

## CMU 2010 FY07 Annual Report

Project Title: Fall and Balance Center for Assessment and Rehabilitation  
 Project Leader: Liana Bachand, Director Bridges Center  
 Project Number: 200737 Date of Report: July 1, 2007

Refer to your *Outcome Evaluation Worksheet* to complete the information below. Insert additional rows if needed. Rows will automatically expand as you type. You are welcome to attach additional documents to supplement – but **not** substitute for - the information provided below.

	<b>Outcome/Milestone</b>	<b>Status</b> (Complete, in Progress, or Not started)	<b>Date Measured</b>	<b>What are the next steps to achieving this outcome?</b>
<b>1</b>	Establish Center/Ready for Patients	Complete	March '07 Center opened	Continuous improvement process in place.
<b>2</b>	Formalize partnership with the Saginaw Chippewa Indian Tribe	Complete & In Progress	June '07	Building ongoing relationship between CHP and the Saginaw Chippewa Indian Tribe through committee and project involvement and approved access to tribal health data.
<b>3</b>	1 <sup>st</sup> Annual FBC Symposium	Complete	October 26-26, 2006	2 <sup>nd</sup> Annual FBC Symposium planned for October 25, 2007. "Fall Prevention Strategies: A Multi-Factorial Approach to Effective Assessment and Intervention"
<b>4</b>	Marketing for FBC in Place	Complete	October 2006-March 2007	Continuous process for marketing clinic services, research, symposium, educational and informational materials.
<b>5</b>	FBC Evaluation Mechanism in Place	Complete	May 2007	Ongoing process for quality assurance of clinical services and for evaluating the overall FBC goals and outcomes.
<b>6</b>	Electronic Medical Record (EMR) for Data Collection in Place	Complete & In Progress	May 2007	EMR is currently in use for clinic services – continuous revision process established with IT programmer. Will seek funding for a part time programmer (student) through the process of building the EMR.

<b>7</b>	Resource Center Open/Web site and Educational Materials	Complete & In Progress	September 2006	New educational materials, current research and resources are in the process of review by FBC practitioners/faculty and will be added to the web site and resource center. Ongoing process.
<b>8</b>	1 <sup>st</sup> Annual FBC Faculty/Staff/Student/Community Awards	In Progress	July 1, 2007	Scheduled for symposium luncheon banquet. An interdisciplinary committee will select awardees.
<b>9</b>	Graduate Student Research Initiated	In Progress	April 2007	Audiology Graduate student will begin her research project on fall and balance patients in the fall of 2007.
<b>10</b>	Teleconferences and Clinical Coursework in Place	Complete & In Progress	September 2006 & July 2007	Audiology coursework and clinical rotation in place. PT coursework in place and working on clinical fall prevention emphasis. PA coursework increasing emphasis on geriatrics and fall prevention. PA students will begin observation in FBC in July 2007
<b>11</b>	1 <sup>st</sup> Graduates with FBC Expertise	Complete	May 2007	9 Audiology graduates with experience in vestibular assessment. Working with PT and PA programs to increase student clinical experience in FBC.
<b>12</b>	Authorized User of HIS National Data Repository	In Progress	June 2007	Tribal representatives on Bridges Board and FBC committee will assist with the process as research dictates the need for IHS data.
<b>13</b>	Formal Community Partnerships in Place	In Progress	June 2007	Ongoing process with Bridges Advisory Board community member organizations, community collaboratives, senior centers, MS Society, Parkinson's Disease Association, etc.
<b>14</b>	Faculty and Staff with Clinical Expertise	Complete	March 2007	Continue series of specialized trainings and certifications in vestibular rehabilitation for PT faculty/staff. All FBC personnel are receiving ongoing trainings in Fall Prevention strategies and best practices.
<b>15</b>	Submit NIH Grant	Not Started		Graduate Assistant and Student Intern scheduled for fall '07 will assist with literature review and preparation for potential NIH (or other significant) grant.
<b>16</b>	FBC well established and adequate stream of referrals	In Progress	July 2007	Continue with marketing plan to area providers.

What are your plans for sustaining support for your project beyond the CMU 2010 funding period?

The Fall and Balance Center for Assessment and Rehabilitation will generate enough income through third party reimbursement for clinical services to maintain the clinic, its staff and services. The case load will gradually increase to the appropriate level for operational costs. Research projects will depend on grant funding. Grants will also be sought in partnership with state organizations for the resource center. Donor gifts are being sought for special equipment purchases and for the hiring of an IT student with programming experience for the Electronic Medical Record development period.

How can the ISPC assist you with those plans?

Continued support by the ISPC in CMU 2010 marketing strategies of grant projects and as representatives of the university in the community setting. Referrals and continued funding depend on ongoing information and enthusiasm about quality initiatives, such as the Fall and Balance Center, that highlight the expertise of the faculty and valuable educational opportunities for students to serve their community.

**Fall and Balance Center for Assessment and Rehabilitation**  
A Carls Center and Bridges Initiative

**ANNUAL REPORT**

July 1, 2007

The Fall and Balance Center (FBC) for Assessment and Rehabilitation in The Herbert H. and Grace A. Dow College of Health Professions (CHP) at CMU is a fully functioning clinic and has been receiving patients since March 2007.

The FBC became a reality through the collaborative efforts of the Carls Center for Clinical Care and Education, the Communication Disorders and Rehabilitation and Medical Sciences Departments, the CHP Information/Technology staff and the facilitation of the process by the Bridges Center for Healthy Life Transitions.

An interdisciplinary team of practitioners, which includes audiologists, physical therapists, physician assistants and the FBC medical director, conducts evaluations one day each week and provides rehabilitative and educational services as needed by individual patients according to their plan of care. Audiology students participate in the evaluation process weekly. Interdisciplinary Team conferences are held on each patient immediately following the initial evaluation and monthly thereafter.

Since the clinic opened in March 2007, 12 patients have been evaluated from 14 physician referral sources, primarily in the Central Michigan area to Ann Arbor as well as out of state. Patients coming to the FBC for assessment and rehabilitation live predominantly within an hour of CMU. Nine students were involved in vestibular testing during their Audiology clinical rotation and six students observed various portions of the comprehensive exams.

***Establishing the Center to Be Ready for Patients***

The greatest amount of energy during this first year revolved around the planning activities associated with opening a new clinic as well as addressing the issues which arose from the impact of establishing a new clinic within the College of Health Professions and university setting.

The process of establishing specific services, protocols, policy, clinic flow, billing, scheduling patients, as well as the Electronic Medical Record (EMR) was a challenge and delayed the actual projected opening date by a few months.

Staff members and practitioners were hired. Equipment was ordered for patient assessment and treatment. Office and clinic spaces were prepared for the operation of the FBC.

A consultant was hired to provide staff and practitioner training on Fall Prevention Clinics as well as protocol and clinic policy considerations.

The CHP Information/Technology Department provided technology and programming support in the development of the Electronic Medical Record. In-service training was provided to all practitioners and remains an ongoing process.

### ***Marketing for FBC in Place***

Marketing activities began in the fall of 2006 while preparing for the October Symposium and Fall and Balance Center Kick Off event. Several press releases had gone out in preparation of the clinic opening in March 2007. Articles have been written in several regional newspapers as well as the national publication, "Advance for Audiologists" (Jan/Feb 2007, Vol. 9, No. 1). An article on the Fall and Balance Center also appeared in "The Pulse" publication, Summer 2006 edition, which reaches alumni from The Herbert H. and Grace A. Dow College of Health Professions. The "CMU 2010: The Vision Plan," a quarterly newsletter for the university community, highlighted the Fall and Balance Center in its September 2006 edition (Vol. 1, No. 2).

Over 600 physician offices, clinics and rehabilitation centers received packets of information about the Fall and Balance Center services and referral forms.

Brochures for the FBC were produced by the CMU Marketing Department.

The Fall and Balance Center web site is included in all marketing materials and accessible through the Bridges Center link on the College of Health Professions main web page. Information about FBC services as well as a PDF of the referral form is printable and accessible to area physicians and other referral sources. Also included on the site are links to educational information on Fall Prevention, aging, and other resources of value to the FBC clinic population.

The FBC will continue to market, through mailings, for the Annual FBC Symposium in October and to the 600 potential referral sources. Packets of information on the Fall and Balance Center, physician and health care provider resources on Fall Prevention and Assessment, as well as educational materials for patients will be distributed through one on one contacts with provider offices as time permits. As the center meets certain milestones, press releases will go out to the media on a regular basis.

### ***FBC Evaluation Mechanism in Place***

Mary Senter, Chairperson for Sociology, Anthropology, and Social Work and CARRS (Center for Applied Research and Rural Studies) has been contracted through the CMU 2010 grant to assist in the development of the Evaluation Mechanism for the Fall and Balance Center.

Measurement criteria are in place for each of the goals and objectives. A tracking mechanism has been established for each. The evaluation tool was finalized by the FBC research committee including a mechanism for ongoing data collection through the Electronic Medical Record.

An interdisciplinary research advisory team has been established and will meet once during each semester to oversee data collection, clinical and applied research opportunities and the evaluation

process for the Fall and Balance Center. The research team will also provide oversight to the Graduate Assistant for research, who will monitor data collection for the Fall and Balance Center, conduct literature reviews and assist faculty/students who are conducting research using FBC data.

A Fall and Balance Center Follow-up Survey will be conducted at one month, six months, and at one year after a patient has been discharged from FBC services. The survey will be mailed to each patient after discharge with a follow-up phone call if it is not returned by mail. The 10 question survey will provide qualitative information on the services, the clinic operation and the results of their treatment. (i.e., Has the patient's condition improved and have the frequency of falls diminished?) This information will allow for continuous improvement of FBC services.

A protocol is in place for clinical record review for quality assurance purposes and to meet the requirements of third party reimbursement. An outcomes based approach is incorporated into this process which will assure positive patient centered outcomes as well as provide a clinical model for best practices in the area of fall risk assessment and treatment.

### ***Electronic Medical Record (EMR) for Data Collection in Place***

The Electronic Medical Record (EMR) version 1.0 is currently in use by practitioners in the Fall and Balance Center. Three notebook computers have been purchased for simultaneous use by the three major disciplines (Audiology, physical therapy, physician assistant) involved with the comprehensive exam. All assessment forms, progress notes, case history and patient data are in place. Interdisciplinary Team reports, the plan of care and summary reports are moving toward completion and are ready to test.

The CHP Information/Technology staff has been invaluable in programming the EMR. They have provided in-service training and weekly support for the use of the EMR. Their continued efforts and expertise will make the Electronic Medical Record for Fall and Balance assessment and treatment the only EMR of its kind.

The Fall and Balance Center will seek an additional grant for a student assistant in programming for the FBC EMR. This person will assist in development, maintenance, and support of Electronic Medical Record application. The detailed and time consuming programming work for the specialized reports have dramatically increased the work load of the CHP programmer, who has other obligations within the College of Health Professions.

### ***1st Annual FBC Symposium***

The Fall and Balance Center hosted their 1<sup>st</sup> Annual FBC Symposium on October 26-27, 2006 titled: "Current Trends: Diagnosis and Treatment of Vestibular Disorders" in the Park Library. There were 61 attendees composed primarily of audiologists, physical therapists, a handful of RN's and one MD. Participants came from several states in the Great Lakes Region. Thirty Audiology students attended. The symposium content fulfilled some of the course requirements and exposed the students to experts in this highly specialized field.

The **2<sup>nd</sup> Annual FBC Symposium** is scheduled for October 26<sup>th</sup>, 2007 and will target a broader audience. The topic will be “Fall Prevention: Evidence-Based Assessments and Meaningful Interventions.”

**The faculty/staff/student/community awards** will be given for the first time, during the symposium luncheon banquet, to acknowledge their efforts in creating a service, education and research environment for student learning through the Fall and Balance Center.

***Formalize partnership with the Saginaw Chippewa Indian Tribe***

Representatives from the Saginaw Chippewa Indian Tribe have consistently participated on the Bridges Center Advisory Board. Three members from the Nimkee Memorial Wellness Center and their newly built Senior Independence Village have been actively involved in the planning process of the FBC and other projects.

The Bridges Center provided a formal presentation to the Indian Health Board on Carls Center services and the Fall and Balance Center for Assessment and Rehabilitation. Nimkee Memorial Wellness Center representatives were invited to visit the college to meet with various administrators and faculty. A building tour of the Health Professions Building was included in the visit. The meeting between the CHP and tribal members was very informative.

Representatives from the tribe’s Senior Independence Village presented to the Bridges Board and through a “Reinventing Retirement” video conference to Gratiot and Clare Counties.

Bridges Board members representing the Tribe have agreed to assist in accessing data that would be of value to the Fall and Balance Center through Nimkee, the Great Lakes Intertribal Council epidemiology center and the Indian Health Services (IHS) as needed.

Nimkee Memorial Wellness Center physicians, health care staff and administration are knowledgeable about the FBC and will refer as appropriate.

***Resource Center open/Website & Educational Materials***

The Fall and Balance Center website, [http://www.chp.cmich.edu/bridges/FBC\\_1.htm](http://www.chp.cmich.edu/bridges/FBC_1.htm), currently provides information about FBC services provided and referral information. A PDF of the referral form is included on the site. Patient and family educational information and resources are also included with links to pertinent sites. Since January 2007, there have been over 360 visits to the site.

Student assistants and interns have been instrumental in maintaining and updating the site.

The Resource Center is beginning to increase the resources available to patients, families, caretakers and the community. The numbers of professional (health care provider) resources (periodicals, publications and website links) are also beginning to grow. The resource center will be a top priority for year two and will include a joint venture with the Michigan Fall Prevention Partnership and the State of Michigan Injury Prevention Division. CMU, through the Herbert H.

and Grace A. Dow College of Health Professions, is currently a founding partner in the Michigan Fall prevention Partnership.

### ***Faculty and Staff with Clinical Expertise***

Faculty and staff of the Fall and Balance Center have been gaining clinical expertise in the area of Fall Prevention, Assessment, and Treatment over the past year.

A clinical expert consultant was hired and has provided three all day in-service sessions in November/December 2006 which included: logarithm for assessment, referrals and forms for each, fall prevention overview, risk factors and assessment, cultural and communication factors, billing, documentation, setting up clinical update hotline for all FBC clinic workers, evidence based strengthening and stretching for older adults, postural recovery strategies, interviewing and communication skills with older adults, home assessment options, vision, vestibulo-ocular interventions and managing the frail patient with multiple co- morbidities.

All FBC faculty, staff and appropriate Carls Center staff attended the sessions. The consultant is currently assisting with clinical record review protocols and will provide the practitioners with a self study to assist with record keeping within appropriate Medicare guidelines.

The FBC project has been fortunate to build on the expertise and experience of the Audiology faculty/practitioners in vestibular assessment on state of the art equipment available in the College of Health Professions.

Two of the FBC Physical Therapy faculty/practitioners have attended Herdman training for vestibular rehabilitation. This training is highly specialized and requires testing of skills and knowledge for certification.

All FBC staff, practitioners, faculty and students have had HIPAA training.

The Office Professional hired for the FBC has had extensive training by the Carls Manager on the use of AdvantX for patient data entry as well as for billing, scheduling and medical record management.

A total of 15 staff/practitioners/faculty/students have had training in the past eight months. All nine of the practitioners involved in the FBC have had training on the use of the EMR. Two Audiology and two Physical Therapy practitioners have had training and provide specialized assessment in the area of vestibular assessment and rehabilitation. Other specializations of faculty and staff are in the area of gerontology, osteoarthritis, multiple sclerosis and neurology, all of which are factors in the assessment of fall risk.

### ***Student Involvement***

Students have been and remain the primary focus of the service learning experience provided through the Fall and Balance Center. A student intern from the Health Care Administration program was placed with the Bridges Center in Fall '06 and participated in the preliminary work

involved with creating a new clinic. The intern was instrumental in organization of the First Annual FBC Symposium held in October 2006.

The second student intern, a Health Science major, will join the FBC team in Fall '07 to concentrate on a health education project (the Second Annual FBC Symposium), development of health educational and media materials, one on one educational sessions with clients and marketing activities to area physician offices, hospitals, and the Commission on Aging.

Student assistants have been actively employed with the Fall and Balance Center since the Fall '06 semester to assist in clinic set up, web site production and maintenance, creating patient centered educational materials and general office work.

Beginning in August '07, the FBC will hire its first graduate student for research. The role and responsibilities for this position were identified by a 14 member interdisciplinary faculty research advisory committee. The graduate student will monitor data collection for the Fall and Balance Center, conduct literature reviews and assist faculty/students who are conducting research using FBC data. The research committee will meet each semester to: provide input into the clinical data repository, identify and facilitate applied clinical research potential and opportunities, and to provide leadership and oversight of the roles and responsibilities of the graduate student.

Audiology students (9) have performed vestibular testing as part of their clinical rotation. Six additional students have observed clinical assessment and interdisciplinary team conferences. The Audiology students who have been involved to date will not only have expertise in vestibular assessment, but in fall risk as well. They will also have experience in an interdisciplinary approach to assessment and treatment. The Audiology program already has a strong vestibular assessment component within their clinical coursework and has integrated a basic introduction to their role in the interdisciplinary team and fall prevention during the Spring '07 semester.

The Physical Therapy and Physician Assistant programs are working toward student learning opportunities for their disciplines as well.

In conclusion, the Fall and Balance Center for Assessment and Rehabilitation at Central Michigan University is well on its way toward meeting its long term goal of becoming a state-of-the-art clinical and educational facility that specializes in Fall Prevention and Balance Assessment and Rehabilitation. Through the efforts of the administration, staff and faculty in the Herbert H. and Grace A. Dow College of Health Professions and community representatives, the FBC opened its doors to its first patient in March 2007. The FBC provides a comprehensive interdisciplinary program to assess, identify and treat patients with balance, mobility and dizziness disorders and the resulting loss of functional skills. The center serves as an advanced training facility that provides educational and clinical opportunities for students and practitioners to blend theory with practice. Through the continued efforts of the dedicated FBC practitioners, faculty and staff, it is also well on its way to becoming a nationally recognized clinic, research and resource center for patients, providers, educators and applied research scientists.

**Fall and Balance Center for Assessment and Rehabilitation Milestones**

**Year One:** Fall '06 Establish FBC; ready for patients; 1<sup>st</sup> annual symposium  
 Formalize Saginaw Chippewa Indian Tribe partnership  
 Spring '07 Marketing campaign in place; accept referrals; student clinicians in place;  
 Electronic Medical Record (EMR) system in place; evaluation mechanism  
 in place  
 Summer '07 Staff trained in EMR; 1<sup>st</sup> service contract finalized  
 Resource center open; website and educational materials available

**Year Two:** Fall '07 2<sup>nd</sup> annual symposium; 1<sup>st</sup> student, faculty, staff and community awards;  
 Spring '08 Graduate student research initiated; teleconferences and clinical  
 coursework in place  
 Summer '08 1<sup>st</sup> graduates with FBC expertise; authorized user of the IHS National  
 Data Repository; 3 partnerships formed with FBC  
 6 faculty and staff with expertise; submit NIH grant

**Year Three:** FBC well established and adequate stream of referrals with reimbursement for sustainability.

	Year 1			Year 2			Year 3		
	Fall '06	Spring '07	Summer '07	Fall '07	Spring '08	Summer '08	Fall '08	Spring '09	Summer '09
<b>Goal #1: The long term goal is to become a state-of-the-art clinical and educational facility that specializes in Fall and Balance Assessment and Rehabilitation that will provide unique educational, research and clinical opportunities for students to blend theory with practice.</b>									
<b>Aim #1:</b> To establish a comprehensive program to assess, identify, and treat patients with balance, mobility and dizziness disorders, and loss of functional skills.									
<b>Outcome:</b> (FBC) will be established and ready for patients by early fall '06 semester.									
1. Protocols developed for serving patients.		x							
2. Assessment instruments developed for evaluating pts.		x							
3. Materials developed for marketing of FBC services.	x								
4. Accept patients for fall and balance assessment and rehab services.		x							
<b>Aim #2:</b> To provide comprehensive, individualized vestibular assessment & rehabilitation services to patients with balance, mobility and dizziness disorders that are related to vestibular dysfunction.									
5. PT clinicians will receive specialized vestibular training.		2							
6. Add PT vestibular rehab services to the existing vestibular assessment by audiology.		x							
<b>Aim #3:</b> To provide appropriate interventions for patients with histories of falling that are related to identified disorders in strength, range of motion, cardiovascular health, behavior, medications or nutrition.									

	Year 1			Year 2			Year 3		
	Fall '06	Spring '07	Summer '07	Fall '07	Spring '08	Summer '08	Fall '08	Spring '09	Summer '09
7. Number of patients served.			15						
8. Evaluation mechanism in place. Exit survey for each pt. focusing on satisfaction, improvement, services.			x						
<b>Aim #4:</b> To provide students the opportunity to obtain clinical education and service learning with programs that enhance communication and understanding among diverse ethnic, cultural, and geographical groups, including the Saginaw Chippewa Indian Tribe.									
9. Sag-Chip members on FBC planning committee.	x								
10. # pts. from tribe.			0						
11. # pts. from various ethnic, cultural groups.			1						
<b>Outcome:</b> Student clinicians from audiology, physical therapy, psychology, neuropsychology and other programs in the health professions will be incorporated as appropriate into the comprehensive, individualized assessment and rehabilitation services offered by the FBC by Spring '07.									
12. # students participating in assessment or observation.			14						
13. # disciplines w/ student involvement.			3						
<b>Aim #5:</b> To become an established fall and balance center in the region for referrals from primary care physicians, otolaryngologists, neurologists, audiologists, physical therapists, orthopedists, pharmacologists, athletic trainers, and other rehabilitation health care professionals.									
14. # referral sources.			15						
<b>Outcome:</b> Referrals will increase during the initial two years of the FBC's operation and by year 3 it will be self-sustaining.									
15. # referrals.			19						
<b>Goal #2: To be a comprehensive educational resource for students, state and local providers, patients and the community.</b>									
<b>Aim #1:</b> To prepare graduates in audiology, physical therapy, and other disciplines for employment in specialized fall and balance assessment and rehabilitation.									
<b>Outcome:</b> By May 2008 and thereafter students from these programs will graduate with the knowledge and skills needed to provide comprehensive assessment and rehabilitation services to patients with fall and balance disorders.									

	Year 1			Year 2			Year 3		
	Fall '06	Spring '07	Summer '07	Fall '07	Spring '08	Summer '08	Fall '08	Spring '09	Summer '09
16. Curriculum/protocol developed for incorporating student training into pt. care.	Audiology								
17. # students ... (refer to #12 & #13)									
18. Exit survey developed for each student on satisfaction, learning, suggestions for improvement.									
<b>Aim #2:</b> To further develop the core of faculty and community research and clinical experts in the area of fall prevention and balance assessment and rehabilitation in multiple disciplines.									
<b>Outcome:</b> By Summer '08 at least six faculty and clinical supervisory staff will have the clinical expertise necessary to provide fall prevention and balance assessment and rehabilitation services.									
19. # faculty/staff involved in pt. care.			9						
20. # different disciplines involved in FBC pt. care.			5						
21. Survey developed for each faculty/staff focusing on satisfaction, utility, and suggestions for improvement.									
<b>Aim #3:</b> To provide educational opportunities in fall prevention and balance assessment and rehabilitation through symposiums, workshops, and conferences that elevate health care workforce skills in the Central and Northern Michigan region, the state and nationally.									
<b>Outcome:</b> An annual 1 to 2 day symposium (or workshop) in areas key to fall prevention and balance assessment and rehabilitation will be established in the Fall '06 semester and held each year thereafter.									
22. Hold Annual FBC Symposium.	Oct.26-27, 2006								
23. Develop symposium marketing materials.	x								
24. # of participants.	61								
25. # of students/faculty/staff participants.	30/5/2								
26. Develop symposium evaluation for participants.	x								
<b>Aim #4:</b> To serve as a fall prevention and balance educational resource center for health care providers, scholars and the community.									
<b>Outcome:</b> A resource center will be established by Summer '07.									
27. Develop marketing material for resource center.		x							
28. Develop web site for resources.		x							
29. # users on web site.			360/6 mo.						
30. # professionals requesting information.			3						

	Year 1			Year 2			Year 3		
	Fall '06	Spring '07	Summer '07	Fall '07	Spring '08	Summer '08	Fall '08	Spring '09	Summer '09
31. Develop satisfaction survey for use of resource center.									
<b>Outcome:</b> Preventative telehealth and telemedicine lectures will be available through teleconferences by Spring '08.									
32. Develop and market telehealth & telemedicine lectures.									
33. # students served through telehealth lectures.									
34. Develop satisfaction survey for participants.									
<b>Outcome:</b> Specific educational materials to be incorporated into existing clinical and academic coursework by Spring '08.									
35. # classes that incorporate fall risk and balance - evidence based materials in the curriculum.		3							
<b>Goal #3: To become a nationally recognized clinical and community-based research center in fall prevention and balance assessment and rehabilitation.</b>									
<b>Aim #1:</b> Establish a mechanism by which Fall and Balance Center data is available for scholarly activities internally (within and between colleges at CMU) and externally (between community organizations, providers and CMU).									
36. # requests for data for presentations, professional meetings, class papers, theses, articles, etc.		2	1						
<b>Aim #2:</b> Establish a dissemination plan for research resulting in best practices to benefit the community, the regional providers and workforce, and national publications.									
37. Dissemination plan in place.									
<b>Aim #3:</b> To facilitate opportunities for students and faculty involvement in doctoral research and masters' thesis across disciplines in the university. (e.g., audiology, physical therapy, psychology)									
38. # faculty/staff using FBC data for research.			1						
39. # students involved in fall/balance research.			1						
<b>Aim #4:</b> To provide faculty, equipment and expertise for clinical research initiatives involving both university and community clinicians and other health care providers.									
40. # clinical research projects with university/community partnerships.									

	Year 1			Year 2			Year 3		
	Fall '06	Spring '07	Summer '07	Fall '07	Spring '08	Summer '08	Fall '08	Spring '09	Summer '09
<b>Aim #5:</b> To become part of the currently existing network of research institutions and centers at the state and national level that focus on fall prevention and balance.									
41. # records transferred to central data depositories.									
<b>Outcome:</b> Clinical research collaboration among CMU faculty, students and external constituents will involve the Michigan populations of individuals diagnosed with conditions that place them at risk for falls. (i.e., Huntington's Chorea, Alzheimer's, Multiple Schlerosis, Parkinson's disease, etc).									
42. # research projects involving special at risk for fall populations.									
<b>Outcome:</b> At least one NIH (or similar grant) will be submitted during the second year of the FBC's operation that includes student participation.									
43. Major grant proposal submitted.									
<b>Aim #6:</b> To be in a position to provide standardized data to the IHS (Indian Health Services) National Data Repository in support of Indian Health Services' Clinical Research.									
44. The FBC at CMU will become an authorized user of the IHS National Data Repository.									
<b>Goal #4: To develop a comprehensive model for community/university collaboration and partnership for fall and balance assessment and rehabilitation.</b>									
<b>Aim #1:</b> To develop collaborative partnerships with state and community health providers particularly in central and northern Michigan and with the Saginaw Chippewa Indian Tribe.									
<b>Outcome:</b> The FBC will formalize the Saginaw Chippewa Indian Tribe partnership by Fall '06 and create at least 3 additional partnerships by Spring '08.									
45. Number of partnership activities with the Saginaw Chippewa Indian Tribe.	1	1	1						
46. Number of meetings that help with community groups/agencies.	3	4	2						
47. Number of distinct partnerships developed between CMU and community groups/agencies. Attention paid to the ethnic composition and diversity of partners.			5						

	Year 1			Year 2			Year 3		
	Fall '06	Spring '07	Summer '07	Fall '07	Spring '08	Summer '08	Fall '08	Spring '09	Summer '09
48. Tracking system in place for number of faculty/staff/students involved in collaboration with community partners fall/balance research (including number of presentations on campus and at professional meetings, number of articles published, number of grants submitted, number of grants funded.)									
<i>Aim #2: To establish a sustainable system whereby data, networks and resources are leveraged, through state/university, community/university and tribal/university partnerships relative to the FBC.</i>									
<b>Outcome# :</b> The FBC will build on the current Carls Center data, networks and resources and use these to further leverage state/university, community/university and tribal/university partnerships during the initial two years of its proposed initiation as well as during subsequent years.									
49. Incorporate AdvantX data into the EMR.		x							
50. Electronic Medical Record System in use by FBC.		x							
51. Staff/faculty training for EMR.		x							
52. Service contract will be finalized as authorized user of the IHS National Data Repository.		informal							
53. All surveys reflect whether participants are community partners or CMU members.									
54. Surveys of key community partners focusing on satisfaction, learning, and suggestions for improvement.									
<i>Aim #3: To hold an Annual Fall Prevention and Balance symposium as a platform to recognize the relevant work of students, staff, faculty and community health care providers who demonstrate expertise in clinical excellence, scholarship and research.</i>									
<b>Outcome.</b> 2 students, 1 faculty, 1 staff and 1 community provider will be recognized during a formal program at the annual symposium beginning in year 2.									
55. Recognition of 2 students, 1 faculty, 1 staff and 1 community provider process in place.			Planned for Oct. '07						