



ITV Sites: UK telehealth suite 1<sup>st</sup> floor of KY Clinic, CERH-Hazard, Cardinal Hill Hospital Center for Learning

**In attendance:** Carla Johnson, Doug Dubois, Rachael Johnson, Dave Matheis, Carol Weber, Jimmy Brown, Ryan Creech, Julie Brock, Katy Sutton, Beth Hunter, Jarod Giger, Violet Sylvia, Lindsey Mullis, Carolyn Wallace, Keisha Hudson, Pat Kitzman.

### **Agenda:**

1) ~~KY Congress on SCI updates~~

2) Project CARAT Updates (Dave Matheis)

- \$540,000 worth of equipment (1850 items plus hearing aid batteries)
- Sheila Levy now has a dual position, with CARAT responsibilities and an added Preparedness position within the Department of Public Health
- Funding for the Paducah location has received an extension through the end of the year (with part-time employee and part-time volunteer)
- Louisville-Spalding partnership with Physical Therapy at Bellarmine
- KATS Network: Reeve Foundation grant application for ramps will be submitted early December; Pat says there is storage room for 8' ramps or a few folding 12' ramps
- Hazard needs seating/shims; these can be brought to Lexington then to Hazard
- Jimmi and Pat will follow up with Bluegrass Technology

3) Small Rural Hospital Assessment Project (Pat)

- Will conduct small pilot program; received grant funding from UK's Human Development Institute (HDI) and participation from Kentucky Office of Rural Health
- Will look at wheelchair and overall accessibility. HDI's Kathy Sheppard-Jones and Christina Espinosa bring a Universal Design approach
- Following assessments of clinics, we will make recommendations and offer to write proposals for needed adjustments to the physical clinical space
- Several possible sites have been identified

4) PCORI (Beth)

- Analysis of in-depth interview data in progress.
- Aiming for first work group in January 2017, so would start multi-method recruitment (which is part of the research question) in November/December

5) Discussion about the KARRN Mission statement (Pat)

Current: *A community centered collaborative team who investigate neurological conditions (e.g. spinal cord injury, stroke, brain injury) and identify, develop and disseminate information and strategies, and maximize resources to improve outcomes and quality of life.*

New suggestions:

1. *A catalyst to empower, educate and develop resources for underserved communities impacted by neurological conditions (Stroke, Spinal Cord, and Brain Injury).*
2. *To act as an advocate through patient-centered research that empowers people, communities impacted by neurological conditions (Stroke, Spinal Cord, Brain Injury) through education and resource development.*
3. *Empowering communities through patient-centered collaborations to improve quality of life for those impacted by neurological conditions (Stroke, Spinal Cord, Brain Injury).*
4. *Action focused collaboration that empowers people and communities through education, prevention and resource development for neurological conditions (Stroke, Spinal Cord, and Brain Injury).*

- Please continue thinking about this for our longer meeting in December; revisit what the group would like to be.

6) KARRN conference in 2017

Topics pulled from conference evaluations from 2014 & 2015 as a starting point:

*Mental Health:* Beth would like this topic to be considered more broadly, to include behavioral health, perhaps drug/alcohol abuse

*Continuum of Care / Chronic Disease Management / Secondary Health Complications:* Violet suggests expanding this to address access (e.g., limitations in insurance coverage, financial challenges)

*Assistive Technology*

*Augmentive Communication*

*Also, new opportunities with assessing accessibility of rural clinics:* Carla Johnson is interested in more discussion of equipment in doctors' offices (e.g., raising/lowering)

Other topics:

- Jarod suggests remote patient contact; others supported an intro to Telehealth, keeping in mind the legal restrictions for some disciplines

- Beth and Ryan discussed collaborative health care and decision making – how to build a team with health professionals; effective techniques for self-advocacy and sharing of information. Jarod added patient activation as a related topic. A panel discussion may be a good way to present these topics.

- Poster session – it was agreed that students benefit from these the most. Pat said there were 4 last year, but closer to 20 one year. If they are to continue, timing is better if not during lunch, and a promotion with an award may increase visibility and traffic. Perhaps a student session with brief oral presentations could be scheduled into the day's agenda.

- Location – EKU was almost filled to capacity two years ago, not as crowded last year.

- Date – August or early September (PT students are here between mid-August and October before rotations).

PCORI's half-day in-person action group is also slated for August.

Need to make sure our date won't conflict with APTA, other conferences

Certain days of the week will work best for EKU students to attend

- We will continue to discuss the conference at our December meeting. Some decisions will be needed in early 2017 in order to qualify for conference funding (Reeve, PVA, UK) and to attract speakers at the national level (recruit them 5-6 months prior to conference date).

7) HDI Seminar (Beth and Pat)

- On December 2 from 1:00-3:00, Beth and Pat will present “***Establishing Trust: Developing Community Engaged Networks that Reach Underserved Rural Populations.***” This will detail the formation of KARRN. Julie will send the flyer. It will be at Coldstream, but also online and phone participation options. It has been approved for CEUs. HDI asks that we promote it.

8) KC<sup>3</sup>T Navigation (Keisha)

- 25 participants currently; recently some were discharged from the program and are doing well
- October's support group was small but good; next will be annual holiday potluck on November 30 at CERH
- Awaiting decision in December on grant application to Passport iHOP
- Preliminary talks with Kindred Healthcare

9) National Institutes on Health (Pat)

- Pat met in D.C. with two NIH directors who were enthused about our work in Kentucky. They have pointed us in specific funding directions.