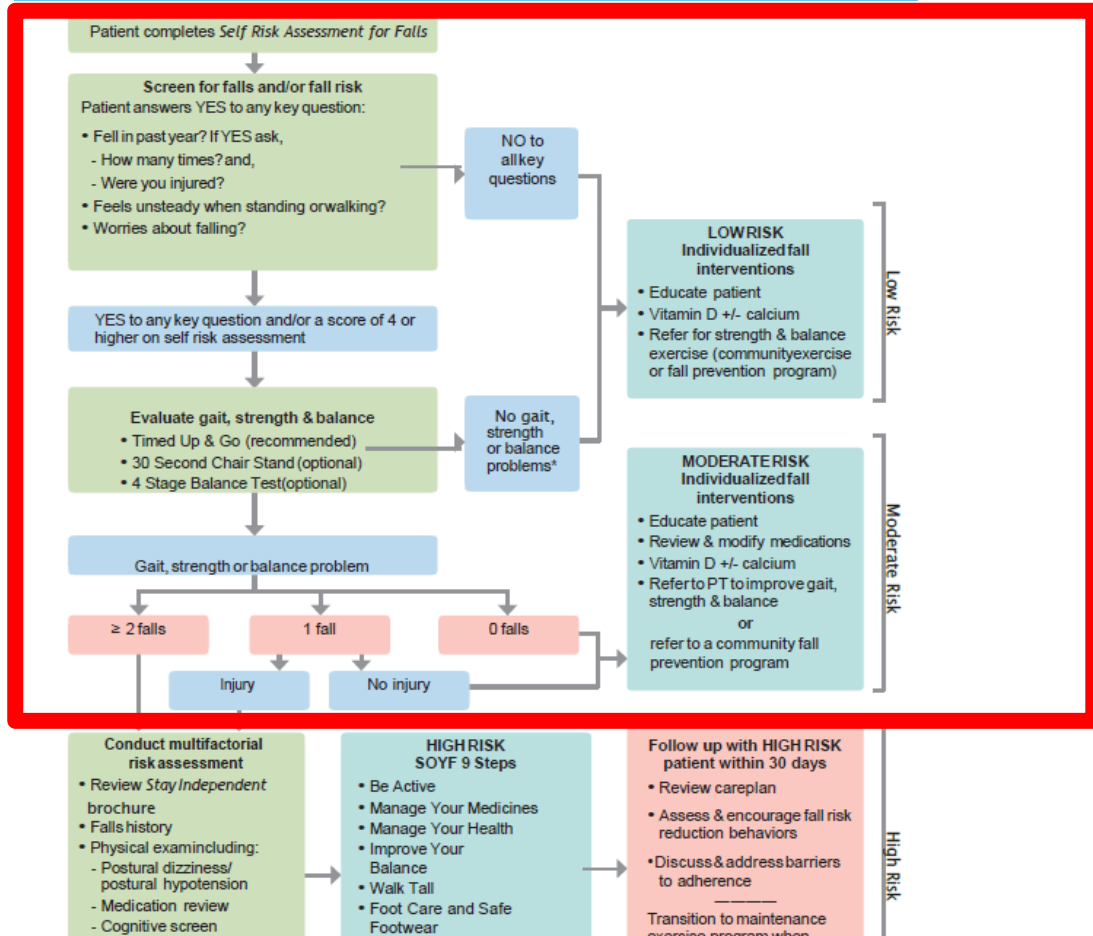


Integration of Falls Risk Tools into the EMR



Integration of Falls Risk Tools into the EMR

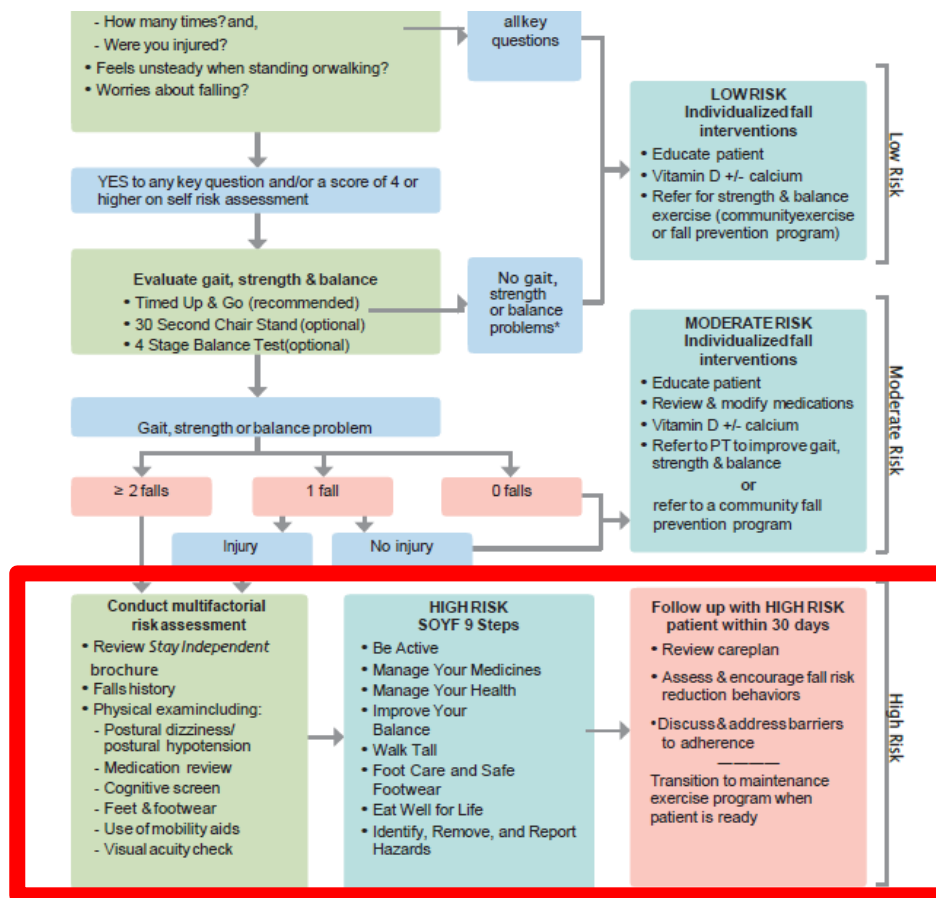
Algorithm for Fall Risk Assessment & Interventions



QUICK Falls Risk Screen

Used to quickly identify if patient is low, moderate or high risk for falls.

Integration of Falls Risk Tools into the EMR



*For these patients, consider additional risk assessment (e.g., medication review, cognitive screen, syncope)

Multifactorial Risk Assessment

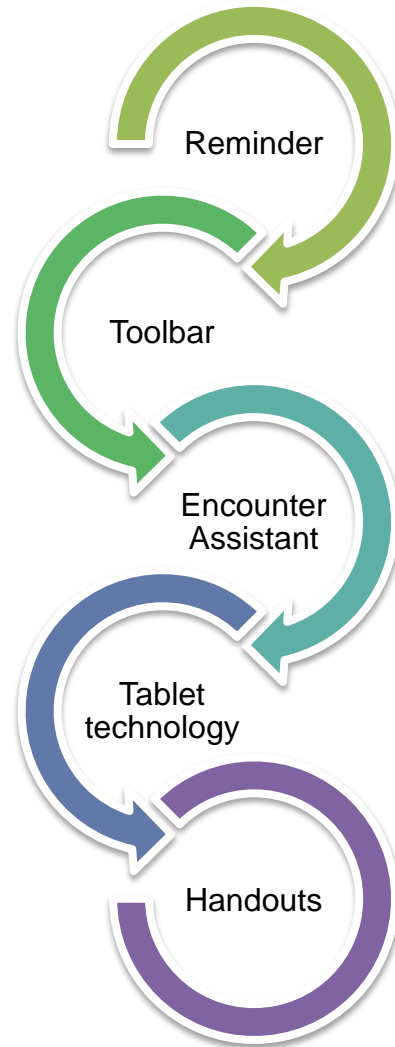


Centers for Disease Control and Prevention National Center for Injury Prevention and Control

STEADI Stopping Elderly Accidents, Deaths & Injuries

Adapted with permission, Feb

EMR Tools



EMR Tools



Reminder Name: mrt - falls risk assessment - Val Caron

on

Doctor Number = (43) Dr. Kristie Herranen
or
Doctor Number = (26) Dr. Yves Charette
or
Doctor Number = (23) Dr. Paul Malette
or
Doctor Number = (41) Dr. Katie Kauffeldt

and
Age >= 65
and
Note Containing Text... "fallriskassessment_stat" months since latest >= 12
or
 Note Containing Text... "(fallhighrisk_stat)" number of times done >= 1
 or
 Note Containing Text... "@StayingIndependentChecklistScreen: Positive" number of times done >= 1
 or
 Note Containing Text... "fallriskassessment_stat" months since latest >= 6
and
 Note Containing Text... "fallriskassessment_stat" number of times done >= 0
 or
 Note Containing Text... "fallriskassessment_stat" months since latest >= 6

Delete Line ↑ ↓ Add Line

Indent Line -> Edit Line... <- Outdent Line

Comments:

Falls Prevention Toolbar

High (scan daily) Medium (reminder report) Low (next visit)

New Reminder Done

EMR Tools



Explorer, Dora

Asthma
Valvular Heart Disease
DVT
Diabetes

? *Tetanus Toxoid Vaccine* flu shot (4)

HgA1C

Suggest Flu Shot
Recommend Pneumococcal vaccine
OFFER Pevnar 13 Prescription
Order Urine MAC

There is no valid recorded serum creatinine.

Date of Latest E079:
Last Q040A:

Date of Latest Falls Risk Screen: Sep 21, 2016 Previous score high risk: f **Insert Falls Risk Screen**

EMR Tools



Apr 28, 2016

Encounter - Fall Prevention Screening

MRT

Type of Contact:

- Phone
- In-person

Falls Quick Screen

- Fell in the past year
- Feels unsteady when standing or walking
- Worries about falling

Quick Falls Screen Total Score: 1.0

Staying Independent Checklist

- | | |
|--|------------------------------------|
| I have fallen in the last 6 months | <input type="button" value="Yes"/> |
| I use or have been advised to use a cane or walker to get around safely | <input type="button" value="No"/> |
| Sometimes, I feel unsteady when I am walking | <input type="button" value="No"/> |
| I steady myself by holding onto furniture when walking at home | <input type="button" value="No"/> |
| I am worried about falling | <input type="button" value="No"/> |
| I need to push with my hands to stand up from a chair | <input type="button" value="Yes"/> |
| I have some trouble stepping up onto a curb | <input type="button" value="Yes"/> |
| I often have to rush to the toilet | <input type="button" value="No"/> |
| I have lost some feeling in my feet | <input type="button" value="No"/> |
| I take medicine that sometimes makes me feel light-headed or more tired than usual | <input type="button" value="Yes"/> |
| I take medicine to help me sleep or improve my mood | <input type="button" value="Yes"/> |
| I often feel sad or depressed | <input type="button" value="No"/> |

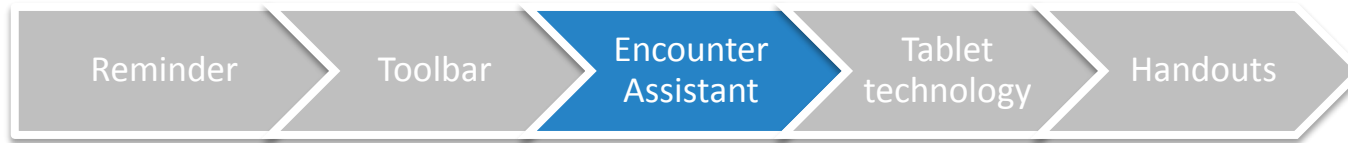
Staying independent checklist score: 6.0

Q4. Is the Staying independent checklist score 4 or higher?

Have you answered yes to questions 1,2,3 or 4?

- Yes
- No

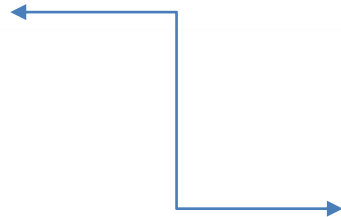
EMR Tools



Have you answered yes to questions 1,2,3 or 4?

Yes

No



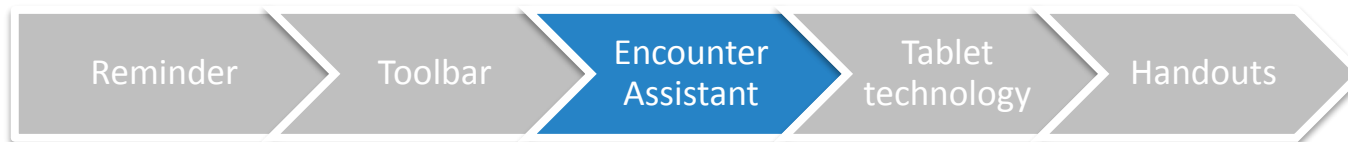
Additional screening:

Evaluate Gait

Use of aids

History of fall:

EMR Tools



Additional screening:

Evaluate Gait

Use of aids

History of fall:



Is patient high risk of falling?

EMR Tools



PERFORM MULTIFACTORIAL RISK ASSESSMENT FOR FALL use:

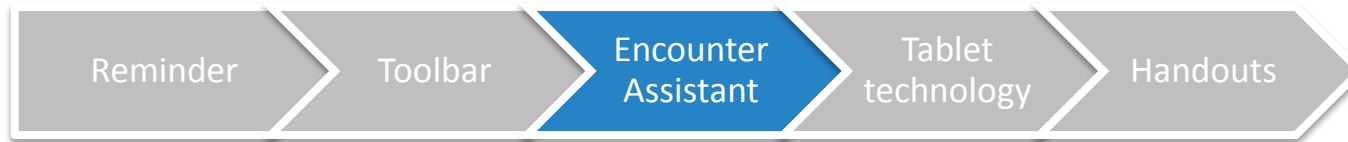
Encounter Assistant

- Based on clinical judgement, multifactorial assessment is not required
- Patient to call and schedule at a later time

Send message to reception to book follow-up with:

- MD
- NP

EMR Tools



PERFORM MULTIFACTORIAL RISK ASSESSMENT FOR FALL use:

Encounter Assistant

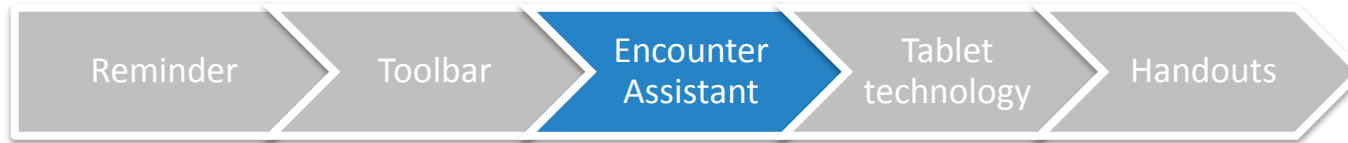
- Based on clinical judgement, multifactorial assessment is not required
- Patient to call and schedule at a later time

Send message to reception to book follow-up with:

- MD
- NP

<input type="checkbox"/>	MRT—secs	Book follow-up	Sep 27, 2016 13:50
	Please book this patient for a follow up appointment with NP regarding fall risk assessment		
For any secretary/dictatypist (click to act on secs's behalf)			

EMR Tools



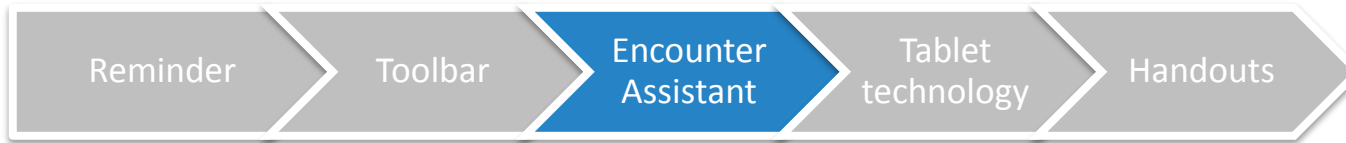
SOYF Handouts:

- [SOYF Balance](#)
- [SOYF Be Active](#)
- [SOYF Eat Well](#)
- [SOYF Eyesight](#)
- [SOYF Fact Sheet Medication Safety](#)
- [SOYF Footcare](#)
- [SOYF Hazards](#)
- [SOYF Health](#)
- [SOYF Medicines](#)
- [SOYF Staying Independent Checklist](#)
- [SOYF Walk Tall](#)
- [SOYF What To Do If You Fall Fact Sheet](#)
- [SOYF Exercise Classes](#)
- [Falls Can Be Prevented](#)

Useful Link:

- [Preventing Falls Guide](#)
- [RGPEO webpage for Fall Algorithm and Tools](#)**
- [Fall Algorithm](#)
- [Timed Up and GO test](#)
- [Senior's Falls Can Be Prevented brochure](#)

EMR Tools



SOYF Handouts:

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Stay On Your Feet... STEP 5 Walk Tall

Always walk with your body upright and straight. Over time, changes take place in the way you walk. It may be due to hip degeneration or lack of activity.

Changes to your walk can be caused by many things:

- A loss of leg strength leads to shuffling and putting your feet together (women) or further (men).
- Poor hip flexibility and reduced shoulder mobility causes shorter steps.
- Loss of strength in the upper body and back makes you lean over to balance.

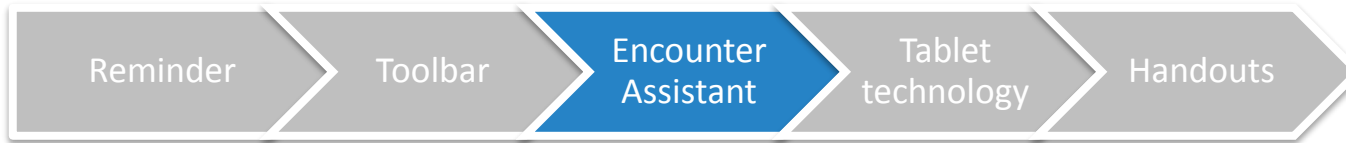
How to walk tall

- Becoming more active can help you return to being straight.
- Perhaps a walking aid can help. Talk to your doctor, physical therapist, or occupational therapist about what would work for you.

If you use a walking aid

- Make sure it was designed and fitted just for you. If it is not, you are likely to lean to one side and walk crooked.
- Keep it clean and in good working order, especially if it has wheels.
- Organize your home so you can get around with your walking aid. You may need to rearrange some furniture.

EMR Tools



Encounter - Fall Prevention Screening

Falls Quick Screen: Fell in the past year: **Yes**, Feels unsteady when standing or walking: **Yes**, Worries about falling: No
Quick Falls Screen Total Score: 2.0

Staying Independent Checklist:

- I have fallen in the last 6 months: **No**
- I use or have been advised to use a cane or walker to get around safely: **No**
- Sometimes, I feel unsteady when I am walking: **Yes**
- I steady myself by holding onto furniture when walking at home: **No**
- I am worried about falling: **Yes**
- I need to push with my hands to stand up from a chair: **No**
- I have some trouble stepping up onto a curb: **Yes**
- I often have to rush to the toilet: **Yes**
- I have lost some feeling in my feet: **No**
- I take medicine that sometimes makes me feel light-headed or more tired than usual: **No**
- I take medicine to help me sleep or improve my mood: **No**
- I often feel sad or depressed: **No**

Staying independent checklist score: 4.0 No Q4. Is the Staying independent checklist score above 4?

Evaluate Gait: **Abnormal**

IS PATIENT HIGH RISK OF FALLING: YES

Conclusion: patient requires additional assessment (perform multifactorial risk assessment for falls)

fallriskassessment_stat

EMR Tools



HISTORY:

History of Falls:

Number of falls in the past year:

- Falls with injury
- Patient concerned about falling

Walking Aids:

- Acute or fluctuating medical conditions (hypotension, hypo/hyperglycemia, syncope, seizures)
- Chronic medical conditions (osteoporosis, urinary incontinence, cardiovascular disease)

Urinary Incontinence:

Impaired Vision:

- Cataracts requiring surgery
- Bifocals or progressives
- Exam >1 year ago

Behaviour Risks:

- Sleep changes
- Decreased interest
- Mood changes
- Psychomotor changes
- Psychosomatic complaints
- Suicidal thoughts
- Appetite or weight loss
- Memory or cognition issues observed

Pharmacy:

- Polypharmacy (6+)
- Psychoactive medications (including sedative hypnotics, anxiolytics, antidepressants)
- Prescriptions associated with falls

Footwear:

- Normal
- Poor Footwear
- Arthritis
- Pain
- Bunions
- Deformities
- Ulcers
- Sensory loss
- Other

Fracture Risk:

- Last BMD: Nov 5, 2015
- Prior fractures
 - Parental hip fractures
 - Arthritis
 - Glucocorticoid use
 - Current Smoker
 - Regular Drinker
 - High risk for low BMD, future fractures, and falls

EMR Tools



Explorer, Dora

Asthma
Valvular Heart Disease
DVT
Diabetes

? *Tetanus Toxoid Vaccine* flu shot (4)

HgA1C
Suggest Flu Shot
Recommend Pneumococcal vaccine
OFFER Prevnar 13 Prescription
Order Urine MAC

There is no valid recorded serum creatinine.

Date of Latest E079:
Last Q040A:

Date of Latest Falls Risk Screen: Sep 21, 2016 Previous score high risk: f **Insert Falls Risk Screen**

 Labs Req DI SOAP BP Wt Forms ODB Meds Google Images Map Bill F/U CPP Import

EMR Tools



Ocean

MRT

6949

Connected to Ocean



Add Favourite



Add Form



Email Patient



Open



Portal



Help



Settings



Find Health Se

EMR Tools



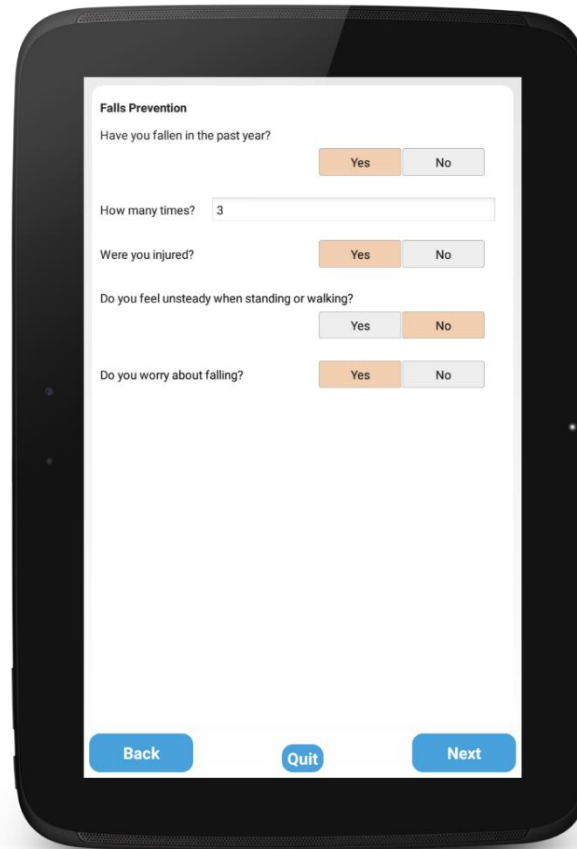
Ocean MRT

6949 Connected to Ocean

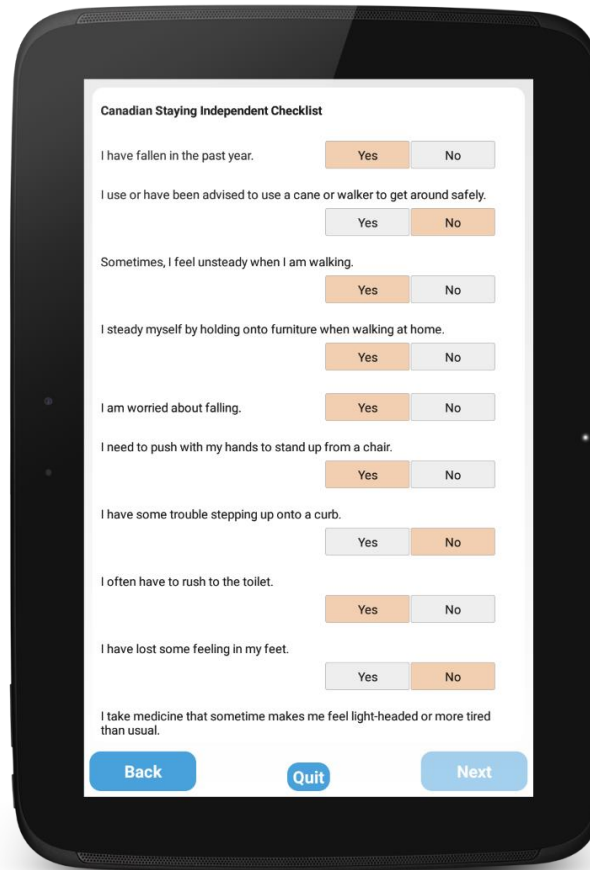
Add Favourite	Add Form	Email Patient	Open
Portal	Help	Settings	Find Health Service



EMR Tools



EMR Tools



EMR Tools



□ Aug 30, 2016

OCN/MRT

Falls Prevention Screening

fallriskassessment_stat fallriskeocean_stat Patient

No falls or near-falls in past year.

Does not feel unsteady while walking.

Does not worry about falling.

@QuickFallsRiskScreen: Negative

@QuickFallsRiskScreen: 0

Canadian Staying Independent Checklist

I have fallen in the past year. "No"

I use or have been advised to use a cane or walker to get around safely. "No"

Sometimes, I feel unsteady when I am walking. "No"

I steady myself by holding onto furniture when walking at home. "No"

I am worried about falling. "Yes"

I need to push with my hands to stand up from a chair. "No"

I have some trouble stepping up onto a curb. "Yes"

I often have to rush to the toilet. "No"

I have lost some feeling in my feet. "No"

I take medicine that sometime makes me feel light-headed or more tired than usual. "No"

I take medicine to help me sleep or improve my mood. "No"

I often feel sad or depressed. "Yes"

@FallRiskScore: 3

A score of 4 or more is a positive screen for fall risk.

EMR Tools



SOYF Handouts:

[SOYF Balance](#)

[SOYF Be Active](#)

[SOYF Eat Well](#)

[SOYF Eyesight](#)

[SOYF Fact Sheet Medication Safety](#)

[SOYF Footcare](#)

[SOFY Hazards](#)

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Useful Link:

[Preventing Falls Guide](#)

[RGPEO webpage for Fall Algorithm and Tools](#)

[Fall Algorithm](#)

[Timed Up and GO test](#)

[Senior's Falls Can Be Prevented brochure](#)

For a copy of the report on the pilot

www.nelhin.on.ca/stayonyourfeet



Role of Public Health

- Implement SOYF at the local level
- Facilitate local SOYF Coalitions that plan and set priorities for the district related to healthy active aging
- Public Health Units play a role in the community intervention piece of this initiative
- Support coordinated planning and delivery of exercise classes in the community and linking primary care to these local resources

Stay On Your Feet...

Step 1: Be Active

The best way to reduce your risk of falling is to be physically active. Choose an activity you enjoy so you'll stick to it and do it regularly.

How much physical activity?

The Canadian Society for Exercise Physiology (CSEP)

- To achieve health benefits and improve activities of daily living, adults aged 65 and older should accumulate 150 minutes of moderate to vigorous intensity aerobic activity per week, in bouts of 10 minutes or more.
- It is also beneficial to add muscle and bone strengthening activities using major muscle groups, at least twice a week.
- All older adults, including those with poor mobility, should perform physical activities to enhance balance and prevent falls.
- More physical activity provides greater health benefits.

How can you be active?

Choose activities that increase muscle strength in your upper body and that improve your balance, coordination and posture. Here are some examples of activities that can help:

- Strength training and fitness classes such as Tai Chi and aquafit.
- Pole walking or a walking group.
- Gardening and housework, washing the car.
- Activities that focus on balance such as Tai Chi.
- Swimming, cycling, dancing, golfing, tennis.

Talk to your health care provider

Even if you have health problems, you can still be active. Talk to your health care provider if you feel you are limiting your activity because you are afraid of falling. Being active can increase your quality of life and independence. Listen to your body. Talk to your health care provider if something does not feel right when you start exercising.

Stay On Your Feet...

Step 5: Manage Your Health

Long-term health conditions can increase your risk of falling.

Top 10 Tips to Reduce Your Chance of Having a Fall

1. Slow down and take time to be safe.
2. Be physically active for a total of 30 to 60 minutes most days.
3. Have your vision and hearing checked regularly.
4. Discuss your medication and supplements with your doctor or pharmacist.
5. Eat a healthy balanced diet, drink plenty of water, and limit your alcohol intake.
6. When walking outside, be aware of your surroundings and watch where you step.
7. Use safety equipment such as canes, walkers, grab bars, and rubber bath mats.
8. Wear non-slip shoes, boots, and slippers that fit well, and seek treatment for foot problems.
9. Use a night light and keep a flashlight by your bed.
10. Complete a home safety checklist and identify, remove and report hazards in your environment.

Use your health care provider to discuss your condition, such as dizziness, confusion, lightheadedness, slowed reflexes or blurred vision. Other risk factors include arthritis, osteoporosis, joint problems, poor vision, reduced concentration, and poor posture can also make you more likely to fall.

Manage your health

If you have a chronic condition—ask your health care provider, get in a support group. Regular checkups to discuss your concerns, prevent falls, and get early treatment. Understand your medications.

What To Do If You Fall

1. Rest. Falling is a shock.
2. Think about your next move.

INJURED

Call for medical or personal assistance.

Call the phone. Call 911 or the police.

Use the wall or floor or use a cane to wave at the window.

Call for help.

2. Keep Warm

- Use anything that is near you, such as a blanket, bedding, a coat or tablecloth to cover up.

3. Keep Moving

IF YOU CAN GET UP



Roll onto your side. Push up into sitting position.



Turn onto your hands and knees. Crawl to the nearest suitable furniture, e.g. bed, chair, sturdy stool.



Place your hands on the surface.



Place one foot flat on the floor.

Timiskaming District
 For more information about falls or falls prevention, speak with a health care provider.
 Stay On Your Feet Timiskaming
 705-647-4305, toll-free 1-866-747-4305
 www.timiskaminghu.com

In the community	In the community	In hospital	In-home support	Residential aged care
Healthy active ageing (low risk)	Starting to feel unsteady (at risk)	Increased risk	Vulnerable (ongoing risk)	Frail (high risk)
				
Low risk				High risk

Municipal or
Community
Facilities

48 Week Free
Exercise Classes
(NE LHIN)
Nordic Pole Walking

Stand Up!
P.I.E.D.

From Soup to
Tomatoes
Too Fit to Fracture

Home Support
Exercise Program
Adult Day Program



Join FREE exercise classes for Older Adults (65+)

Participez gratuitement à des cours d'exercices pour personnes âgées (65 ans et plus).

No registration required ~ Drop in welcome
 Sans rendez-vous ~ Aucune inscription requise

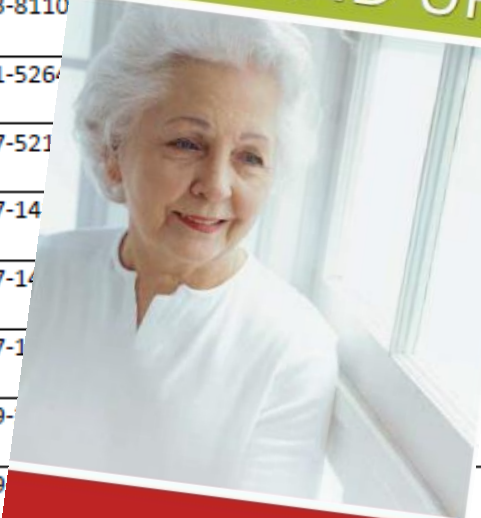
Supported by / Financé par :



Municipality municipalité	Location emplacement	Address adresse	Days and Times journée et temps	Contact Person contact	Phone téléphone
Elk Lake	Royal Canadian Legion	175 Pine Street	Tues & Thurs 10-11 am	Julie Laplante	705-563-8110
Englehart	Arena Complex	80 7 th Ave	Mon & Wed 4:30-5:30 pm	Val Kennedy	705-471-5264
Kirkland Lake	Joe Mavrinac Community Complex	55 Allen Avenue	Tues & Thurs 10-11 am	Kim Klockars	705-567-5211
Kirkland lake	Tweedsmuir Residence	25 Tweedsmuir	mardis et jeudi 10h à 11h	Carole Godmaire	705-567-1411
Kirkland Lake	CSCT	22 Water Lane	mardis et mercredi 10h à 11h	Carole Godmaire	705-567-1411
Larder Lake	Town Hall	69 Fourth Avenue	lundi et mercredi 11h à 12h	Carole Godmaire	705-567-1411
Temagami	Ronocco House	5 Bayview Lane	Monday 1:30-2:30 pm	Rhonda Etmanski	705-569-1411
Temagami	Royal Canadian Legion	11 Parkview Lane	Wednesday 10-11 am	Rhonda Etmanski	705-569-1411
Temiskaming Shores	Riverside Place	55 Whitewood Avenue	Monday 10-11 am	Tai Chi Society	705-647-1411
Temiskaming Shores	Haileybury Arena	500 Ferguson Ave	Thursday 10-11 am	Tai Chi Society	705-647-1411
Virginiatown	Centre récréatif de McGarry	70 ch. Du Gouvernement	lundi et jeudi de 14h à 15h	Carole Godmaire	705-567-1411
Virginiatown	Centre récréatif de McGarry	70 ch. Du Gouvernement	lundi et jeudi de 15h à 16h	Carole Godmaire	705-567-1411



STAND UP!



**A Falls Prevention
 Exercise Program for
 Older Adults**

For more info on available exercise classes in your community visit www.timiskaminghu.com

Pour plus d'information sur Les classes disponibles dans votre communauté, veuillez visiter www.timiskaminghu.com

Class info is subject to change ~ Le temps et lieux des classes peuvent changer

From Soup to Tomatoes



Lead by local
senior volunteer
Eleanor Katona

Are you an older adult?

Are you hoping you can keep your strength
and stay independent?

Do you struggle with mobility, standing,
regular exercise?

Would you enjoy social time with others?

Join our **FREE** chair-based
exercise program for seniors

Dates: January 4th – February 12th

Monday • Wednesday • Friday

9:00am at Riverside Place in New Liskeard

For more information contact:

Natasha Rivard at (705) 647-6100



If options in a community are limited, public health can work with FHT's and support them in offering a program that can benefit older adults

From Soup to Tomatoes

<https://www.fromsouptotomatoes.com/>



Contact: Jon Brunetti, Espanola FHT
(jbrunetti@esphosp.on.ca)

Key Learning

- Take your time, learn together and keep moving things forward use the PDSA cycle
- The direction is important not the speed at which it happens.
- Go slow...to go fast.

Key Learning

- Work within the capacity of your team - get buy in within the team to “try it”
- Develop the plan for integration, together
- Start small and manageable
- Use quality improvement tools (e.g. PDSA), identify a small focused way to test the tools and expand as you learn what works
- Use the full scope of practice of each team member to contribute to the process

69

Key learning

- Keep resources both electronic and paper – customize and provide practical resources that address the client’s risk factors – don’t give out a “suitcase of resources”
- Use the screening as an opportunity to refer patients to Stand Up!, local free exercise classes and other opportunities
- Consider integrating “From Soup to Tomatoes” into your practice – its free, high quality and easy to implement
- Share the SOYF Home Safety Checklist with all patients over 65 years – 50% of falls happen in the home

70

Next Steps

- FHTs access your QIDSS for assistance – you can download the EMR tool from TELUS
- Connect with your LHIN and Public Health Unit
- Accuro – Pilot starting in April 2017 in NE LHIN
- Network opportunity through TELUS

Northeastern Ontario Falls Prevention Private



- Group Settings
- Email Weekly Digest

Information
Add Information

Description
A group of 6 Family Health Team's in Northeastern Ontario developed falls risk screen and assessment tools that are fully integrated into the EMR. This allows health care providers to quickly identify and screen patients for falls risk. The patient can then receive direct interventions customized to the identified risks using the EMR tools...

Post File Link Poll
Share with Northeastern Ontario Falls Prevention Share

Show All Updates

Meghan Peters (Customer) posted a link.
[From Soup to Tomatoes Website](http://www.fromsouptotomatoes.com/)
http://www.fromsouptotomatoes.com/
Comment Like Today at 10:45 AM

Meghan Peters (Customer)
From Soup to Tomatoes Implementation Guide
From Soup to Tomatoes How To Guide Final
Download pdf (2.7 MB) · More Actions
Comment Like Today at 10:44 AM

Owner

Members Show All (5)

Add/Remove Members
Change Roles

Group Records
No records yet? Learn about adding records to groups.

- Group Files** Show All (7)
- From Soup to Tomato...
 - Encounter - Primary C...
 - mrt - falls risk assess...
 - Falls Prevention Toolbar
 - Encounter - Fall Preve...

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www.nelhin.on.ca/stayonyourfeet

Questions?