

# Implementation Science in Action: AFFINITY Falls Prevention and Bone Health Project

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## Background

Implementation can be described as a purposeful set of activities undertaken to incorporate the distinct components of that programme into a service or community setting (1) It focuses on operationalising the plan – the **How** rather than the **What**.

Slips/trips/falls annually contribute to over 1/3 of reported incidents from the publicly-funded health and social care system which could have or did lead to unintended and unnecessary harm. In addition, given our ageing demographics €520 million is the estimated annual spend in dealing directly with the sequelae of falls and fractures in the absence of implementation of the "National Strategy for the Prevention of Falls and Fractures in Ireland's Ageing Population" (2). **AFFINITY** (Activating Falls and Fracture Prevention in Ireland Together), is the national strategy implementation project that has a vision of a "life free from (harmful) falls and fractures in our ageing population". **AFFINITY** (Ireland) is also a commitment within the European Innovation Partnership on Active and Healthy Ageing (EIPAH). **Implementation Science (IS)** incorporating a change management approach and clarifying objectives is used to guide the implementation process of the national falls prevention project. IS is the study of methods to promote the integration of research findings and evidence into healthcare policy and practice. The four stages of IS are i) exploration ii) planning (installation) iii) pre-implementation & iv) full-implementation. In addition, there are three core drivers - staff competency, organisational capacity and leadership. Research evidence suggests that the most effective implementation strategies are those that adopt a multifaceted approach, combining techniques (3).



Figure 1: National Falls Prevention Strategy (2008)

## Results

In the ongoing changing environment of a national project, stages one (exploration) and two (installation) of IS have been predominantly achieved. IS facilitates prioritising actionable deliverables for **AFFINITY** e.g. See figure 4 : Stage 1 Exploration, point 6– need & fit "in place" while readiness and capacity to implement were "not yet initiated" at that time. Staff competency and capacity for change was addressed using a training needs analysis survey.

Stage-Related Activities for Exploration	Current	Past	Not Yet Initiated
1. Form Implementation "Team" or Re-Purpose/Expand a Current Group	✓		
2. Develop communication plan to describe the exploration process (e.g. activities, participants, timeline, benefits, roles) to key stakeholder groups	✓		
3. Analyse data to determine need and prevalence of need	✓		
4. Select Targeted Areas to address Need (e.g. staff, roles, facility outcomes)	✓		
5. Review and identify programs, practices, interventions that match target area and address need	✓		
6. Review and discuss "fit" programs and practices (use the Haddon's in relation to: a) Need b) Fit c) Resource - Sustainability d) Strength of Evidence e) Evidence for Replication f) Capacity to Implement	✓		
7. Select program/practice for continued exploration based on assessment results from above	✓		
8. Develop methods to promote exploration and assess "buy-in" for range of impacted stakeholders	✓		
9. Analyse information and results of exploration activities	✓		
10. Work group makes recommendation to appropriate level (e.g. state level, local partners, alliance, funders)	✓		

The findings highlighted the need for quality improvement education, coaching for change and leadership development.

Network of stakeholders have been established through online peer learning sessions and work streams such as measure and monitor and education and learning.

Early adopters have been identified who are prepared to work towards delivering quality services that are person centered, evidence informed and sustainable.

## Methods

A knowledge broker (\*two way exchange of knowledge about an issue that fosters collective learning) worked with the joint project leads to help deliver **AFFINITY** from April 2013, meeting twice monthly for mentoring and coaching. Implementation Science incorporating Health Intelligence "Clarify the Objective" service and HSE Change Management approach to monitor and enable the delivery of the project. The "Clarify the Objective" approach used creative visualisation to establish "buy in" and a shared understanding among the leadership teams at national level.

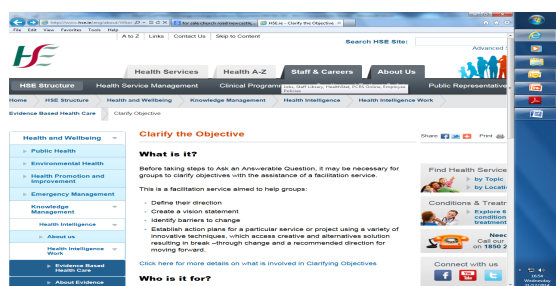


Figure 2: Extract from HSE Health & Wellbeing Clarify the Objective Service

Given that **AFFINITY** is a whole system change and a population health improvement initiative, the HSE change management approach is used to manage uncertainty and the unpredictability of change and understanding of resistance and supporting people through change(4).

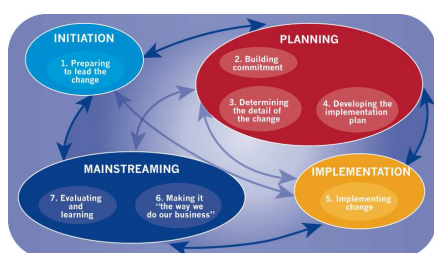


Figure 3: HSE Change Model

## Conclusions

1. Implementation science is a key enabler for the delivery of the **AFFINITY** project, a population health improvement initiative.
2. **AFFINITY** requires a whole system change on how falls prevention and bone health for older persons is managed. IS enables a knowledge broker to facilitate knowledge exchange and translation in the process of HOW the project is delivered and sustained.
3. IS facilitates prioritisation of key deliverables to ensure that the public and service users know how to prevent harmful falls and enhance their bone health.
4. IS supports the development of such accessible, quality, person-centered services by enabling staff capacity, organisational readiness and leadership capability.
5. IS optimises the use of existing resources and supports the innovation of new developments. This includes enhancing alignments with policies, initiatives and agencies e.g. Healthy Ireland and Positive Ageing Week.
6. IS is providing a monitoring mechanism to gauge readiness for timely quality interventions, by creating hospitable environments for new ways of working and engaging with each other to deliver a "life free from (harmful) falls and fractures in our ageing population".

## References

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