

**National Sponsorship Team
Falls Prevention and Bone Health Meeting
12th December 2013, 16.45pm
Teleconference**

Present:

Noel Mulvihill (Chair) (NM), Dr Ailis Quinlan (AQ), Irene O Byrne Maguire (IOBM), Anne Marie Ryan (AMR), Dr Tara Coughlan (TC), Ann Keating (AK), Michelle Heavin (SCA minute taker)

Apologies: Barry Murphy (BM)

Discussion/ Action Point	Discussion/Action	Designated Person(s)
1. Minutes of Last Meeting	Minutes of last meeting held on October 21 st 2013 were reviewed and accepted. There were no matters arising from the previous meeting.	NM
2. Governance Update	<p>(a) NCEC Process</p> <ul style="list-style-type: none"> ➤ IOBM, Gethin White and Declan McKeown working on this together. It is envisaged to have something ready in Q 1-Q 2 2014 for consultation, as resources allow. ➤ Osteoporosis group expect to have guideline ready for June 2014. In communication with Dr John Carey, Osteoporosis Group lead. Have communicated with Dr Miriam Casey re membership of NIT and her involvement with Osteoporosis Group. <p>(b) Status of National Implementation Team</p> <ul style="list-style-type: none"> ➤ Representation and attendance good at November 2013 meeting ➤ Professor Rose Anne Kenny (nominated by HSE National Director of Acute Services), Dr Miriam Casey and Lean O' Flaherty agree to be members of NIT. ➤ Three meetings dates for 2014 set up. ➤ Pharmacy lead-needed for NIT; Niamh McMahon has kindly agreed to operate in an advisory role. Proposal needs to be agreed with CCP for full time pharmacy resource. <p>(c) Status of Regional Implementation Teams</p> <ul style="list-style-type: none"> ➤ Joint RIT meeting via Telco every 4-6 weeks. ➤ Four physician leads have been secured for RITs. ➤ Two pharmacy resources available as needed to HSE West RIT (Geraldine Creaton, SJH, Limerick) and HSE South RIT (Donal Carroll, St Luke's Hospital, Kilkenny) ➤ Good involvement from key stakeholders in all 4 regions, some pilots/early adopters more advanced than others pending resources. ➤ While the content of programmes is basically similar, different approaches are being taken to how these are being implemented, pending experience levels and resources. 	<p>IOBM</p> <p>AMR</p> <p>IOBM</p>
3. Project Plan 2013 Update	<p>(a) Identification, selection and launch of pilot sited/early adopters</p> <ul style="list-style-type: none"> ➤ Operating to an integrated care pathway model approach within ISA's. ➤ Focus will be on providing services for persons 65years and older re: access, quality and value. ➤ RITs will serve to support and enable pilots/early adopters, by bringing coherence and focus to the work. <p>(b) NAG Medication Management OP work stream</p> <ul style="list-style-type: none"> ➤ Preliminary meeting with Professor Laserina (UCD) who has an interest in analgesia and recurring falls. She will develop a 	<p>IOBM</p> <p>AMR</p>

	<p>work proposal to share with us in 2014.</p> <p>(c) Emergency Medicine and Transportation work stream</p> <ul style="list-style-type: none"> ➤ Conversation had with Dr Una Geary, CCP EM lead, regarding significant work done being done re OPs and Emergency Care. ➤ Admission avoidance work of particular significance to AFFINITY and OPs. ➤ Making contact with EM therapies working group re relevance to AFFINITY project.. <p>(d) Project Plan 2014</p> <ul style="list-style-type: none"> ➤ 2013 End of year Review–AMR and IOBM discussed draft document giving an overview of achievements realised in 2013 and challenges remaining in 2014. ➤ Good progress made, now need to manage expectations and maintain momentum. ➤ AFFINITY needs to continue to be open to doing things differently, to build understanding as to what works well and why and provide opportunities to showcase so as to spread the learnings. ➤ IOBM/AMR will write an article for ‘Health Matters’ to profile AFFINITY and share the work plan for 2014. ➤ There is a need for enhanced communications internally and externally. ➤ Both National Joint Co-ordinators are experiencing how busy the AFFINITY project is with the national, regional and sub group work. 	<p>IOBM</p> <p>AMR/IOBM</p>
<p>4. Change Management Supports</p>	<p>(a) Change Management Science – progressing Installation 1 as planned.</p> <p>(b) KPI Data Collation</p> <ul style="list-style-type: none"> ➤ KPI starter meeting in July, to explore developing metrics, the area of KPIs for inclusion in HSE Service Plan down the track. ➤ PC teams in Clare are using a tracking system to track older person’s data-how/why people fall, and what interventions they are getting. Plan is to modify this tracking system to suit AFFINITY needs, pilot and then implement such a system more widely. ➤ Base line data was examined. ➤ Data collation-use nursing KPIs was considered. ➤ There will be a need for pilot sites to nominate at least 1 person per area to collate data on processes and outcomes. <p>(b) Education and Training</p> <ul style="list-style-type: none"> ➤ RITs and their pilots/early adopters may need training on continuous quality improvement (QI), leadership and change management. Training Needs Self Analysis (TNA) developed with support from HSE DNE Training and Development and HSE Nursing & Midwifery Planning & Development Unit, Dublin. ➤ TNA delivered to potential trainees within three RITs via Survey Monkey, to help determine their education and learning needs. Draft Procurement report discussed, including the Appendix - Preliminary TNA findings; Training gaps identified in QI and change management that will need addressing. ➤ A QI “fall” collaborative training programme available to some HSE West RIT pilots/early adopters seems to be working well, despite reservations in the beginning about its seemingly acute focus. ➤ There are significant cost implications to any such QI training, compounded by the limited availability of credible personnel/companies to deliver such training. ➤ There is a need for any such QI training to be available in Q2 2014 at the latest, to support the pilots/early adopters. 	<p>AMR</p> <p>AMR</p> <p>IOBM</p>

	<ul style="list-style-type: none"> ➤ HSE Connect Coaching Programme, co-ordinated by Eilish McKeown –a CAWT-cross border programme –has agreed to make available a team of coaches to the AFFINITY project to help address the TNA finding -gap in change management skills. Work still needed on the processes to accompany this programme. ➤ Fall Safe E Learning programme Falls Prevention in Hospitals has been secured for free from Royal college of Physicians UK, on condition that it is password protected and trainees register to ensure copyright. Work is progressing to make this valuable resource available as widely as possible. <p>(c) Web-based repository</p> <ul style="list-style-type: none"> ➤ Web repository ready for testing; all material properly referenced and relevant to the implementation of AFFINITY. ➤ SCA will host the web repository to enable access to be as wide as possible. Currently security checks are taking place. ➤ We will continue to explore possible links to HSE website; HSE hub option discontinued due to high cost, limited space and access. ➤ Expect the web repository to be widely available by Q2 2014. ➤ There are also plans to link into HSE Communications to help profile AFFINITY. <p>(d) EIP-AHA Contribution</p> <ul style="list-style-type: none"> ➤ 2014 work plans are being finalised. ➤ Focus of the A2 Falls Initiative Action Group in 2014 is on developing a data management system prototype to capture, evaluate and search relevant good practices that are shared globally and to build synergies between the six action groups within the EIP-AHA currently. ➤ The EIP AHA work is important as it serves as an evidence informed reference point/group for AFFINITY nationally. Relevant Irish politicians have participated in annual EIP AHA showcasing events in Brussels. 	IOBM
5. Confirm meetings for remaining year	<p>Future Meetings/Teleconferences:</p> <ul style="list-style-type: none"> ➤ 11th March, 08.30-10-30 meeting face to face ➤ 10th June, 08.30-teleconference ➤ 16th September, 08.30-meeting ➤ 16th December-8.30-10.30 teleconference 	All
6. Administration Support	<p>a) Administration support for AFFINITY</p> <ul style="list-style-type: none"> ➤ Need for one day/week of administrative support from the SCA for AFFINITY and seek likewise from HSE. ➤ SCA Administration will be needed to support web repository. ➤ NM to advise regarding HSE Admin support 	
7. AOB	<ul style="list-style-type: none"> ➤ AQ voiced concerns about Barry Murphy, DOH, non - attendance at the last few meetings, and if he will be continuing with the project in 2014. NM agreed to discuss this with BM. ➤ Brief discussion regarding independent evaluation of the AFFINITY. AQ suggested that AFFINITY could be modelled on the Open Disclosure project in this regard. This issue to be discussed further at next meeting. 	