

End of Year 1 2013 Update –AFFINITY National Falls Prevention and Bone Health Implementation Project

The ‘National Strategy for the Prevention of Falls and Fractures in Ireland’s Ageing Population’, hereafter known as the National Strategy, was prioritised for implementation by the HSE and the State Claims Agency in 2013. The vision of the National Strategy is a “*life free from falls and fractures in our ageing population*”. **AFFINITY** (Activating Falls and Fracture Prevention **in** Ireland **T**ogether), the national implementation project, aims to prevent harmful falls amongst persons aged 65 years and older, enhance the management of falls and improve health and wellbeing through a focus on bone health. Core principles are: **Integration, Implementation and Innovation**. Core values are: **Mutual respect, Inclusion, Caring and Sharing**.

Achievements realised together	from When
Representing and Actioning EIP AHA Partner Commitment AFFINITY- 2013 to 2015	July 2012
Significant good will has been forthcoming from a wide variety of stakeholders/sources to implement the National Strategy, against a back drop of ongoing HSE structural reforms and a stringent economic environment.	Quarter 4, 2012
Designated National Joint project Co-ordinators (HSE & SCA) with ring-fenced time (0.8 WTE) and limited administration (SCA)	Feb 2013
NCEC National Guideline Submission was recommended by NCEC for progression along with Osteoporosis Guideline.	March 2013
First National Sponsorship Team (NST) Meeting –TOR, membership & project plan progressed; Recommend AFFINITY is within HSE NSP 2014	April 2013
First National Implementation Team (NIT) meeting –TOR, membership & work plan progressed	May 2013
First Joint Regional Implementation Team (RIT) meeting –TOR, membership& work plan is being progressed. Pilots identified in part and initial individual RIT meetings convened in an attempt to progress their respective implementation plans and engage with relevant stakeholders.	June 2013
AFFINITY project profiling at events such as INMED (May), NUIG Human Factors and Ergonomics Conference (May), E Health Week (May), PS Conference (May), Nursing Homes Ireland (June), Annual Irish Gerontological Society (Sept), Irish Society Chartered Physiotherapists (Nov), JINGO (Nov), National Federation (Dec) in addition to several responses to phone/ email queries.	Quarter 2
Key collaborations progressed with CCPOP, HSE Health Intelligence, NCEC, COLLAGE (EIP AHA Irish Reference Sites), TILDA, NAG Medicines Management OP and CCP Emergency Care.	Quarter 2

*Harmful/injurious fall is defined by both symptoms and/or medical care use and /or severity of injury –serious/ moderate/ minor/ no injury . <http://www.biomedcentral.com/content/pdf/1471-2288-12-50.pdf> (fig.2, page 11)

Page 2 of 5

practice competencies, leadership and change management capabilities.	
Make AFFINITY web repository available and continue to identify and pursue access to other evidence informed resources to help build competency and capacity. State Claims Agency to host and administer web repository with links to HSE and other sites as appropriate.	Qrt 1
Continue engagement with HSE Land and HSE Communications to disseminate the learnings.	Qrt 1
Explore options for Peer supported learning using multimedia and other fora as appropriate allowing for travel and time constraints.	Qrt 1
Measure and Monitor Work Stream	
Work towards performance reporting using existing metrics where possible ; Develop new metrics to support effective ICP & MDT work processes and service user outcomes; Capitalise on existing/new resources and any funding streams aligned to relevant service (re)configurations.	Qrt 1
HSE Nursing and Midwifery Services- work with proposed pilots for data collation in relation to falls prevention and bone health.	Qrt 1
Collaborations with Key Stakeholders	
Build on existing collaborations and establish new ones , in particular those persons/projects that have good congruence with AFFINITY objectives, such as Emergency Care and Transportation Work stream –continue working with existing/proposed CCP work of relevance to AFFINITY. Medication Safety Work Stream - enhance national visibility of existing /proposed work relevant to falls prevention & bone health. Nursing and Midwifery Services – build on existing and proposed quality and patient safety initiatives of relevance to AFFINITY, such as the productive ward, leadership and innovation, nurse metrics and early warning scores. Health & Wellbeing Directorate –strengthen relationships and seek opportunities to promote falls prevention and bone health.	Qrt 1

AFFINITY, the national implementation project, is a significant safety and quality improvement project that will need the combined and focussed efforts of everyone to make changes leading to better outcomes for all.

To learn more or get involved please contact **National Joint Co-ordinators:**

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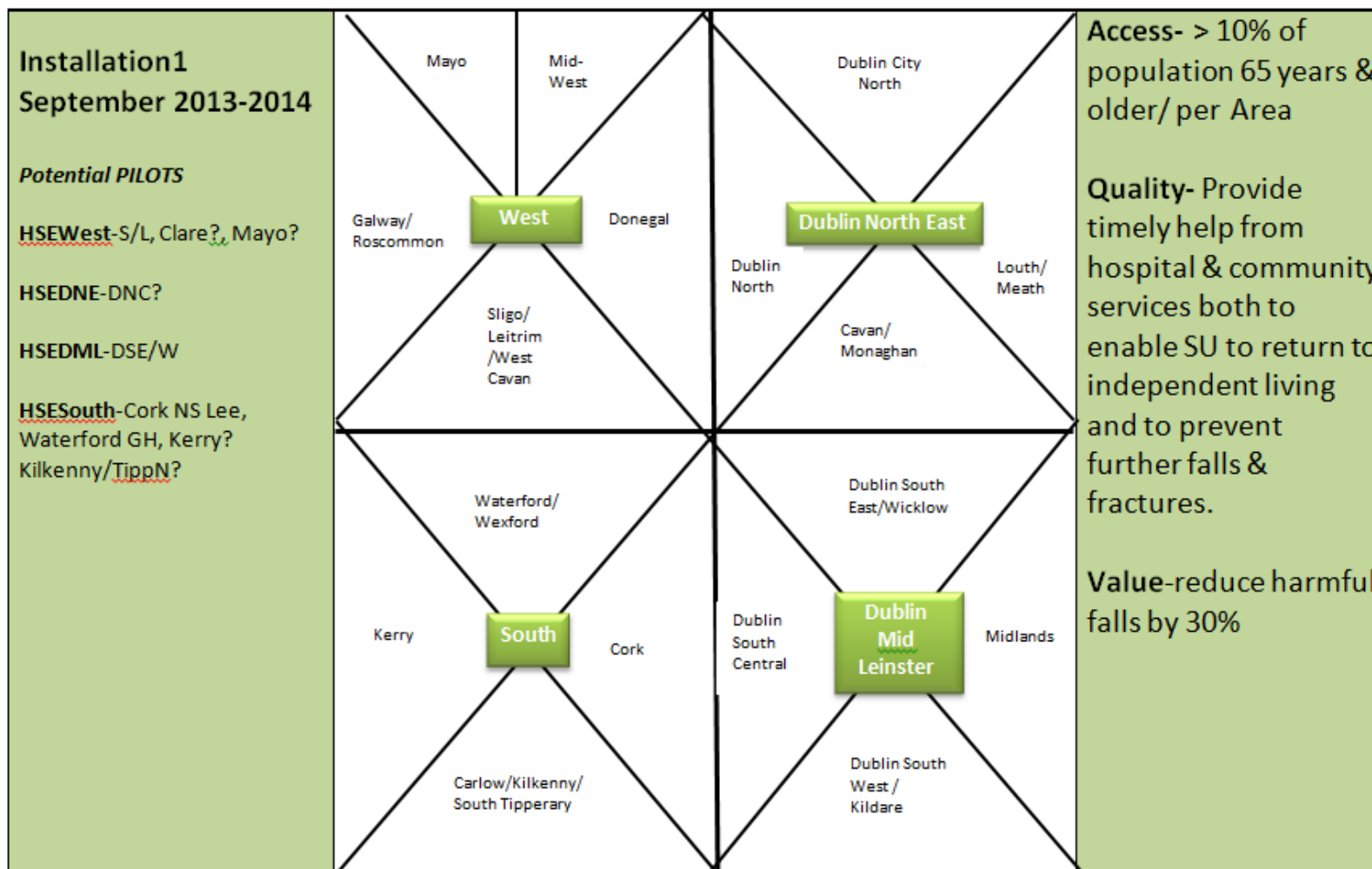
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Proposed "Building Capacity"/Roll out Plan for AFFINITY
National Falls Prevention & Bone Health Implementation Project

APPENDIX 1

<p>Installation1 September 2013-2014</p> <p>Potential PILOTS HSEWest-S/L, Clare?, Mayo? HSEDNE-DNC? HSEDML-DSE/W HSESouth-Cork NS Lee, Waterford GH, Kerry? Kilkenny/TippN?</p>		<p>Access-> 10% of population 65 years & older/per Area</p> <p>Quality- Provide timely help from hospital & community services both to enable Service User (SU) to return to independent living and to prevent further falls & fractures</p> <p>Value-reduce harmful falls by 30%</p>
<p>Installation 2 September 2014-2015</p>		<p>Access-> 30% of population 65 years & older/per Area</p> <p>Quality- Quality: Provide correct assessment & treatment after a first fracture to prevent a second, using appropriate services in hospital and the community.</p> <p>Value - reduce hip fractures by 20%</p>
<p>Installation 3 September 2015-2016</p>		<p>Access-> 60% of population 65 years & older/per Area</p> <p>Quality- Promote healthy lifestyles and reduce environmental hazards to reduce risk of falls & fractures and improve quality of life.</p> <p>Value - reduce ED activity related to falls and fractures by 20%</p>
<p>Installation 4 September 2016-2017</p>		<p>Access -> 80% of population 65 years & older/per Area</p> <p>Quality: Improve care & quality of life for SU after hip fracture by ensuring an effective Integrated Care Pathway for a defined population is in place.</p> <p>Value: Reduce nursing home admissions after harmful falls by 20%</p>
<p>Installation 5 September 2017-2018</p>		<p>Access -> 100% of population 65 years & older/per Area</p> <p>Quality: Ensure timely & quality help from hospital & community services both to enable SU to return to independent living and to prevent further falls & fractures.</p> <p>Value: Quantify integrated process and outcome measure savings</p>

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