

## **Falls Prevention and Bone Health Implementation Project Briefing July 2013**

### **(a) Strategy Document:**

Strategy to Prevent Falls and Fractures in Ireland's Ageing Population published in 2008.

### **(b) National Sponsorship Team (NST)**

A National Sponsorship Team (NST) was formed as a support structure to implement the National Falls Prevention and Bone Health Implementation Project. The main objective of the NST is to work through blockages and issues that occur at a high level and possibly impinge on the work of the National Implementation Team (NIT) and Regional Implementation Teams (RIT). For example the NST would take the lead regarding discussions that may be required with the HSE Director General/Chief Operating Officer and other stakeholders including the IMO/ICGP etc. The NST met for the first time on April 11th 2013.

The membership of this team please see Appendix 1:

### **(c) National Implementation Team (NIT)**

A National Implementation Team has also been formed made up multidisciplinary professionals to help deliver on the National Implementation Project Plan. This Team will engage with relevant stakeholders to enable them to facilitate the key elements of the National Implementation Plan at national/regional/local level. The main objective of this Team is to work with and support the RIT's. The NIT met for the first time on May 20<sup>th</sup> 2013.

The membership of the NIT please see Appendix 2.

### **(d) The Regional Implementation Team (RIT):**

The proposed membership is:

- Regional Older Persons Leads- Co- Chair,
- Primary Care Regional Specialist Co- Chair,
- Quality & Patient Safety Representative,
- Area Directors of HSE Nursing & Midwifery Planning Units,
- Regional Physician Leads, Clinical Care Programme Older Persons
- Acute Hospital Lead,
- Pilot Site/Early Adopter Site Lead(s),
- Other stakeholders as required for example GP's, Health Promotion, Dietetics, etc.

The proposed work/decisions of the RIT is as follows:

- To meet and discuss what locations/settings at regional level are best placed to be pilot sites for the National Implementation Project,

- In conjunction with this work collate data from residential services and acute hospital services, (we have data in respect of the PCT's currently providing falls prevention programme to clients- see attachment),
- Pilot sites should include Primary Care Team's and/or residential settings and/or acute hospital services.
- Facilitate the establishment of local working group i.e. MDTs from various settings working along an Integrated Care Plan (ICP),
- In respect of falls prevention and bone health what work can these pilot sites do, the suggested steps are:
  1. Work from a definite policy documents or adapt policy from similar setting,
  2. Decide on what staff education is required to support the work,
  3. Decide in respect of the use of a referral process, collating of data of referrals and assessments, any incidents that may need to be reported, analysis of the work and who to report this information to,
  4. Define the population pilot site will target,
  5. Use the ICP as per the Specialist Geriatric Service,
  6. Time frame of 6 months after which the work of the pilot site will be evaluated through identifying what patients and number of patients were seen and what assessments were conducted,
- Who are the main players in the pilot sites- what MDT professionals will be involved,
- Are they already doing falls prevention initiatives, if so is it possible to enhance or standardise this work for example servicing a wider audience of patients or can the pilot sites commence a new initiative for falls prevention,
- Is the proposed membership of the RIT adequate to support the work of these pilot sites,
- Who is the link person for the pilot site(s),
- Are the selected pilot sites in tandem with Regional Service Plan's.
- Seek support from the National Implementation Team when required.
- Liaise with the 2 national project co-ordinators (Anne Marie and Irene) for falls and bone health on any issues in respect of the working of the pilot sites.

#### **(e) Documentation:**

What documentation can the pilot sites complete, the documents for consideration are:

1. Expressions of Interest,
2. Organisational/Unit/Service Readiness checklist and an Online Audit Survey (Manual version available if needed) Irene O Byrne Maguire will be the Online Audit Survey support for the link person of the pilot site(s). Irene will support these link people and assist with completing the audit tool with the pilot site(s).

The Falls and Bone Health AFFINITY acronym for **Activating Falls and Fracture Prevention in Ireland Together** document gives an overview of the project to date.

#### **(f) Education Programme:**

The Falls Collaborative Education Programme-while the emphasis of the previous training delivered in HSE West have been acute hospital focused because the take up was predominantly from the acute sector, the RCPI and organisers have stated that other settings can be catered to within this programme. This programme is currently being delivered by the RCPI may be available to support the work of the pilots. This programme can be reviewed by the pilot sites and the RIT's to decide if this training syllabus is suitable for the pilot sites and if deemed suitable, discuss how, where and when this training can be delivered. Anne Marie and Irene to support this.

#### **(g) Membership of the RIT's, EOI and Evaluation**

The invites to the professionals to sit on the RIT's is being organised by Anne Marie Ryan. The co-chairs have been agreed. We have confirmed representation from QPS for their representatives from DNE and DML and we are awaiting confirmation from HSE West and South for their nominees. The lead for Acute hospital services Dr. Ciaran Browne will nominate people when the pilot sites are known to ensure that the most suitable staff are nominated. This process is being mirrored by the NMPDU.

The RIT's will be best placed to decide on which sites should be pilot sites. The RIT's will seek the Expressions of Interest. The EOI document should be filled up by lead person nominated by the pilot site and should be returned to Anne Marie Ryan electronically if possible to Annemarie.ryan@hse.ie if this not possible in hard copy to Anne Marie Ryan, Older Person's Services, Room G22 Dr Steeven's Hospital, Dublin 8- Landline No 01/6352646. Irene O Byrne Maguire will then work with the pilot sites to assist in completing the audit tool.

The project will be evaluated each month, the lead person of the pilot site should keep a record of the number of patients seen, what assessment and treatments the patients have had carried out. The proposed data that the pilot sites could collate is:

1. Number of people screened over 3 months
2. Number who had multi-factorial assessment over 3 months
3. Number of people referred onwards over 3 months
4. Age group of people seen

It may be possible to collate this information also:

1. Number of people over 65 yrs presenting at Emergency Department from named PCT with falls related issues over 3 months,
2. Number of people over 65 yrs presenting to Out of Hour Services from named PCT with falls related issues over 3 months.

A standard evaluation tool can be developed to evaluate the pilot sites. Anne Marie and Irene to address this.

#### **(h) Collate data currently available**

Data from Primary Care is available in respect of what PCT's provide falls currently provide falls prevention programme to clients- see attachment. If the co-chairs of the RIT's are in agreement, Anne Marie will collate the data in respect of what falls

initiatives are currently on going within residential settings and acute hospital settings- see templates attached for collating of this data.

## **Appendix 1:**

National Sponsorship Team Membership:

- Co-chair: Mr. Noel Mulvihill; National Assistant Director for Older Persons
- Co-chair Dr. Ailis Quinlan; Health of the Clinical Indemnity Scheme
- Dr. Tara Coughlan; National Clinical Lead for Falls and Bone Health, Clinical Care Programme for Older Persons
- Representative from Department of Health, Mr. Barry Murphy, Principal Officer Older Persons Services,
- Representative from SDU. Mr. Conor Leonard, General Manager,
- Irene O Byrne Maguire Clinical Indemnity Scheme,
- Anne Marie Ryan HSE Older Persons Services

## **Appendix 2:**

National Implementation Team Membership;

Name	Title
Noel Mulvihill	AND Older Persons
Brian Murphy	Lead Primary Care
Dr Tara Coughlan	Consultant Geriatrician AMNCH Hospital & Clinical Lead OPCCP
Dr Emer Ahern	Consultant Geriatrician St Luke's Hospital Kilkenny
Emma Benton	AHP's Representative
Geraldine Delorey	Health Promotion Representative
Irene O Byrne Maguire	Clinical Indemnity Scheme
Dr Joe Clarke	GP/Primary Care Representative
Dr Kieran O Connor	Consultant Geriatrician Cork
Neil Dunne	ANP Older Person
Dr Declan McKeown	Health Intelligence
Anne Marie Ryan	Older Persons HSE
Niamh McMahon	Pharmacy/ Medication Management Lead
Avilene Casey	Nursing and Midwifery KPI Group
Pascal Moynihan	Regional Specialist Older Persons Services
Dr Helen Flint	Nursing Representative NMPDU
Leán O'Flaherty	Senior Community Dietician HSE Dublin North City