

<p style="text-align: center;"><u>Falls Prevention and Bone Health</u> <u>Regional Implementation Team</u> <u>Membership and Terms of Reference</u></p>
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Suggested Membership:

- Regional Older Persons Leads,
- Pilot Site/Early Adopter Site Lead(s),
- Quality & Patient Safety Representative,
- Primary Care representative x 2 possibly Transformational Development Officer and other member of Primary Care Network,
- Regional Leads CCPOP,
- Area Directors of HSE Nursing & Midwifery Planning Units,
- Patient Advocacy reps,
- Co-ordinator(s) National Project
- Acute Hospital Lead

Terms of Reference

- To co-operate with National Implementation Team (NIT) in establishing baseline quantum of services per region and nationally.
- To support NIT in establishing criteria and initiatives for regional implementation that are relevant to falls and bone health.
- To help identify pilot /early adopter sites at regional level
- To reduce falls and increase bone health.
- To support pilot /early adopter sites across all health and social care settings, such as acute hospital, primary care and long terms residential care settings to implement an integrated care pathway for falls and bone health.
- To enable the evaluation of these pilots/early adopter sites using key performance measures.
- To undertake/continue consultation/engagement with relevant key stakeholders and initiatives regionally/nationally to help ensure sustainability of falls and bone health project.
- To oversee and review regional implementation once Project Plan has been formally signed off.
- To inform and report to NIT who will advise, monitor and enable the work of the RIT.
- TOR and Membership of the Regional Implementation Team will be reviewed annually,
- A three year timeline for implementation (2013-2015) will be drafted to help focus the work and will be reviewed annually and amended accordingly.
- RIT will meet when required
- RIT will input to Annual Report in line with the National Service Plan outlining the actions planned and achieved.

APPROVAL & REVIEW DATE

Approval Date: Month/Date/Year

Review Date: Month/Date/Year

SIGNATURES of RIT Members:

FINAL DRAFT