Elevate Quality:
Advancing Leadership, Safety, and Patient Experience

UTAH ASSOCIATION FOR HEALTHCARE QUALITY

Annual Conference 2026

UTAH ASSOCIATION FOR HEALTHCARE QUALITY
Commitment . Leadership . Empowerment . Integrity

About UAHQ

- The Utah Association of Healthcare Quality (UAHQ) is a non-profit organization for healthcare quality professionals in all settings.
- UAHQ provides
  - Education
  - Leadership development
  - Networking opportunities

Become a Member Today!

Didn’t attend as a member but now you want to join the fun?

Become a Member Today!

Membership Information available online at:

https://uahq.org/membership-application/

Meet the 2026 UAHQ Board

- **President-** Emily Carlson, University of Utah
- **President- Elect-** Brittany Siebenhaar, Molina Healthcare
- **Immediate Past President-** Jessica Hackwell, Intermountain Healthcare
- **Secretary-** Will Hicken, Uintah Basin Medical Center
- **Treasurer-** Kate Markos, University of Utah Health
- **Member- At-Large-** Adrianne Brown, Molina Healthcare
- **Communications Chair-** Chanda Sundara, University of Utah
- **Education Chair-** Michelle Suitor, Mountain Pacific

Thank you to our 2026 Committee Members!

- Carissa Ellis- Education Committee
- Tim Nelson- Communications Committee
- VaNeta Ecton- Communications Committee

We Want You- To Help Plan our Next Conference!



WE WANT YOU!

This conference would not be possible without member volunteers that help plan, find speakers, give ideas, and help us know what the members what to learn.

Join the UAHQ Education Committee and help us plan next year's conference to ensure that it meets your needs and expectations!

Contact us at Contact.UAHQ@gmail.com if you want to get involved!

UAHQ is on Linked IN
Come Follow Us!



U A H Q

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Voting is now OPEN for the
2027 UAHQ Board

We also want your feedback on how to make UAHQ even better

Please vote here!



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Interested in additional CPHQ CE Credit Options?

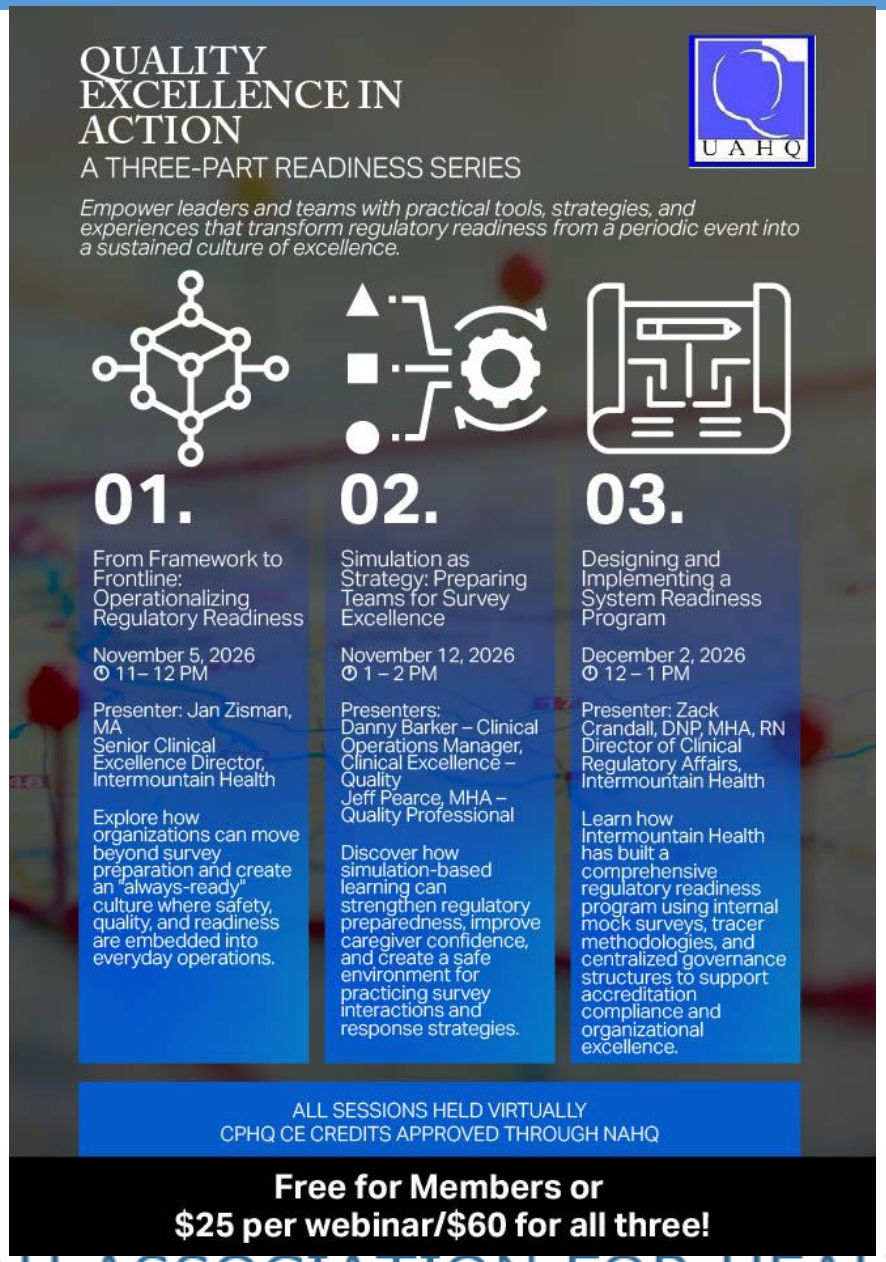


UAHQ's membership in the **Healthcare Quality Collective** gives you access to lots of free or low-cost events throughout the year!

Check-out the latest on our website at https://uahq.org/upcoming-events-2/

Register Here





Register Here

UAHQ

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Elevate Quality: The View from Higher Ground

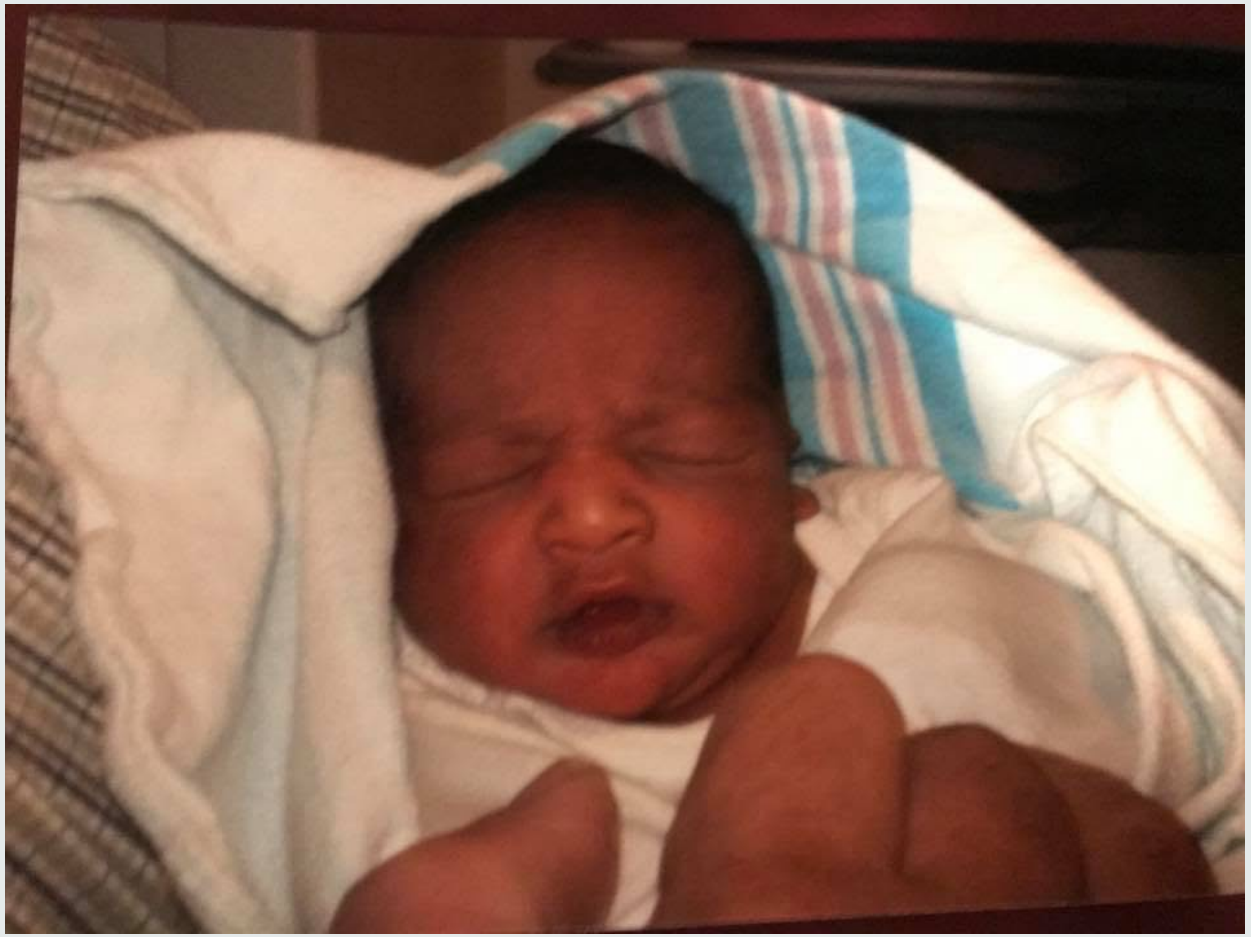
Emily Carlson
President, UAHQ 2026



Healthcare quality professionals often work behind the scenes.

Patients rarely know your names.

Yet countless patients go home safely because of work you've done.





When we elevate:

We see systems instead of individual mistakes.

We see opportunities instead of obstacles.

We see people instead of metrics.

We see possibilities instead of limitations



The most influential leader in healthcare is often the person without a leadership title.

Leadership is not a position.
Leadership is a decision.

The decision to:

- Speak up.
- Listen deeply.
- Challenge assumptions.
- Advocate for patients.





PATIENT EXPERIENCE

EMPLOYEE EXPERIENCE

SAFETY CULTURE

QUALITY OUTCOMES

The Courage to Improve



Courage to:

- Admit imperfections
- Learn from mistakes
- Have difficult conversations
- Keep improving when progress feels slow

What is one thing you need to elevate?

A conversation.

A process.

A relationship.

A standard.

Your own leadership.





Thank you!

Rob Ence & Teresa Brunt

Defying Gravity – A Hospital Based Fall Prevention Program



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UCOA
Utah Commission on Aging

Preventing the Next Fall:
From Home to Health Care
&
The Master Plan for Aging in Utah

Rob Ence, Executive Director
Utah Commission on Aging

Teresa Brunt
Injury Prevention and Trauma Outreach Coordinator IMC

prepared for the

Utah Association for Healthcare Quality

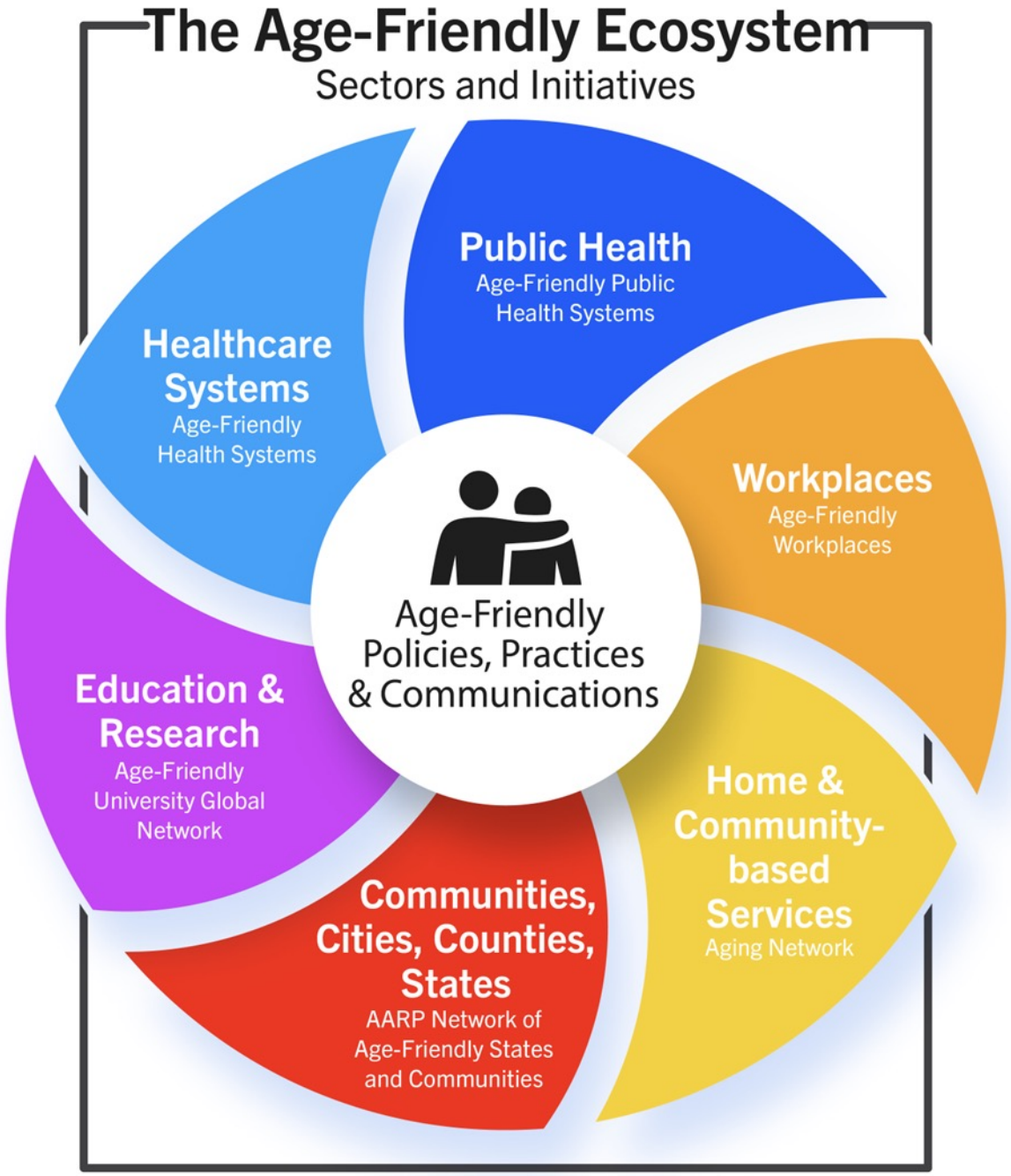
October 2, 2026

UtahAging.org
Utah Commission on Aging




Independence
Food Insecurity
Social Isolation
Ageism
Abuse & Fraud
Emergency Preparedness
Fitness
Falls Prevention
Affordable Health & Long-Term Care
Caregiving
Mobility
Housing &
Aging In Place
Financial Adequacy
Mental Acuity
End of Life

UtahAgin
Utah Commission



UtahAging.org
Utah Commission on Aging

A Statewide Roadmap

Six Core Priority Areas

1. Age-Friendly Communities
2. Health & Education
3. Financial Security
4. Caregiving Supports
5. Empowerment & Planning
6. Technology & Broadband Access

UtahAging.org
Utah Commission on Aging

Learning Objectives

By the end of the session, participants will be able to:

1. Describe the **scope, health consequences, and financial impact** of falls among Utah's older adults.
2. Recognize falls as a **continuum-of-care quality issue**, rather than an isolated event.
3. Identify modifiable fall risks in the **home, community, ED, hospital, post-acute and long-term-care environments**.
4. Apply practical clinical strategies for screening, assessment, intervention and referral.
5. Identify Utah and national resources that can support **evidence-based falls prevention and quality improvement**.

UtahAging.org
Utah Commission on Aging

Preventing the Next Fall

A fall is often not a random event. It can be a warning signal—and an opportunity to prevent the next injury, hospitalization or death.

"When an older adult comes into the emergency department because of a fall, are we treating an injury - or identifying a patient at high risk for the next fall?"

UtahAging.org
Utah Commission on Aging

Falls Are A Major Utah Health Issue

2022 Declarations:

- Approximately **30% of Utah adults age 65+ report falling**.
- That represents roughly **106,800 older Utahns** in CDC's state dataset. (CDC)
- Utah DHHS reports that **330 of Utah's 386 unintentional fall deaths in 2023—85.5%—occurred among adults 65+.** (IBIS)
- Newer CDC mortality data show **364 Utah fall deaths among adults 65+ in 2024**.
- Utah's 2024 age-adjusted fall death rate for people 65+ was **104.7 per 100,000**, compared with a national rate of 78.4. (CDC)

UtahAging.org
Utah Commission on Aging

Utah Health-System Impact

Utahns age 65+:

Measure	Annual impact
Deaths	**398**
Hospitalizations	**4,036**
Emergency department visits	**17,867**
Hospital charges	**>$228 million**

UtahAging.org
Utah Commission on Aging

System Impact Redux

This translates to roughly:

- **49 fall-related ED visits every day**
- **11 hospitalizations every day**
- More than **one older Utahn dying from a fall each day**

*Downstream costs: rehab, home health, caregiver burden, loss of independence, subsequent falls.

UtahAging.org
Utah Commission on Aging

National CMS Perspective

Falls are both a clinical issue and a **health-care utilization problem nationally:**

- More than **1 in 4 adults 65+ falls annually**.
- About **3 million ED visits** annually are related to older-adult falls.
- Approximately **1 million fall-related hospitalizations** annually.
- Falling once **doubles the likelihood of falling again**. (CDC)

Note: CMS/QIO audience: **~$80 BILLION** in annual health-care expenditures are attributable to nonfatal older-adult falls, with **Medicare paying the majority**. (CDC Stacks)

Prevention directly relevant to quality, utilization, and Medicare spending.

UtahAging.org
Utah Commission on Aging

Falls as an Event Cycle

Interrupting the cycle: Risk factors → Fall → 911/EMS → ED → Hospital → Post-acute care → Home → Repeat fall

Why One Fall Predicts Another	
A fall should trigger questions about:	
• Previous falls	• Cognitive change/delirium
• Gait and balance	• Continence/urgency
• Lower-extremity weakness	• Nutrition and hydration
• Medications/polypharmacy	• Home hazards
• Anticoagulants	• Assistive-device use
• Vision/hearing	• Fear of falling
• Orthostatic hypotension	• Social isolation
• Footwear and foot problems	• Transportation access for follow-up care

UtahAging.org
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Measuring What Matters

Are We Making a Difference?

- Dynamic, measurable framework
- Guides future policy and investment decisions
- Improve aging outcomes across generations

"What gets measured gets improved…

- Annual reporting and dashboards – evaluate and refine
- Shared accountability across partners
- HHAU role in identifying real-world outcomes

…and what gets improved changes lives."

UCOA
Utah Commission on Aging

Contact Information

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Executive Director

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utahaging@gmail.com

Defying Gravity – A Hospital Based Fall Prevention Program

Teresa Brunt RN MSN CEN TCRN
Sara Mathews MS, RDN, CDE
Irma Hinkle MSN-Ed, RN
Erin Remund RN, BSN

Welcome to Trauma and the American College of Surgeons

The Orange Book, then the gray book…..



ACS VRC Verification Review Consultation
American College of Surgeons

July 2025 Change Log

The Verification, Review, and Consultation (VRC) program released the seventh edition of the Resources for Optimal Care of the Injured Patient (2022 Standards) in March 2022. Following the release, stakeholders and participants requested clarification and guidance on some of the new standards. In response, we have issued three revised versions:

- December 2022
- December 2023
- July 2025

This document contains changes made since the December 2023 revision. The purpose of the change log is to provide precise and succinct information on revisions to each version of the book. In addition to showing the specific change, whether the change impacts the actual requirements of the standard and if there is a resulting change to the PRQ are also indicated in the chart below.

Standard	Section	Applicable Level	Changes	Revision Date	Change to Requirement	Change to the PRQ
2.11 Trauma Program Manager Responsibilities and Reporting Structure	Definition and Requirements	I, II, III, PTCI, PTCII	Corrected typographical error sixth bullet: "Service" changed to "Serve"	July 2025	-	-
4.5 Specialty Liaisons to the Trauma Service	Additional Information	I, PTCI	Revised to clarify that the Orthopaedic Trauma Liaison may be shared between adult LI and pediatric LI programs, provided they are credentialed to provide care at both the adult and pediatric trauma center.	July 2025	-	-

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And the stress of a SURVEY!!!



Why Talk About Falls?



Mechanisms of Trauma



Cost of Falling
nationwide is now
$80 billion



If you fall, the average
hospital cost
for an injury is over
$30,000

Behind the Class

Teresa Brunt RN MSN CEN TCRN

Injury Prevention and Trauma Outreach Coordinator

Las Vegas, Nevada 2019
TCAA IP



Shou Min — Chie
-Trauma Specific Data Analysis

ANDARDS & INDICATORS ASSESSMENT – PLANNING WORKSHEET — Revised 4.25.19

ELECT A CORE COMPONENT TO ASSESS:

STEP 1: DETERMINE PURPOSE OF THE ASSESSMENT

Falls Prevention- Elderly population
- Live Well. Alter View Stepping on
- Connect care to

- Stepping on classes
- Reserve space: Balance classes → Live well; Host- conference room; Public -housing -user friendly

STEP 2: IDENTIFY AND ENGAGE STAKEHOLDERS

INTERNAL	EXTERNAL	ADDITIONAL STAKEHOLDERS (Optional)
Liz Joy. (comm. health) Karen Schlieter (comm Base) Trevor Smith (Live well) Krista Schonrock (SH)	"Return to Green" Icentra workflow - Dixie GLF Live Well Center Free resource Stepping on (7 week NCO)	Falls Alliance Meets criteria o what is criteria Stepping on. Balance Mobility ER - PCP. Homecare Fullerton balance Small group setting - Midlife + older Five live well centers Who has dominion ED falls –
Free class. fee based - ↓ attendance High percentage 170 Month. 2X a week intake assessment $50 & a class	ER DP HC PCP	

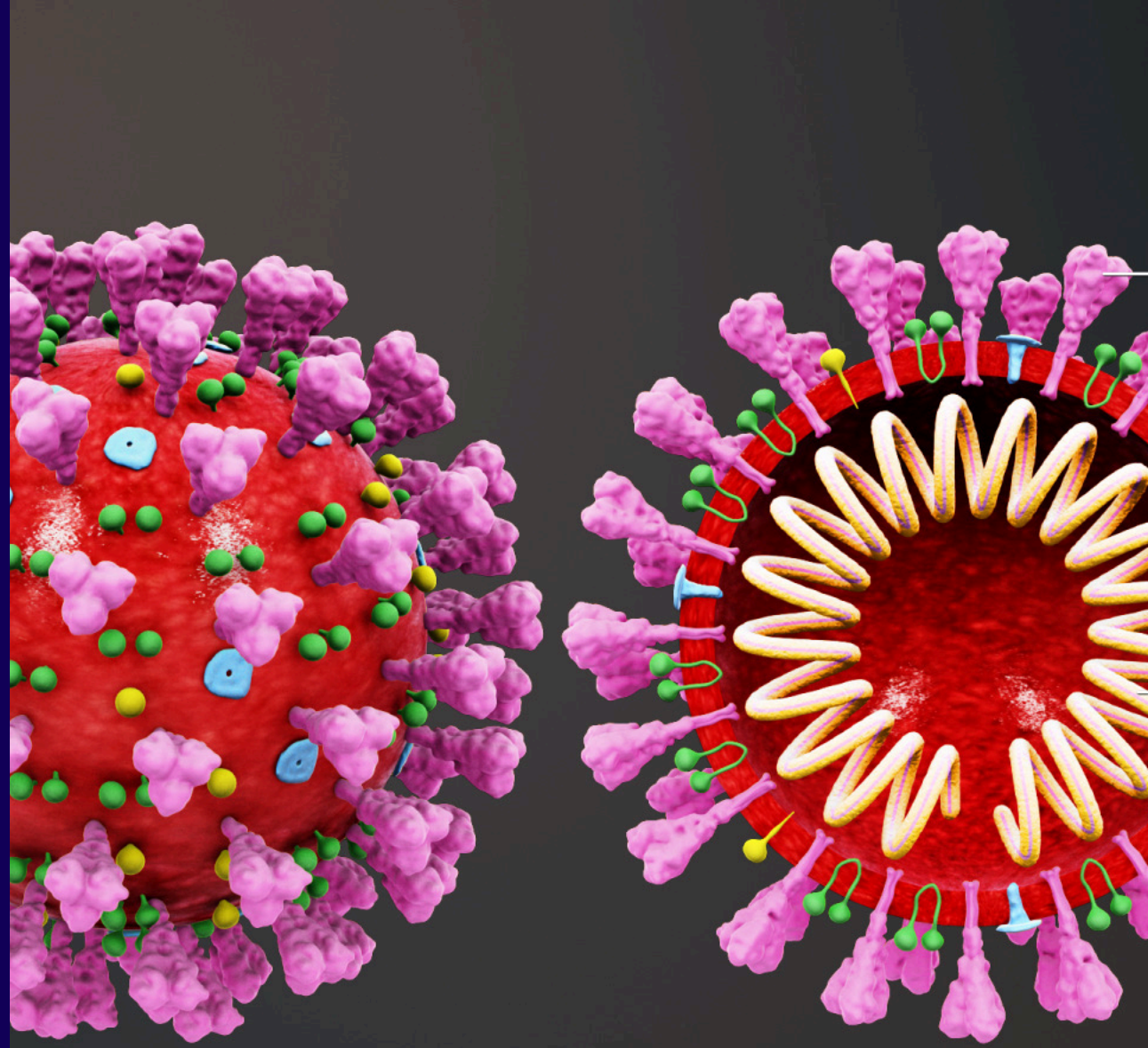
Living well website Istate – ED activity. Fall– Icentra communication letter/ Volunteers



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Covid 19 Pandemic

Literally changed the face of healthcare and our own lives personally.



This Photo by Unknown Author is licensed under CC BY-NC-ND

We did not see a reduction in falls during the pandemic

https://www.sciencedirect.com/science/article/pii/S2950307825001109

No, there was not a widespread decrease in the number of elderly falls during the COVID-19 pandemic; in fact, many studies reported an increase in fall rates and fall-related fatalities. ScienceDirect.com +1

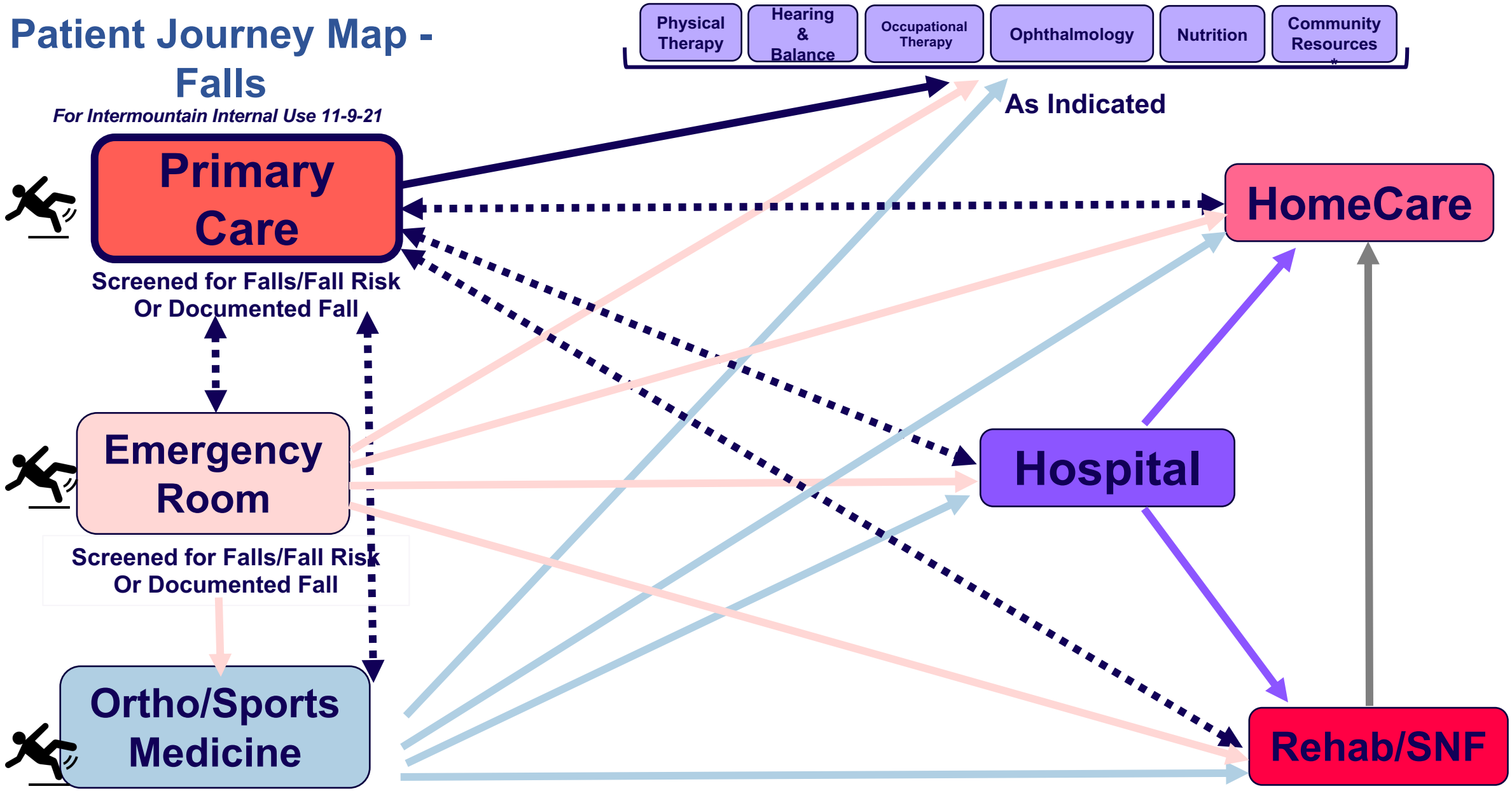
While lockdowns initially kept many seniors at home, the resulting isolation and sedentary lifestyles led to a significant loss of muscle mass, balance, and physical conditioning. This decline in physical health, combined with an increased fear of falling, ultimately heightened the risk of accidents. National Institutes of Health (.gov) +1

Key data and insights regarding elderly falls during the pandemic include:

- **Increased Fatalities at Home:** Research analyzing fatalities observed a 25% increase in fall-related deaths occurring within the victims' homes during the pandemic, highlighting the impact of prolonged indoor confinement.
- **Increased Emergency Visits:** Several studies recorded a 17% or higher increase in fall incidences and emergency department admissions compared to pre-pandemic baselines.
- **Reduced Activity:** A National Poll on Healthy Aging revealed that over a third of older adults experienced reduced physical activity levels during the early months of the pandemic, which directly contributed to functional decline and higher fall risk.
- **Varied Regional Trends:** While some localized or short-term studies reported a temporary drop in outdoor falls during strict lockdowns, the overwhelming consensus across larger, long-term studies shows that the overall fall risk increased or remained stubbornly high. ScienceDirect.com +4

Patient Journey Map - Falls

For Intermountain Internal Use 11-9-21

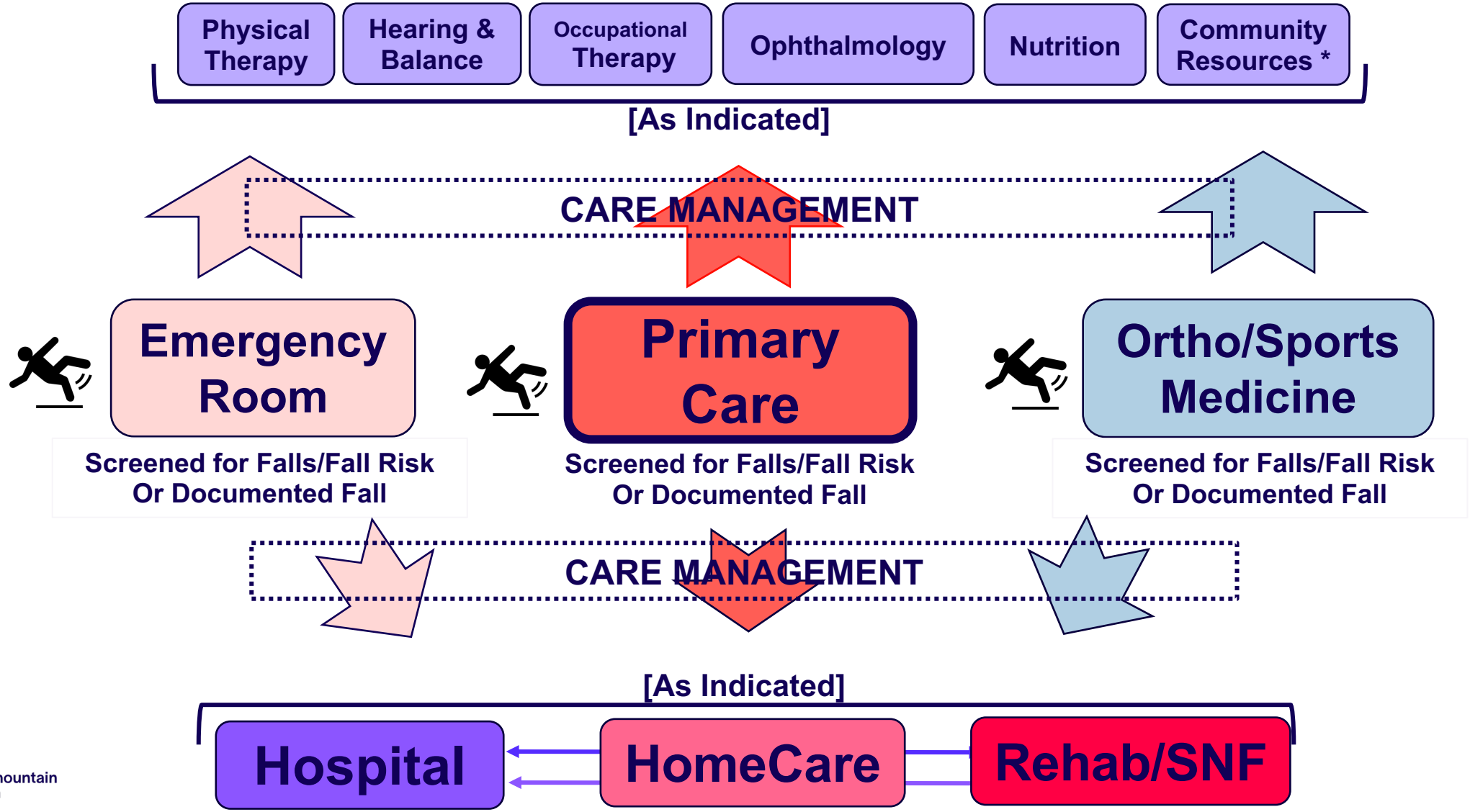


* *Utah Falls Prevention Alliance*
Resources: https://ucoa.utah.edu/fpa/#:~:text=The%20Utah%20Falls%20Prevention%20Alliance,can%20take%20to%20prevent%20falls

Patient Journey Map - Falls

For Intermountain Internal Use 11-14-21

** Utah Falls Prevention Alliance*
Resources: https://ucoa.utah.edu/fpa/#:~:text=The%20Utah%20Falls%20Prevention%20Alliance,can%20take%20to%20prevent%20falls.



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Things that became very evident as we started asking questions?

We survived the pandemic – sort of

the world became more distant, socially isolated and more technology facing

We were able to keep the discussing going

I kept asking questions

But I was not fully aware of grant funding and grant cycles – and the over arching control of the federal government and the administrations' ability to cut funding.



The issues remained but we did not know how to help each other.



Erin Remund







Teresa Brunt



Irma Hinkle



Sara Mathews



Class Topics & Objectives

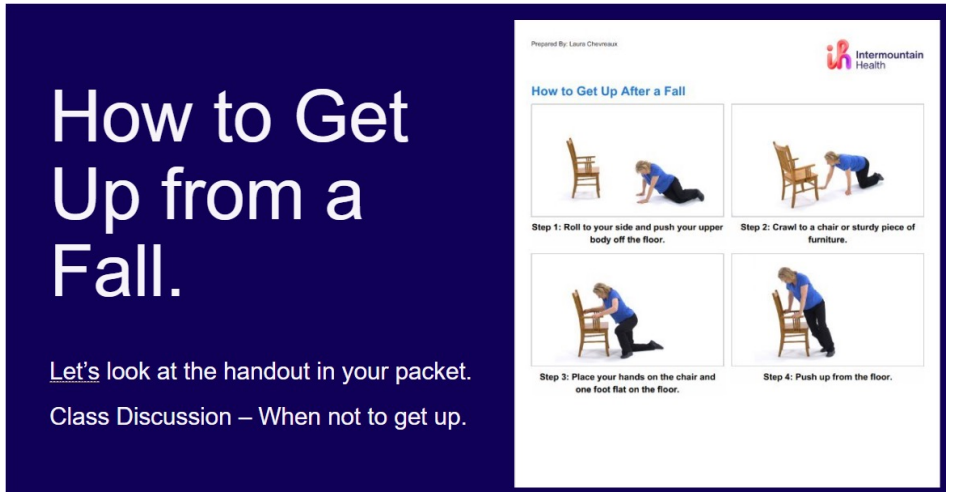
1. Why Talk About Falls?
2. Home Hazards
3. Balance & Strength Exercises
4. How to Get Up From a Fall
5. Vision, Medication, and Footwear
6. Navigating Your Community Environment
7. Local Resources

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DefyingGravity?

Defying Gravity – Fall Prevention Class

- What it is
  - 90 Minute Fall Prevention Class
  - In person, customizable, resource focused
- Who it serves
  - 65+ patient and community populations
  - Fall risk patients
- Research goal
  - Establish validation for Defying Gravity as an intervention
  - Supports Survey
  - Demonstrate outcomes
    - Fear of Falling
    - Incidence of Falling





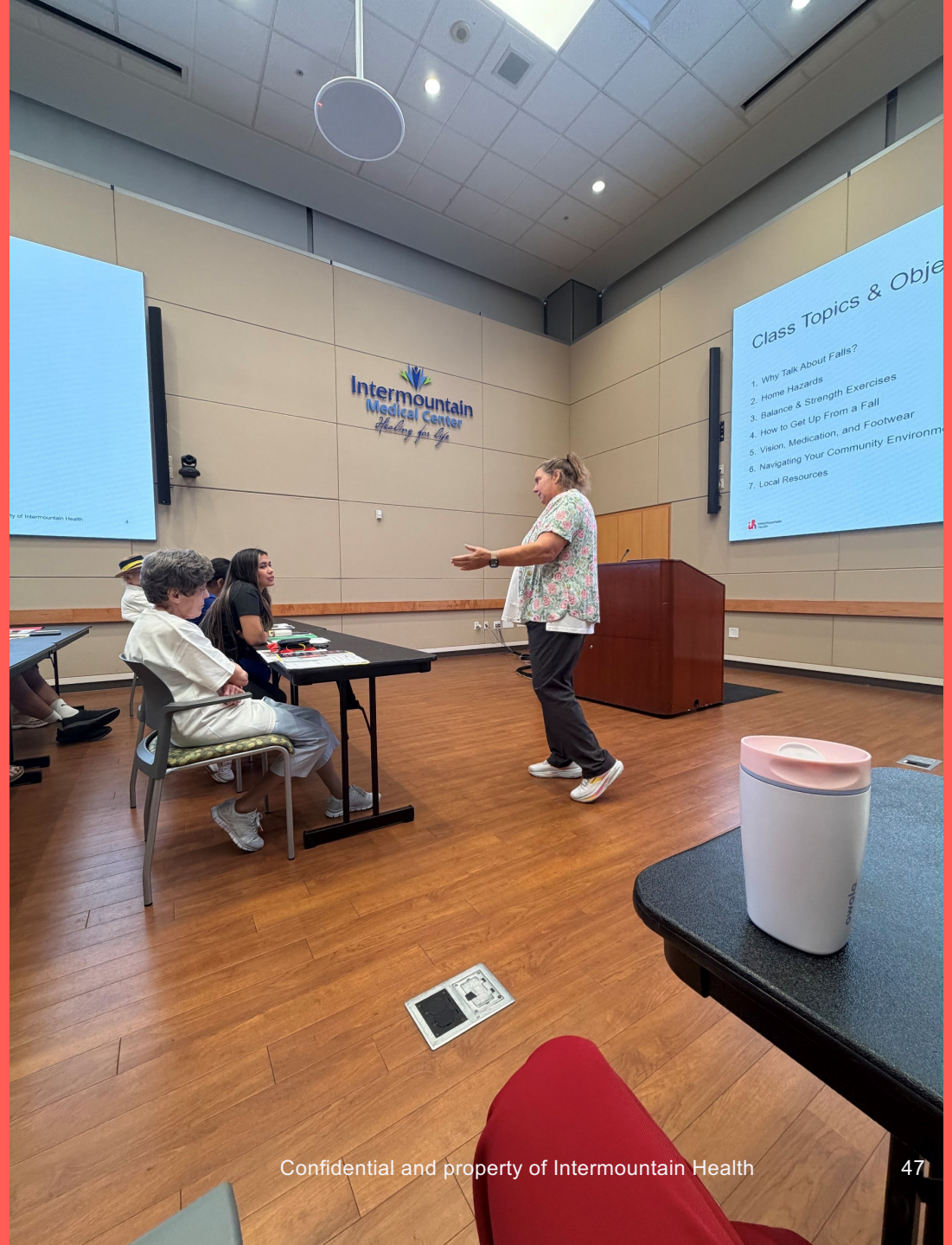
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Facilitating the Class

Taught by nurses

Trauma Program Coordinators

Injury Prevention Coordinators





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Balance & Strength Classes

Regular physical activity of any kind reduces your risk of falling!

- Stepping On
  - Reduces risk by up to 31%
- Tai Chi
  - Reduces risk by up to 70%
- Other Activity Options
  - Senior Center Exercise Classes
  - Rec Center Exercise Classes
  - Water Aerobics
  - Walking
  - And More!


What Hazards
Do You See?


What Hazards
Do You See?

Local Resources

Let’s look at the handout in your packet

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Defying Gravity Local Resources – Utah

Utah Commission on Aging

Website: https://ucoa.utah.edu/

Search Keywords: Utah commission on aging



Healthy Aging Utah

Website: https://healthyaging.utah.gov/living-well-coalition

Keywords: Healthy Aging Utah

Phone Number: 1-888-222-2542



National Council on Aging

Website: https://www.ncoa.org/

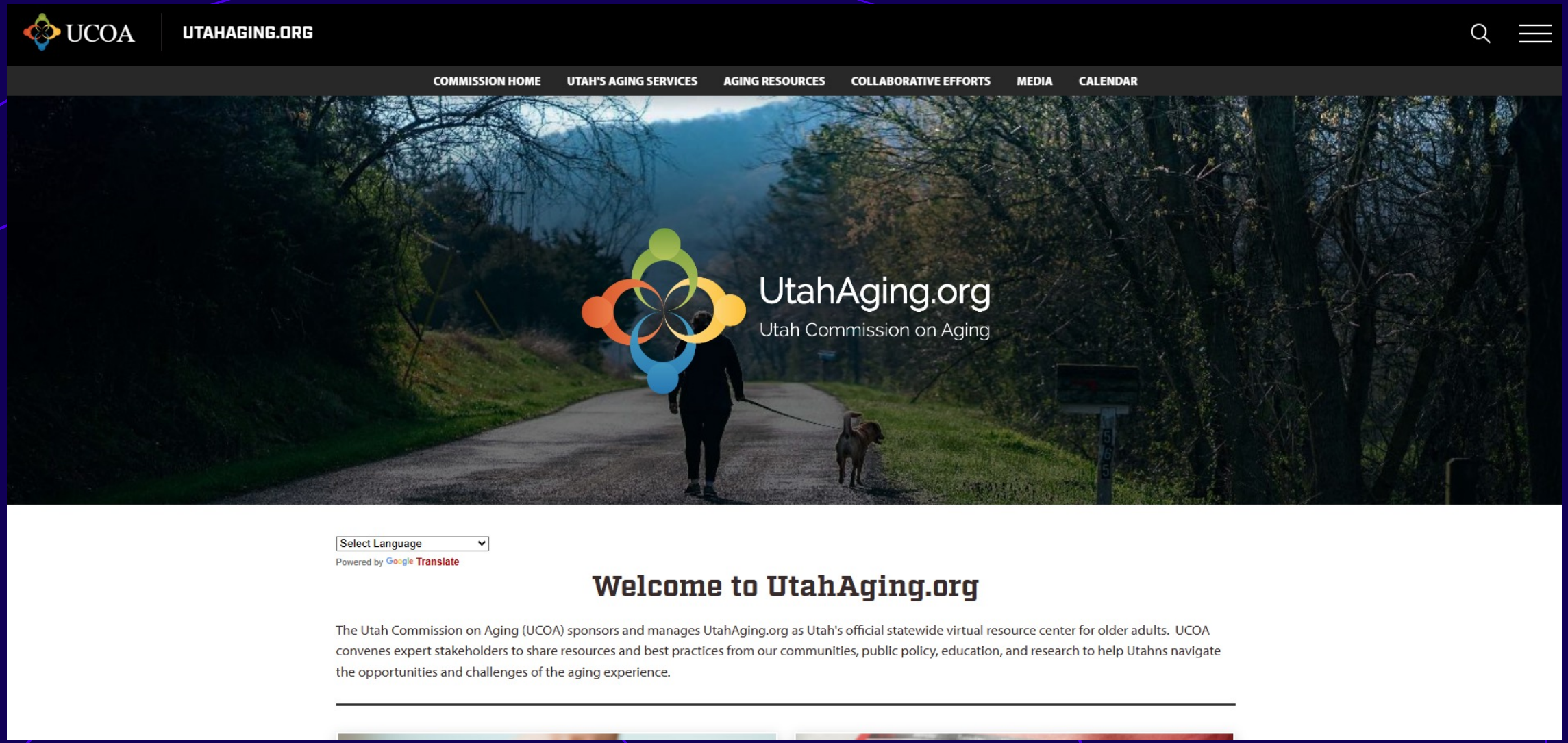
Keywords: National council on aging



Yellow Dot Program Utah

Website: https://highwaysafety.utah.gov/other-focus-areas/yellow-dot/

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https://ucoa.utah.edu/

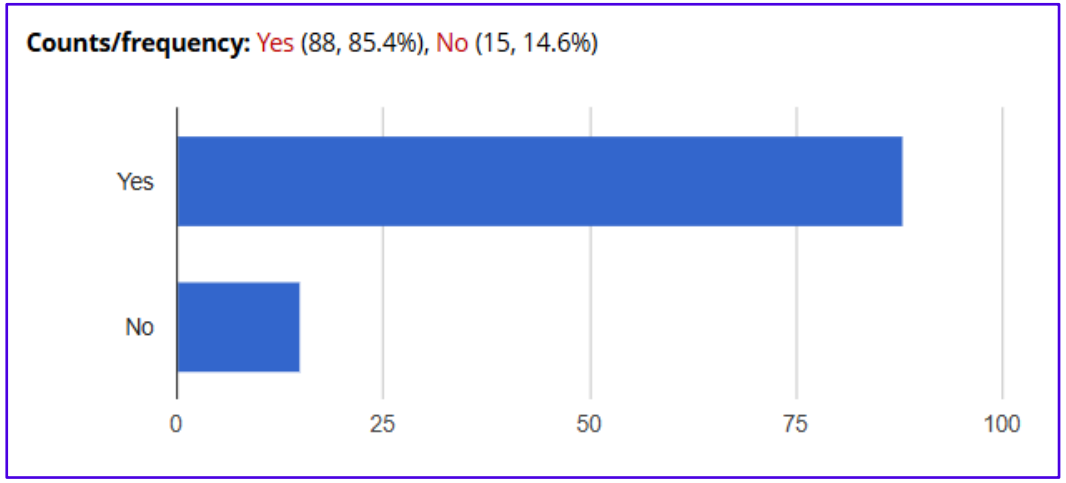
Defying Gravity Class Outcomes

Fall Prevention – Defying Gravity

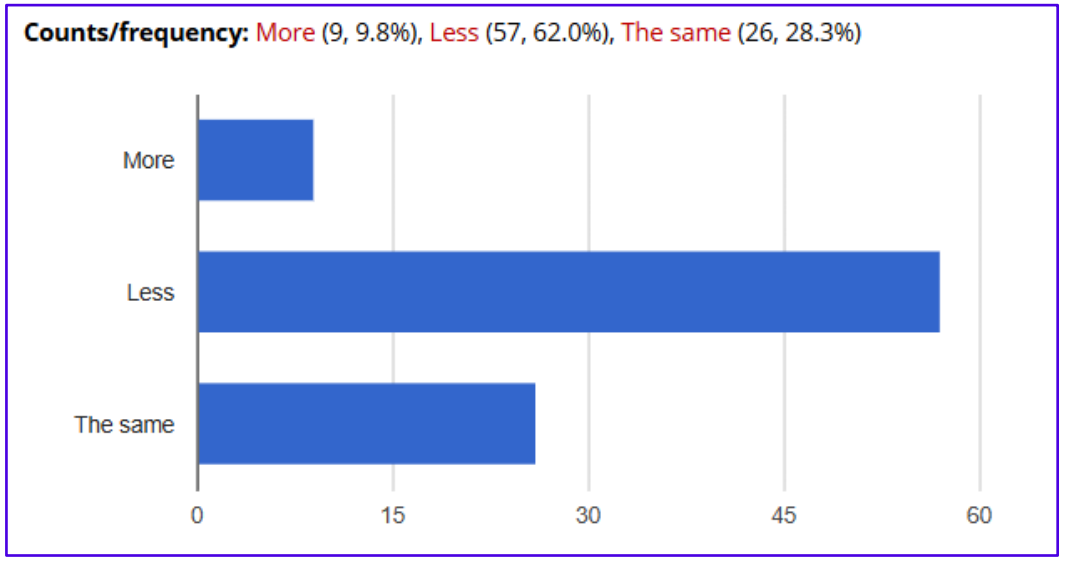
60% reduction in fear of falling

(p = 0.00000005)

Before



After



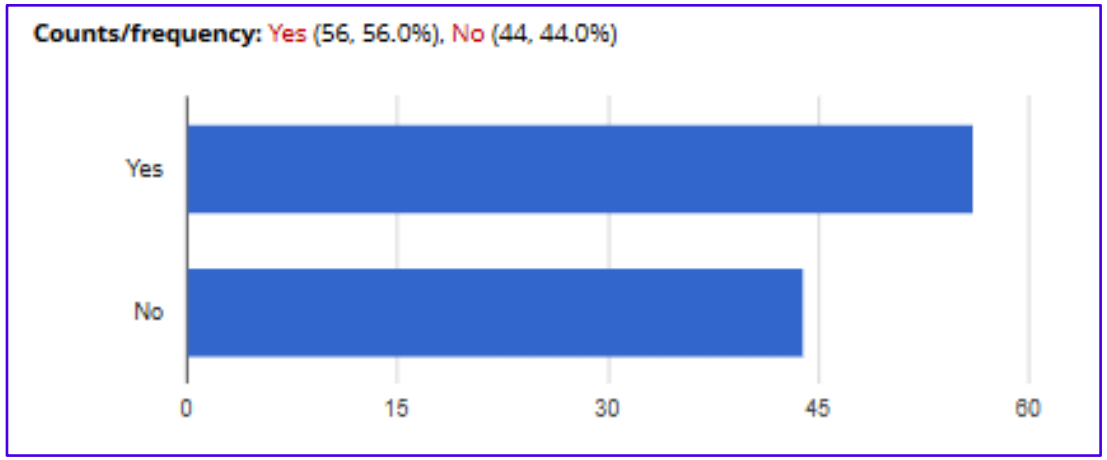
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Fall Prevention – Defying Gravity

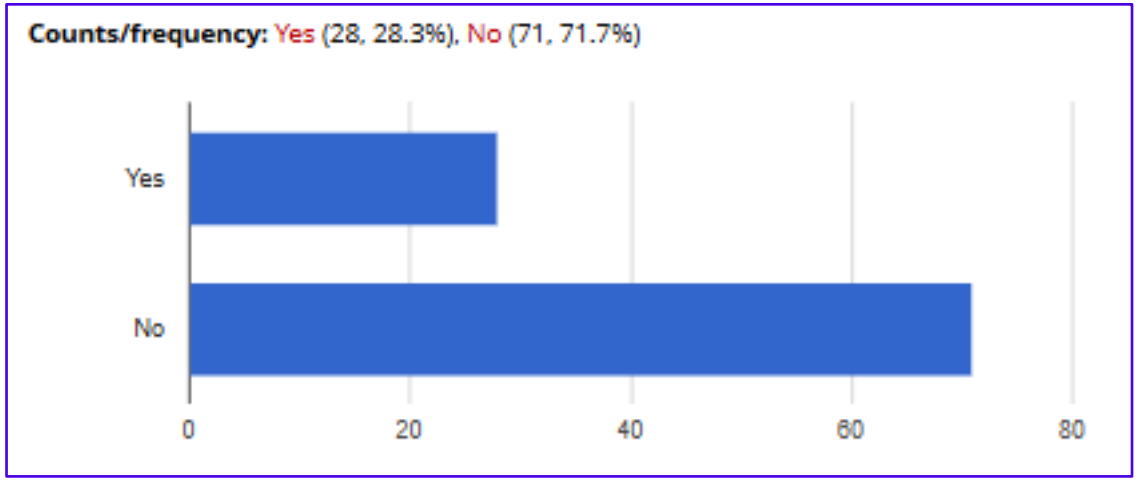
50% reduction in belief that falling is inevitable part of aging

(p = 0.00008)

Before



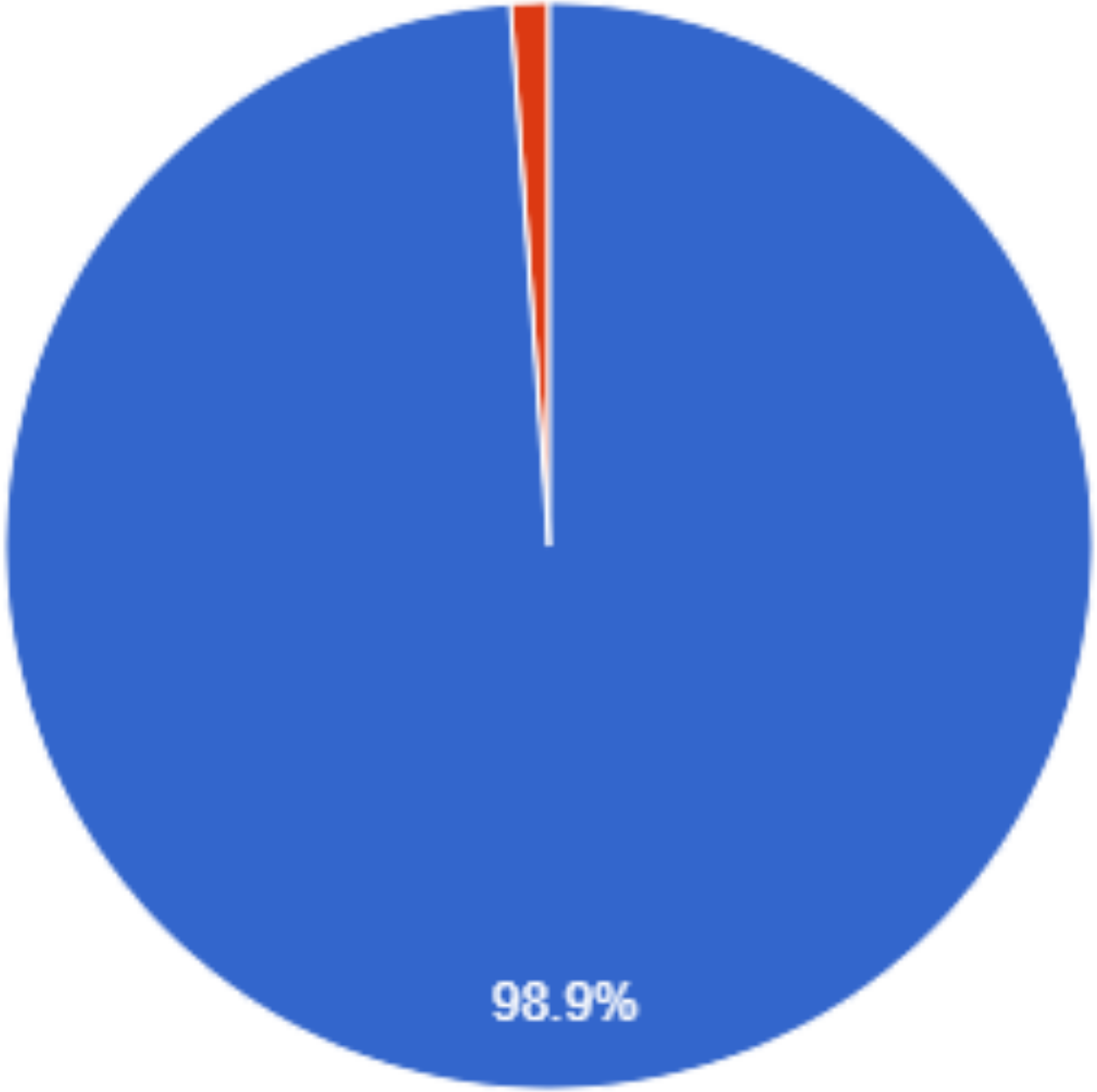
After



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Post Class Survey:

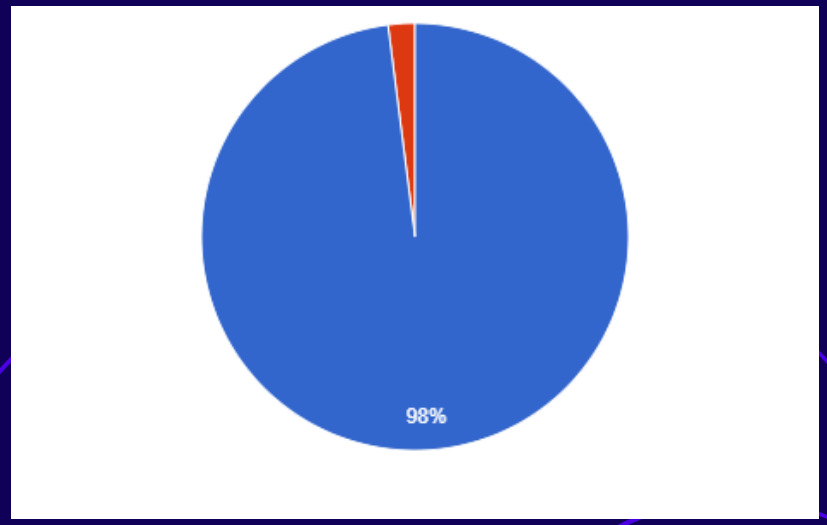
Do you feel like you have the tools and knowledge to decrease your fall risk?



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Are you planning to do your class homework?



95% CI: 0.92 to 0.99

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Defying Gravity Homework

You are never too old for homework!

1. Create a list of your medications on your phone or on paper.
   a. Note everything you are taking (including supplements) and why.

2. Do you have an annual wellness visit scheduled with your primary care provider?

3. Look at your daily routine and home and identify at least five potential risks for a fall.
   (Potential falls risks such as rugs, stairs, shoes, lighting, pets)

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My Why?



Intermountain Health

Thank you

Teresa Brunt

teresa.brunt@imail.org

801-592-6400




HEALTH CARE
TEAM CONNECTION
BINGO!
Great care starts with great connections.
We care.
We connect.
We improve.
We lead.
We make a difference.
HOW TO PLAY
Find a conference attendee who matches each square.
Have that person initial the matching square.
Each attendee may only initial ONE square on your card.
Be the FIRST to call "BINGO!" when you complete one of the winning patterns (see right).
Bring your winning card to the UAHQ table to verify your card and claim your prize.
Only one prize may be awarded per participant.
CALL "BINGO!" WHEN YOU COMPLETE ONE OF THE FOLLOWING:
1st
5 SQUARES IN A ROW
(HORIZONTAL, VERTICAL, OR DIAGONAL)
First Prize
2nd
2 COMPLETE LINES
(HORIZONTAL, VERTICAL, OR DIAGONAL)
Second Prize
3rd
BLACKOUT
(EVERY SQUARE COMPLETED)
Third Prize
Challenge yourself to meet new people, share ideas, and make meaningful connections throughout the conference!

BREAK

We will begin again in 15 minutes