

## Appendix 10

### Executive Summary of the Report of Falls and Fracture Prevention Audit Findings

#### Introduction

A National Audit was undertaken during 2010 in order to ascertain the current service provision within three Care Areas. These include:

1. The Acute Hospital Sector
2. HSE Community Hospitals and Nursing Units
3. Local Health Office (LHO) Areas

Out of the 211 providers requested to participate in the Audit responses were received from 195 providers. The audit confirmed a diverse and wide scale provision of falls and fracture prevention services throughout the country. Staff are to be commended for their commitment to the provision of services and the high level of expertise developed in this area. It should also be acknowledged that these developments have taken place in a challenging environment with a recruitment moratorium and financial challenges. These constraints will remain in place for the foreseeable future and will impact on the implementation of planned services. However, there are a number of issues that can be addressed and the Strategy Implementation Group will prioritise elements of the strategy that can be implemented, such as the role out of National Guidelines, strengthening governance arrangements, improving documentation, maximising the number of falls and fracture risk assessments carried out in relation to the prevention and management of falls and fractures in older persons etc. A draft Action Plan will be circulated by the Strategy Implementation Group.

#### Key Findings:

A number of findings reflect those identified in the Strategy to Prevent Falls and Fractures in Ireland's Ageing Population (2008) and are identified by \*. Most of the issues to be addressed are systems issues and will be addressed through the work of the Strategy Implementation Group focusing on the implementation of an action plan based on the audit findings and the Strategy Goals.

## Appendix 10

The executive summary captures the information returned at a high level and this is reported under a number of key elements of service provision. These included;

1. Service Provision by a MDT
2. Joint working
3. Prevention
4. Screening/Assessment
5. Intervention
6. Documentation
7. Governance

The audit findings are as follows;

Multi-disciplinary teams (MDT)

One finding of the audit confirms that while many areas (62 from the 195 responses received) report MDT working, (which generally consists of a Consultant, a registered nurse, and other appropriate Allied Health professions), this does not meet the criteria identified in the Strategy as identified below;

***“Each IFFP will be consultant led and will have dedicated nursing personnel in falls and fractures to co-ordinate the service. Assessment will be carried out by a multidisciplinary team involving a; Consultant; Clinical Nurse Specialist; Physiotherapist; OT; Dietician; and Radiographer”***

It should be noted that for the purpose of this report the steering group agreed that the Multi Disciplinary Team (MDT) could be comprised at a minimum of the following Healthcare professionals,

Medical Doctor; Nursing Representative; Two Allied Health Professionals

Joint working

The Strategy states

## Appendix 10

***“Following assessment an individual multifactorial intervention programme will be developed. These will require access to a range of disciplines, based on the assessment, disciplines commonly involved in interventions include; Geriatricians; GPs; Allied Health professionals; and other clinical specialities. The MDT approach will enable the majority of interventions to take place in the community. The hospital, community and primary care services will need to work together to develop this integrated, seamless approach”.***

Based on the information provided in the responses it appears that only one provider nationally meets the MDT criteria as outlined in the Strategy.

- Falls services have been developed in an adhoc manner in the community, rehabilitation centres, acute hospitals and long stay residential care units\*
- Falls prevention and assessment services are not well structured or developed;
- Where a service is in place, in most cases, this is due to efforts and enthusiasm of individual health professionals;
- Most patients who fall do not receive a falls assessment service;
- Best practice guidelines are not in operation in all areas;
- Risk assessments for falls and fractures are not carried out at a minimum by all providers;
- Many components of Multifactorial Assessments for falls and fractures are not being carried out;
- Many components of Multi factorial interventions for falls and fractures are not being provided;
- Documentation around falls and fracture prevention would appear to be of a poor standard;
- There appears to be very few formal governance arrangements in place;

## Appendix 10

- There are a variety of falls risk assessment tools in operation
- These services need to be standardised, planned and implemented on a national basis as part of the National Strategy\*
- The prevention and management of fractures and osteoporosis varies significantly from one area to another;
- Health Promotion priorities need to include nutrition (particularly Calcium and Vitamin D intake), physical activity, smoking cessation and alcohol awareness;
- A multidisciplinary approach which integrates care between Primary Health Care and specialist services needs to be established in order to increase opportunities to identify those at risk of fracture and to prevent fractures;
- There appears to be very few if any fracture liaison services in operation;
- Bone Mineral Density using DXA scanning service provision would appear to be limited and is not provided on an equitable basis;
- The majority of planned services have either resource or financial implications so the likelihood of planned services coming to fruition are limited in the current climate.

**The following tables provide a very raw summary of the audit analysis.**

## Appendix 10

### Summary of Audit Findings of Falls Services in the Acute Hospital sector

Region	No Of Providers	No Of MDT Services In Operation	No With Joint Working Across Community Services	No With Preventative Measures In Place	No With Screening/ Assessments In Operation	No with Interventions in operation	No With Formal Documentation	No With Formal Structured Governance Arrangements
<b>DML</b>	11	2/10/11*	0/10/11	3/10/11	6/10/11	4/10/11	5/10/11	2/10/11
<b>DNE</b>	9	2/8/9	1/8/9	5/8/9	4/8/9	2/8/9	2/8/9	2/8/9
<b>HSE South</b>	12	8/12	8/12	11/12	10/12	7/12	9/12	6/12
<b>HSE West</b>	7	1/7	1/7	2/7	5/7	2/7	5/7	2/7

### Summary of Audit Findings of Falls Services in HSE Community Hospitals/ Nursing Units

Region	No Of Providers	No Of MDT Services In Operation	No With Joint Working Across Community Services	No With Preventative Measures In Place	No With Screening/ Assessments In Operation	No with Interventions in operation	No With Formal Documentation	No With Formal Structured Governance Arrangements
<b>DML</b>	27	12/27	6/27	20/27	20/27	19/27	15/27	2/27
<b>DNE</b>	21	2/21	3/21	11/21	11/21	11/21	15/21	2/21
<b>HSE South</b>	51**	19/44/51	17/44/51	34/44/51	27/44/51	32/44/51	17/44/51	3/44/51
<b>HSE West</b>	41	5/41	20/41	30/41	29/41	17/41	24/41	2/41

\* This implies that 2/10 respondents/11 Providers have a MDT service in operation etc....

\*\* 7/51 providers reported that they do not provide residential care services. They have requested to be removed from the National Register of residential care service providers

## Appendix 10

### Summary of Audit Findings of Falls Services in HSE Local Health Office Areas/PCTs

Region	No Of Providers	No Of MDT Services In Operation	No With Joint Working Across Community Services	No With Preventative Measures In Place	No With Screening/ Assessments In Operation	No with Interventions in operation	No With Formal Documentation	No With Formal Structured Governance Arrangements
<b>DML</b>	9	1/8/9	6/8/9	6/8/9	6/8/9	1/8/9	2/8/9	1/8/9
<b>DNE</b>	6	5/6	4/6	6/6	5/6	5/6	1/6	1/6
<b>HSE South</b>	9	3/6/9	3/6/9	6/6/9	3/6/9	3/6/9	2/6/9	1/6/9
<b>HSE West</b>	8	2/6/8	2/6/8	6/6/8	2/6/8	1/6/8	2/6/8	1/6/8