

# Invitation for Commitments to the Strategic Implementation Plan of the European Innovation Partnership on Active and Healthy Ageing (EIP AHA) - Action A2

<b>Your details</b>	
Your first name -open reply-(optional)	Noel
Your last name -open reply-(optional)	Mulvihill
Your address (Please indicate full address, city and postal code) -open reply-(optional)	
Health Service Executive Unit 7 Swords Business Campus Balheary Road Swords Co Dublin Ireland	
Your e-mail address -open reply-(optional)	noel.mulvihill@hse.ie
Country -single choice reply-(optional)	EU Member State
Please specify the Member State (Hold down the control (ctrl) button to select multiple options) -single choice reply-(optional)	Ireland
Organisation name -open reply-(optional)	Health Service Executive
Type of organisation (only 1 choice possible) -single choice reply-(optional)	Health provider
Please specify the health provider -single choice reply-(optional)	Public health provider
Organisation field (only one choice possible) -single choice reply-(optional)	Fields > Health
Organisation scope -single choice reply-(optional)	National
Please describe your organisation and core activities. -open reply-(optional)	
<p>The HSE is a large organisation of over 100,000 people, whose job it is to run all of the public health services in Ireland. The HSE manages services through a structure designed to put patients and clients at the centre of the organisation. The Integrated Services Directorate manages all hospital and community public health services in Ireland. The ISD National Director has responsibility for the delivery of all health and personal social services across the country including hospital, primary, community and continuing care services, managing an overall budget of €14bn. The range of health and personal social services provided by the HSE, and its funded agencies, are managed within four Regions (Dublin Mid Leinster, Dublin North East, South and West), each with a Regional Directors of Operations.</p>	
<b>Your commitment (part 1)</b>	
Initiative name -open reply-(optional)	Activating Falls & Fracture Prevention in Ireland Together
Initiative acronym (if known) -open reply-(optional)	AFFINITY
Please provide a brief description of your proposed commitment (project/action) -open reply-(optional)	
<p>The HSE commitment is to actively progress the implementation of the 'National Strategy for the Prevention of Falls and Fractures in Ireland's Ageing Population' working within the context of existing economic constraints. The strategy recognizes the need to work in collaboration with multiple stakeholders to build greater societal, target group and professional awareness, strengthen individual and organizational cooperation capacities, streamline more clinically effective, evidence-based and high quality service delivery, and support innovative mechanisms to achieve a safer environment. Built on the principles of empowering patient self-management and autonomy,</p>	

the early detection of risk, and the availability of appropriate preventative interventions, the approach will maximize the opportunity to use innovative assessment and screening mechanisms, tools, guidelines and assistive technologies to deliver seamless services to support a vision of 'life free from falls and fractures in Ireland's ageing population'. Along with our national stakeholders, the HSE commits to participate within a network of other interested pan-European stakeholders within the framework of the European Innovation Partnership, to share best-practices, to strengthen measures for monitoring and service improvement, and to contribute to the alignment of data-registries across EIP participants.

#### Scope of implementation

-single choice reply-(optional)

Regional level

## Your commitment (part 2)

**Engagement: underwriting the EIP and its criteria (part 1): Contribution to the activities and the objectives of the EIP on AHA. Please describe a clear link towards the headline indicator (HLY) and the three general objectives (quality of life/health, sustainable care systems, industrial competitiveness) of the EIP.**

-open reply-(optional)

The implementation of the national falls strategy relates to the objectives of the EIP-AHA in the following ways: • The prevention actions contribute directly to the vision of a life 'free from falls'. They will impact directly on the quality of life / health of older people in Ireland, as well as improve nutritional and exercise behavior driving better bone health in the general population. The number of falls and fractures will decrease as a % of the population. • The improved screening access, multi-disciplinary assessments and integrated clinical care pathways within and between, home, primary care and hospital-based services will accelerate responses, improve performance utilization, and improve user satisfaction. The unit cost of treating falls should reduce. • The use of innovative mechanisms, tools and technologies, will create opportunities to improve the products and services business environment, both in terms of local market stimulation and international competiti

**Engagement: underwriting the EIP and its criteria (part 2): Key bottlenecks and barriers to overcome. Please identify key barriers and demonstrate your contribution to overcoming them.**

-open reply-(optional)

Apart from the operational context of working within a difficult economic climate, imposing tight resource constraints and a headcount embargo, the key barriers to overcome are: • Resisting the dissipation and fragmentation that that strategy is designed to eliminate as it cascades from national to regional, to local level • Implementing within a transitional governance framework as our health system is currently undergoing transformation • Shifting to a model of greater client empowerment, increased personal self-management and individual care-pathway co-design, • Balancing central co-ordination, regional innovation and personal autonomy To overcome these, we will establish co-ordinated national guidelines to operate at all levels of service delivery, establish uniformity across awareness building channels, harmonise capacity development, and support 'productive interaction' between informed, activated patients and prepared, pro-active multi-disciplinary practice teams

**Engagement: underwriting the EIP and its criteria (part 3): Innovative element.**

**Please explain clearly the element of innovation, in all its forms (e.g. innovation in products, tools, services, process and social innovation).**

-open reply-(optional)

The key elements of innovation that will be progressed during the period from 2012 to 2015 are: • A new falls and fractures clinical care pathway/process, involving screening at multiple points of entry, decision algorithms, and assessment mechanisms • New national guidelines to support the new pathway at different entry points • New national standards to support information dissemination and falls prevention awareness • Adoption and adaption of a new 'Single Assessment Tool' during the further development of the project • The development of registers including a hip fracture registry within the HIPE database • The encoding of future care pathways on-line tool to provide pathway contexts to users • Connecting existing home-based tele-care systems and services to the falls-early 'at-risk' screening mechanisms • Development of a 'falls & fractures community of practice' within the HSELAND web-portal to promote practice development, • Support bone-health promotion in schools

**Inclusiveness and Partnership: widely involving all relevant actors and constituencies (part 1): Please identify areas in which you are already cooperating with other parties to implement the action; identify these other parties e.g. sector; describe the complementarity among all parties.**

-open reply-(optional)

preparation of falls strategy involved collaboration between HSE, Dept. of Health and Children, National Centre for Ageing & Older

People, clinical practitioners, academia across multiple disciplines. The strategy's mission acknowledges working with stakeholders to implement objectives. Moving into implementation, the following parties, whom the HSE has existing relationships, become more actively involved: •Department of Health & Children •National Clinical Care Programmes: Older Persons, Emergency Medicine, Orthopaedic, Rheumatology, Chronic Disease •National Primary Care Services •Health Promotion Unit •Health Information & Quality Authority •Age Friendly County Programmes •Older Peoples' Advocacy Groups •National Health Service UK&NI •Public Health/Social Care Indemnifier •Voluntary Housing Authorities •The National Disability Authority •The Centre for Excellence in Univerin Universal Design •Quality, Safety and Risk Directorate, •Academic 'Centres of Excellence' in ageing

<b>Inclusiveness and Partnership: widely involving all relevant actors and constituencies (part 2):</b> <b>Describe your partners: type of organisation (you can select as many as necessary)</b> -multiple choices reply-(optional)	Health provider - Care provider - Industry - large - Industry - SME - Advocacy organisations - Public authority - Research/academia - Transport - Other
Please specify the Health provider -multiple choices reply-(optional)	Public health provider
Please specify the Care provider -multiple choices reply-(optional)	Public care provider
Please specify the advocacy organisations -multiple choices reply-(optional)	For healthcare professionals - For the elderly - For patients - For the users - For informal care givers
Please specify the Public authority -multiple choices reply-(optional)	Public care provider
Other: Please specify -open reply-(optional)	N/A
<b>Inclusiveness and Partnership: widely involving all relevant actors and constituencies (part 3): Are additional partners (or sectors) missing with whom you consider it necessary to cooperate in order to implement the action?</b> -single choice reply-(optional)	no
<b>Inclusiveness and Partnership: widely involving all relevant actors and constituencies (part 4): please identify the countries and regions of the partners you are already cooperating with.</b> -multiple choices reply-(optional)	EU Member States
Please specify the Member States (Hold down the control (ctrl) button to select multiple options) -multiple choices reply-(optional)	United Kingdom
Please specify the region(s) in the United Kingdom -multiple choices reply-(optional)	West and South of Northern Ireland
Inclusiveness and Partnership: including all relevant actors and constituencies, working together with other parties in the action (part 5): the cities involved -open reply-(optional)	N/A
<b>Delivery: delivering according to planning and agreed outcomes (part 1): Please describe how you can make a <u>substantial contribution, direct or indirect, towards the overall deliverable target of the Specific Action.</u></b> <b>- If the contribution is direct, please indicate to <u>how many and which regions</u> and to <u>what proportion of their target</u></b>	

***population you expect to deliver validated and operational programmes for early diagnosis and prevention of falls.***

***- If the contribution is indirect, please describe clearly in this section the causal link with the respective target. In addition, please describe in the "Inclusiveness and Partnership" section: with which other stakeholders you are already partnering as well as with whom else you need/wish to partner in order to deliver your contribution.***

-open reply-(optional)

The key delivery of the commitment will be to progress the full implementation of the "National Strategy to prevent falls & fractures in Ireland's ageing population". This will be delivered through co-ordinated direct actions in each of four regional delivery areas (RDAs) in Ireland. The programme aims to reduce falls & fracture admissions by 20% when fully operationalised. Delivery will be achieved by:

- Increasing awareness and self-management in high risk groups their families and communities, health personnel & policy makers,
- Building capacity among health personnel & communities to reduce falls & fractures in older people & high risk groups,
- Provide comprehensive & integrated falls/fracture prevention services across all care settings, Achieving a safer friendlier physical environment,

The action will provide validated and operational programmes in 4 regions by 2015 Targets for hip fractures are:

Nat-2,121,171.00 Pop >65 207,095 reach 10% 20,707 No Diag 5665 Target reduce 20% 1128

***Delivery: delivering according to planning and agreed outcomes (part 2): Please identify key milestones and indicators to measure progress of your commitment. Describe your indicators. Include the baseline and target value and the data source as well and provide the timeline and schedule of the related activities***

-open reply-(optional)

The benefits associated with full implementation of the National Falls Strategy can be measured by the reductions achieved in a number of indicators such as:

- older persons being treated for falls
- hospital admissions secondary to a fall related injury
- nursing home admissions secondary to a fall related injury
- hip fractures (Mean DRG Cost 2005-2010= €13,346 per patient)
- ambulance call outs
- A&E presentations
- rehabilitation admission requirements
- home care package requirements
- mortality rates secondary to falls & falls complications
- bed days utilised secondary to falls & fractures.

Subsequent implementation costs serviced in savings generated from ongoing efficiency gains measures above. Milestone timeframes will be defined in detailed action plans with baseline target(s) at regional level by end of 2013. Milestones will be linked to the awareness, capacity-building, delivery quality and environmental improvement measures as impacts will be downstream of coordinated activities

***Critical mass: mobilising sufficient resources***

***Please describe and quantify what resources are committed to the implementation of the Specific Action, e.g.:***

***- financial and human resources***

***- know-how and in-kind contributions***

***- availability/access to infrastructure, materials or research results***

***- organisation of meetings, engagement of relevant constituencies through networking, advocacy and leadership, pledges***

-open reply-(optional)

Implementation resources include:

- A National Steering group, chaired by Assistant National Director Older Persons & reps from MDT's inc - Allied Health Professionals, Health Promotion, Primary & Continuing Care, Older Persons Clinical Care Programme, Nursing, Physicians & GPs
- Regional Delivery: Support from the Regional Directors of Operations along with their Area Managers with responsibility for Older Persons & the Regional Specialists for Older Persons will be critical to the strategy's successful implementation.
- A Clinical Risk Adviser (SCA) with the national remit for falls and fracture prevention.
- The administration function and liaising function is managed within the existing resources of the office of the Assistant National Director for Older Persons.

Financial Resources: To progress within current constraints, practices will need to be re-oriented using available resources. minimising overall costs of full implementation. resultant cost containments & reductions

***Advocacy: inspiration and political support***

***Please describe how you intend to motivate other relevant parties and/or constituencies to be involved in the action, how you plan to make information about the action and its results open and what media campaigns and public presentations you intend to support.***

-open reply-(optional)

The plan requires a sustainable, multi-stakeholder collaborative approach. Participation within EIP will strengthen senior political oversight also maintain stakeholder motivation. Advocacy and communication will be built on the following strategy elements: Increase awareness

- Deploy a standardised multi-media information & education package
- Exploit existing national web based communications channels
- Link with national patient advocacy groups
- Link to programmes that contribute to improved bone health and promote greater awareness & participation in healthy lifestyles throughout the lifecycle
- Information to support capacity building
- Provide nationally agreed

systems for the collating, analyzing and dissemination of data on falls and fractures e.g. HIPE,(Health In-Patient Enquiry) •Devise and implement a CQI plan in conjunction with existing quality, safety and risk programmes •Link with HIQA (Health Information and Quality Authority) A safer friendlier physical environment.

## Your commitment (part 3)

Create a European network for fall prevention, bringing together the many innovative initiatives, from individual solutions to local or regional or national programmes?

-single choice reply-(optional)

Active now

Create visibility and raise awareness, exchange experiences and good practices?

-single choice reply-(optional)

Active now

Agree on systematic and comparable data collection on the impact and return of investment from prevention measures ?

Note: Action to contribute to EU wide collection and sharing of high-quality comparable data and evidence (see the Commission's Communication "Taking forward the Strategic Implementation Plan of the European Innovation Partnership on Active and Healthy Ageing")

-single choice reply-(optional)

Active now

Establish assessment tools, evidence based standards of care and best practice guidelines?

Note: Action to contribute to EU wide acceleration of standards development (see the Commission's Communication "Taking forward the Strategic Implementation Plan of the European Innovation Partnership on Active and Healthy Ageing")

-single choice reply-(optional)

Active now

Ensure availability of 'proven' tools and multidisciplinary care services (for training, empowerment, early diagnosis, detection, prevention of falls, etc.) targeting older people with chronic conditions/disabilities?

-single choice reply-(optional)

Support Member States and regions/municipalities, care organisations and insurance companies to define and invest in their individual programmes supported by guidelines, toolkits and evidence-based standards of care?

-single choice reply-(optional)

Active now

Any other activity contributing to the indicated deliverables? Please suggest in the box below.

-open reply-(optional)

Ireland hosts world class research in TRIL/TILDA, Netwell/CASALA. These provide bridge between research, policy, practice & industry, design & promote innovative systems, services & technologies supporting quality of life & service effectiveness. The EIP

provides alignment with falls strategy	
Any other activity contributing to the indicated deliverables? If you have filled in the box above, please indicate the timeline -single choice reply-(optional)	Active now
Do you wish to participate in the Action Group which will be set up to implement the Action? -single choice reply-(optional)	yes
Do you wish to play an active role in facilitating the Action Group? -single choice reply-(optional)	no
Add any relevant details, if appropriate, in relation to your participation in the Action Group. -open reply-(optional)	
<h3>Your commitment (part 4)</h3>	
Keywords - Please select as few/as many as necessary. -multiple choices reply-(optional)	Ageing Well at Home/Independent Living - Social inclusion - Diseases and Disorders - Health Systems and Services - Treatment - Medical Devices - Pharmaceuticals - Financing - Health technology Assessment - Regulatory conditions - Research and development - Privacy and Data Protection - Patient Empowerment - Competitiveness - Ethics
Keywords - you've selected "Ageing Well at Home/Independent Living", please select further: -multiple choices reply-(optional)	Technology support - Community living, self management
Keywords - you've selected "Technology support", please select further: -multiple choices reply-(optional)	Tele-health - Tele-care - Robotics - Tele-training - Tele-medicine
Keywords - you've selected "Community living, self management", please select further: -multiple choices reply-(optional)	Smart homes, e-home - Motorized mobility - Emergency response - Community Mobility Services - Portable health monitors - Hearing aids - Visual aids - Text-to-speech - Remote monitoring - e-health - Intelligent transport
Keywords - you've selected "Social Inclusion", please select further: -multiple choices reply-(optional)	Social networks - Activities
Keywords - you've selected "Social networks", please select further: -multiple choices reply-(optional)	Social networking
Keywords - you've selected "Activities", please select further: -multiple choices reply-(optional)	Recreation
Keywords - you've selected "Diseases and Disorders", please select further: -multiple choices reply-(optional)	Musculoskeletal disease - Pain - Impairments - Other Nutritional Diseases - Injuries - Psychiatric disorders - Frailty/physical decline - Arthritis - Multimorbidity - Health determinants



Keywords - you've selected "Impairments", please select further: -multiple choices reply-(optional)	Movement Disorder - Hearing Impairment/deafness - Vision Impairment/blindness
Keywords - you've selected "Other Nutritional Diseases", please select further: -multiple choices reply-(optional)	Malnutrition - Obesity
Keywords - you've selected "Injuries", please select further: -multiple choices reply-(optional)	Falls - Injuries other than falls
Keywords - you've selected "Psychiatric disorders", please select further: -multiple choices reply-(optional)	Depression - Dementia - Alzheimer disease
Keywords - you've selected "Frailty/physical decline", please select further: -multiple choices reply-(optional)	Muscle loss - Osteoporosis - Loss of orientation/balance
Keywords - you've selected "Health determinants", please select further: -multiple choices reply-(optional)	Tobacco - Diet - Active lifestyle - Wellness
Keywords - you've selected "Health Systems and Services", please select further: -multiple choices reply-(optional)	Community care - Palliative care - Integrated care - Chronic care - Informal care - Alternative medicine - Nutrition programmes - Exercise programs - Prevention - Education and Lifelong learning - Volunteering - Case Management - Institutional care - Screening Programme - Health Professionals - Capacity building - Diagnosis - Therapy - Surgery - Rehabilitation - Personal Health Records
Keywords - you've selected "Prevention", please select further: -multiple choices reply-(optional)	Primary prevention ( health promotion) - Secondary prevention (screening, early diagnosis) - Tertiary prevention (mitigate impact) - Gender factors
Keywords - you've selected "Health Professionals", please select further: -multiple choices reply-(optional)	Managers, executives - Administrative Personnel - Doctors - Nurses - Pharmacists - Psychologists - Social and Community Workers - Carers - Dentists - Specialists
Keywords - you've selected "Capacity building", please select further: -multiple choices reply-(optional)	Education - Guidelines - Training
Keywords - you've selected "Treatment", please select further: -multiple choices reply-(optional)	Protocols - Guidelines - Adherence
Keywords - you've selected "Pharmaceuticals", please select further: -multiple choices reply-(optional)	Prescription - Polypharmacy - Adverse effects - Vaccinations - Protocols - Personalised medicine - Pharmacovigilance
Keywords - you've selected "Financing", please select further: -multiple choices reply-(optional)	EU funding - Non EU funding - Private

Keywords - you've selected "Non EU funding", please select further: -multiple choices reply-(optional)	Procurement - Sustainability of public finances - Public Private Partnership - Innovative pricing models
Keywords - you've selected "Private funding", please select further: -multiple choices reply-(optional)	Business models - Venture capital
Keywords - you've selected "Health technology Assessment", please select further: -multiple choices reply-(optional)	Efficiency - Cost-effectiveness - Health outcomes - Evidence-base - Modelling
Keywords - you've selected "Regulatory conditions", please select further: -multiple choices reply-(optional)	Authorisation - Legislation - Data protection - Privacy - Standardisation
Keywords - you've selected "Research and development", please select further: -multiple choices reply-(optional)	Epidemiology - Medical research - Monitoring and Evaluation - Gerontology
Keywords - you've selected "Gerontology", please select further: -multiple choices reply-(optional)	Bio gerontology - Medical gerontology - Social gerontology
Keywords - you've selected "Competitiveness", please select further: -multiple choices reply-(optional)	Access to markets - Patents
<b>Your commitment (part 5)</b>	
Working languages (Hold down the control (ctrl) button to select multiple options) -multiple choices reply-(optional)	English
Please include a backup contact in addition to yours. (name, e-mail adress, phone number) -open reply-(optional)	Nicole Nolan, nicole.nolan@hse.ie, Tel 1 2744223
Please give website's url -open reply-(optional)	www.hse.ie
I have read, accepted and abided by the Guide to Invitation for Commitment and I agree that all added information is correct.  -single choice reply-(optional)	yes
I have read and understood the <b>privacy notice</b> . -single choice reply-(optional)	yes