



National Frailty Education Programme Report

The Fundamentals of Frailty

CDI/0105/1.0/2023
Approved May 2023

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A WORD FROM THE AUTHOR

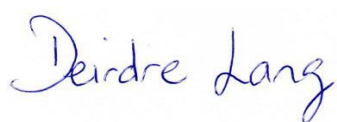
The National Frailty Education is an accumulation of the work of healthcare professionals from research and practice, who understood that colleagues outside of gerontology and older person's specialist care were unfamiliar with the concept of frailty as a long-term condition. The end product "The Fundamentals of Frailty" is an evidence-based programme, developed by a team of passionate subject matter experts, who gave generously of their time to ensure that all those who work with older people understand the fundamental aspects of frailty and the difference their care can make to outcomes for this vulnerable population. I want to thank all those who supported the development of the programme and its revision and who have remained committed to its success.

A special shout out to the Older Persons Section of the Irish Nutrition and Dietetic Institute who ensured that Nutrition and Frailty were included in the second iteration. Also, to the Clinical Advisory Group for their wisdom and feedback, who ensured that the facilitators could be confident that they were delivering a programme that is exemplary.

I want to recognise the commitment of the National Frailty Facilitators who have been evangelical in their determination that all their colleagues will understand that frailty is not an inevitable part of aging and that it can be made better or worse depending on the care they receive when they interact with health services. This programme would be nothing without each and every one of you.

To those who allowed us to develop this vision, Dr Aine Carroll, Dr Colm Henry and Dr Geraldine Shaw- your support has been the backbone of this development- thank you.

Finally, to Diarmuid, Carmel and Helen who worked hand in glove with me on this and many projects, I think our future older selves will be proud.



**Director of Nursing/National Lead Older Persons Services,
Office of the Nursing & Midwifery Service Director (ONMSD),
Clinical Programme Implementation & Professional Development, HSE**

FOREWORD

Population ageing is occurring rapidly, which has major implications for the planning and delivery of health and social care in Ireland. As older people have different healthcare requirements, the Irish healthcare system needs to adapt to meet the demands associated with these demographic changes. Empowering healthcare professionals with up-to-date knowledge and skills will ensure that they know how to provide care that is better planned, better coordinated, easier to access and truly person centred (Phelan, et al. 2017).

The National Frailty Education Programme (NFEP) was initially developed as a Test of Concept. It represents a novel collaboration between the National Clinical Programme for Older People (NCPOP), Health Service Executive (HSE), The Irish Longitudinal Study on Ageing (TILDA), and the Royal College of Physicians of Ireland (RCPI) and has the capacity to improve healthcare professionals' knowledge and understanding of the evolving concept of frailty (ADVANTAGE JA. 2019, Romero-Ortuno, et al. 2022).

Quality Improvement (QI) methodology informed each stage of the programme design and the roll out of the programme nationally. In 2018, the NFEP was awarded the Zenith Global Healthcare Award in recognition of its pioneer educational approach to the delivery of integrated interprofessional education. The programme has also been included in the European Union's Joint Action on Frailty Prevention (Rodríguez-Laso et al., 2019) , as a case study of good practice under Domain 7: Education and Training. Many other projects, publications and developments have arisen out of this programme including: the evolving Frailty Networks nationally, the inaugural meeting of the Irish Frailty Network of the Irish Gerontological Society in September 2019 , the first All-Ireland Frailty Network meeting in October 2021 , advisory inputs to the Northern Ireland Frailty Network in November 2021 towards developing a Frailty Education Programme for Northern Ireland, and many other initiatives and contributions to improve patient care. The programme has been cited internationally as an exemplar of an interprofessional approach to learning (Walsh, & Currid 2018, Adja, et al. 2020, Munro & Murphy, 2022, Romero-Ortuno, et al. 2022). In recognition, since 2022, Trinity College Dublin offers up to 5 annual scholarships to NFEP Facilitators for the online, standalone module in Assessment and Management of Frailty in Ageing Adults.

Dr Diarmuid O'Shea, former NCPOP Clinical Lead & Consultant Physician in Geriatric Medicine at St Vincent's University Hospital said:

"One of the aims of the National Frailty Education Programme is a cross-organisational collaborative approach to promote system-wide education and to encourage participation by everyone delivering care to older people. This will equip healthcare professionals and workers with the knowledge to ultimately provide the right care, in the right place, at the right time, in line with the national Sláintecare policy. The National Frailty Facilitators play a vital role as they are championing this

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The EU Joint Action is the first European action on frailty in older people. Its purpose is to encourage consensus in health and social care services in building a common European framework on screening, early identification, prevention, assessment, and management of frailty (Rodríguez-Laso et al., 2019).

change and promoting a new way of working within and across their organisations”

Professor Rose Anne Kenny, Principal Investigator of TILDA said:

"This is the first time that a longitudinal research study such as TILDA has employed such methods to ensure rapid translation of research findings into clinical practice. Previously, this has taken many years. This collaboration is now being replicated in other countries and in other areas of clinical priority. This is especially pertinent given the current changing population demographics in Ireland and worldwide and the increased challenges facing our healthcare services- challenges which need to be addressed urgently by such new approaches to ensure prevention and early treatment"

The EU JOINT ACTION ON FRAILY states:

"The National Frailty Education Programme" is regarded as a good practice example, as it views workforce development from an interdisciplinary and dynamic perspective in order to reach educational transparency. This approach corresponds with the proposed model of educational transparency developed within the "Report on the content, scope and gaps on frailty and frailty prevention in the curricula of the participant Member States' health related workforce" of the ADVANTAGE JA http://advantageja.eu/images/Deliverable_8%201_SC%20approved.pdf).

Acknowledgements

We would like to acknowledge Dr Áine Carroll, Dr Diarmuid O'Shea and Dr Siobhán Kennelly, along with Prof Rose Anne Kenny, Ms Mary O'Shea and the team at TILDA for their commitment to the development of the National Frailty Education Programme. We would also like to acknowledge the key contribution of Ms Deirdre Lang, Director of Nursing Lead, ONMSD/NCPOP Ms Carmel Hoey NMPD Director HSE West, Ms Helen Whitty, Programme Manager NCPop and Dr Diarmuid O'Shea, Consultant Geriatrician, St Vincent's University Hospital as Clinical Lead, NCPop (2010-2019) in designing the key elements of the programme processes. We would like to thank the working groups who have given their time and expertise to the development and revision of the programme, thus ensuring it has and continues to be of such a high standard (See appendix 1 & 5). We would also like to thank Dr Marie-Therese Cooney, Geriatrician St Vincent's University Hospital, Dr. Rónán O'Caoimh, Mercy University Hospital, Prof Román Romero Ortuño St James's University Hospital/TILDA and the NCPop Clinical Advisory Group for reviewing the Fundamentals of Frailty programme content and providing the governance and quality assurance for the programme. Finally, we recognise that the success of the programme roll out is attributed to the National Frailty Facilitators, whose passion and commitment to the delivery of the Fundamentals of Frailty locally has ensured the numbers of healthcare staff who have completed the programme has surpassed all expectations.

Dr Colm, Henry

Chief Clinical Officer,
HSE

Dr Emer Ahern

National Clinical & Advisory
Group Lead, Older Persons, HSE

Dr Geraldine Shaw

Nursing & Midwifery Services
Director, Office of the Nursing &
Midwifery Services Director, HSE

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EXECUTIVE SUMMARY

An ageing population is one of the success stories of modern society. However, while many people remain well, engaged and active into later life, increasing age brings a higher risk of long-term medical conditions such as frailty, dementia, disability, dependence and/or social isolation (Oliver et al., 2014). As more people live longer and manage several conditions affecting their health, they require services that support them to remain as well as possible, for as long as possible. There is evidence that prevention and early management of frailty can reduce many of the major negative health-related outcomes associated with ageing, including functional decline and dependency (Clegg, et al.2013).

One of the major challenges posed by an ageing population is the ability of healthcare professionals to understand, recognise and manage frailty (O'Shea, 2017, Kennedy, et al. 2021).

Frailty is a dynamic state. Its onset and progression can be reduced and even reversed if early intervention and correct management strategies are set in place. Early identification may provide an opportunity to identify pre-frail and frail individuals, and direct them to appropriate preventative health interventions to improve personal health and well-being (Gwyther, et al., 2018).

However, to do this, healthcare

professionals need a working knowledge of the fundamental aspects of frailty and the malleability of this condition. A number of reports, including two surveys undertaken by the Health Service Executive (HSE), suggest that healthcare professionals in general have a poor understanding and view frailty as an inevitable part of ageing. In response, the NCPOP developed The National Frailty Education Programme to provide healthcare professionals with the knowledge and skills required to deliver effective care to older people living with frailty, wherever they access health services.

KEY ELEMENTS OF THE NFEP:

The National Frailty Education Programme refers to a programme of work that includes all of the following:

The National Frailty Facilitators' development programme:

- "Recognising Frailty-Insights from TILDA": a one -day bespoke programme developed for National Frailty Facilitators by The Irish Longitudinal Study on Ageing (TILDA).
- Facilitator network development workshop and resources.

The Fundamentals of Frailty education programme that is delivered locally to healthcare professionals by a network of facilitators.

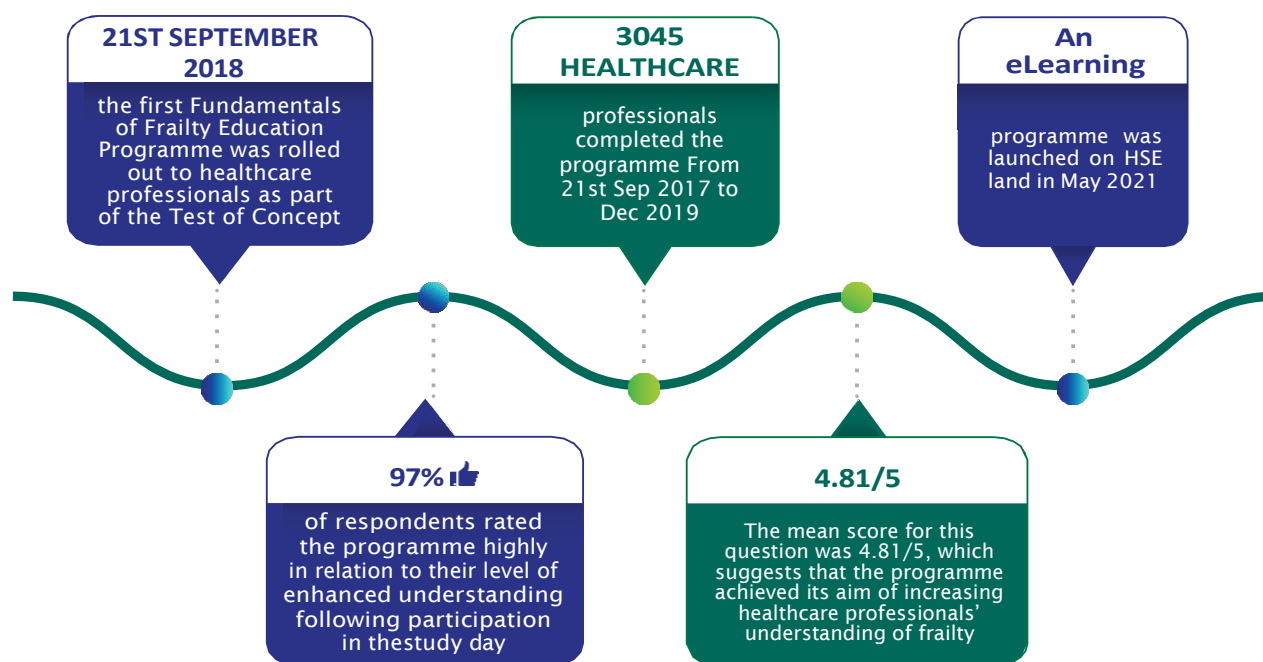
- PARTNERSHIPS -



The National Frailty Education Programme (NFEP) was developed in collaboration with the HSE, the Royal College of Physicians of Ireland, National Acute Medicine /National Emergency Medicine Clinical Programmes, in partnership with The Longitudinal Study on Ageing (TILDA) and supported by the Office of the Nursing & Midwifery Service Director (ONMSD).

Quality Improvement (QI) methodology informed each stage of the programme design and the roll out of the programme nationally. Using QI allowed for small tests of change, to inform the development of the programme content and delivery. Three, Plan Do Study (PDSA) cycles were completed and each PDSA cycle informed the next phase of the programme design. The deliverables of the Test of Concept included:

- The development of evidence based interprofessional education programme “The Fundamentals of Frailty”. This programme is designed to provide participants with an understanding of the fundamental elements of the “geriatric giants” of falls, incontinence, delirium, impaired cognition and increased susceptibility to the side effects of medications.
- A Memorandum of Understanding (MOU) with TILDA and the development of a bespoke education programme “Recognising Frailty-Insights from TILDA” which is provided to facilitators who deliver the Fundamentals of Frailty as part of their facilitator development programme. This MOU provides a unique collaboration between a Longitudinal Study and a service provider and supports the translation of research to practice.
- The development of a cadre of interprofessional Frailty Facilitators to deliver the Fundamentals of Frailty to their colleagues locally. The NFEP is underpinned by the



philosophy that learning together enhances collaboration and coordination, builds relationships and improves patient outcomes (WHO 2010).

The programme is delivered in an integrated manner, across professions, Hospital Groups and Community Health Organisations (CHOs).

The success of the programme is dependent on local facilitators delivering the programme to health professionals in a credible and meaningful way, sharing their own professional experiences and their learning and insights from TILDA.

On 21st September 2018, the first Fundamentals of Frailty Education Programme was delivered to healthcare professionals as part of the Test of Concept. From 21st September 2017 to December 2019, 3045 healthcare professionals completed the programme. Ninety-seven percent of respondents stated their level of enhanced understanding increased following participation in the study day, which suggests that the programme achieved its aim of increasing healthcare professionals' understanding of frailty.

In early 2020, as a consequence of the COVID-19 pandemic, face to face education ceased. Due to the disproportionate adverse impact of COVID-19 on older adults and the subsequent increase in people presenting with frailty an on-line Fundamentals of Frailty programme was developed to provide healthcare professionals with access to the programme content. The online learning programme became available to access in May 2021. Due to a significant HSE cyber-attack in May 2021, data on the numbers who had completed the programme was unavailable until August 2021. Between August and December 2021, the eLearning programme was accessed 3,864 times by a total of 644 learners. The conclusions from a learning impact study demonstrate that the eLearning programme is of value to learners, and that engagement with the programme has led to an increase in their knowledge and confidence.

A recurring theme from the PDSA cycles related to the ability to release staff from clinical duties to attend a one-day education programme. Yet, participants felt learning together with health professionals from different backgrounds and services provided them with an opportunity to learn from each other, in a way that learning in professional silos or on-line alone, doesn't facilitate. The solution to future programme delivery requires flexibility of access and therefore a hybrid/blended approach to the programme delivery was developed.

Blended learning is an approach to education that combines online educational materials with traditional place-based classroom methods. The revised Fundamentals of Frailty will be delivered using this model. It is proposed that each facilitator network will adapt the blend of modules delivered online or in the classroom based on their local needs and the expertise available to deliver the programme modules. However, all networks will be required to deliver the CGA module in a classroom setting, to provide opportunity for participants to learn about each other's roles. They must also ensure that the programme continues to be delivered in an interprofessional, integrated manner.

The NCPOP have demonstrated that a National Frailty Education Programme enhances participants' understanding of frailty and frailty assessments; thereby ensuring earlier recognition of frailty, improved healthcare management, and better outcomes for older adults living with frailty. In order to ensure the sustainability and ongoing development of the NFEP the NCPOP suggest the concept of Project ECHO is tested with a number of facilitator networks. Project ECHO (Extension of Community Healthcare Outcomes), is an evidence based methodology developed to connect participants in a virtual community with their peers, where they share support, guidance and feedback. These communities focus on case-based discussions, knowledge sharing and educational components with the intent of expanding capacity, spreading knowledge and accelerating collective learning. A number of project ECHOs across other specialty areas have been successfully set up across Ireland.

The NFEP will continue to be a key pillar of the Irish Frailty Network of the Irish Gerontological Society and the All-Ireland Frailty Network.

The recommendations in this report reflect the strategic direction and operational challenges being addressed by the health system. This includes Slaintecare (Government of Ireland 2019), goals and associated workforce recommendations, the HSE Corporate Plan (2022-2025), National Service Plan (2023) and Winter Plan (2023/24).

The NFEP model has been identified as a key enabler to integrated care, advancing inter-professional working and collaboration, while adopting an age attuned approach to improve the realignment of health care systems, to better meet the needs of older people. The NFEP continues to be a key enabler in educating and pivoting the workforce towards an age friendly health system.

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NFEP IMPLEMENTATION PHASES

STEP1

TILDA-"Insights into Frailty" Education Programme

Education Dates Confirmed with TILDA
(Each Network to attend in groups of 10)

Notifications sought from relevant
managers & directors of services

Pre & Post survey to evaluate participants
knowledge Pre & Post attendance at TILDA

Developed FAQs document
Memorandum of Understanding

Engaged with TILDA participants/nominees
& agreed scheduling of dates

Communicated with each group Pre & Post
TILDA session to ensure evaluation complete

NCPOP Clinical Lead communications to
local clinicians to confirm nominees
trained in local area & sites

Develop Facilitators workshop and
deliver workshops locally in each network

Develop Fundamentals of Frailty Education Programme

Establish an education working group
with experts from gerontology

Develop Fundamentals of Frailty Programme
Presentation and Slide Notes

Programme sign off from NCPOP
Frailty Sub-group Clinical Advisory Group
(CAG) & Working Advisory Group (WAG)

Category 1 Approval to Nursing
& Midwifery Board of Ireland (NMBI)

Allocation of PPARS Code: 72206646
For capturing education activity on HR system

STEP2

Facilitator Development Workshop

Overview of the day & agree
objectives of the workshop

Present one module of
'Fundamentals of Frailty'

Strong focus on team building
activities and role of the facilitator

Q&A sessions

Agree local plan for delivery of
'Fundamentals of Frailty' Locally

Findings of Day communicated
to group by NCPOP Nurse Leads

Complete report for each
HG&CHO

STEP3

Fundamentals of Frailty Programme Delivery

- Agree educational schedule
- Agree who will facilitate each session
(minimum 2 per day)
- Invite guest facilitators as required
- Source venue for role out locally

Local database & register
of attendees process agreed

Evaluation completed by each participant

Evaluations sent to NCPOP
Director of Nursing

Evaluations inform national programme
review and local OPinitiatives

0.1

INTRODUCTION

Frailty is an emerging science and the National Frailty Education Programme (NFEP) – The Fundamentals of Frailty was developed to provide healthcare professionals with the knowledge and skills required to provide care to older people living with frailty, wherever they access health services. The programme’s philosophy is based on the belief that education increases knowledge and enhances healthcare professionals’ skills in the clinical area. The overall purpose of this document is to report on the development and impact of the NFEP, the methodological approach used in its development and to make recommendations as to how the programme will remain sustainable and current.

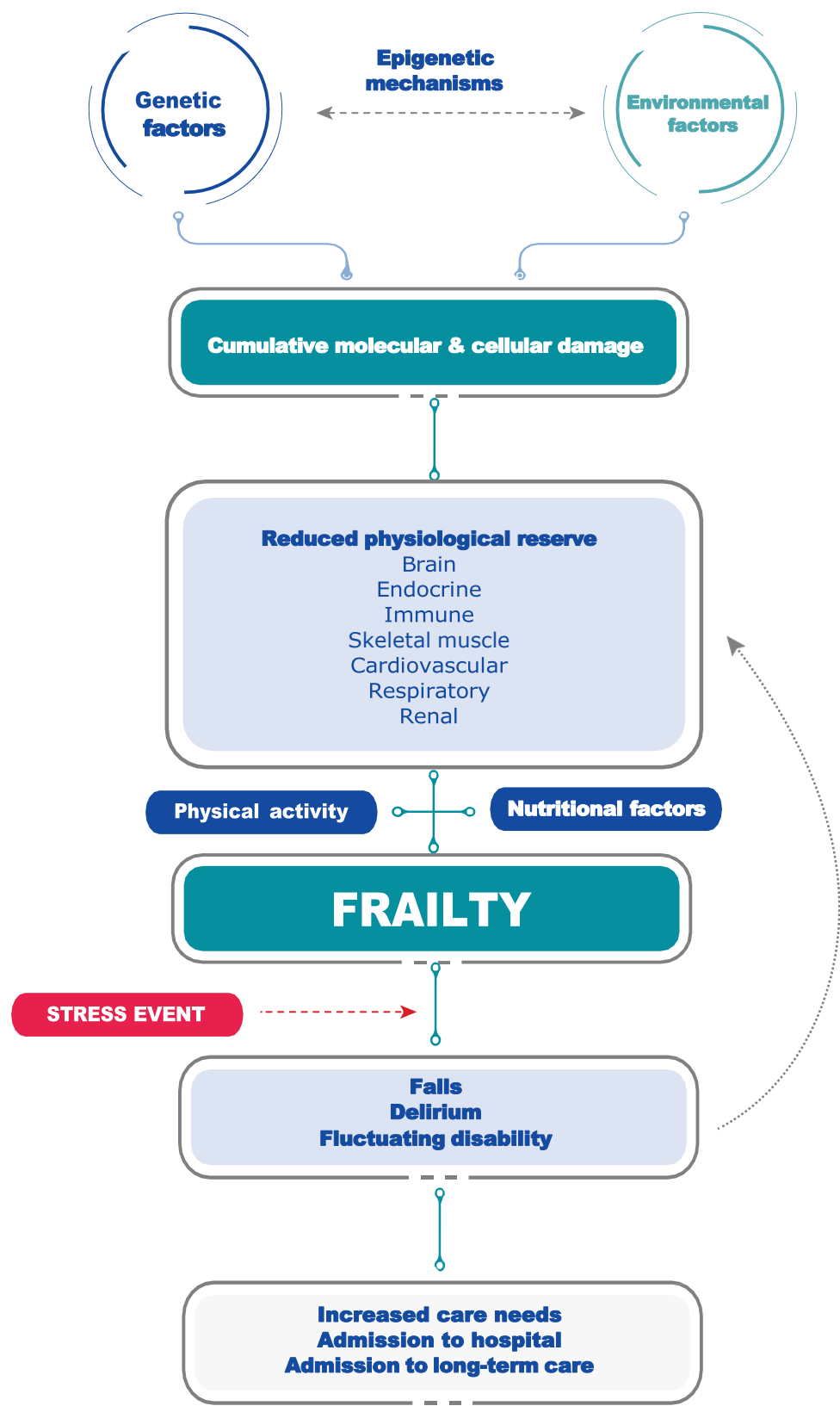
2.0 FRAILTY

2.1 WHAT IS FRAILTY?

Frailty is a distinctive health state related to the ageing process in which multiple body systems gradually lose their in-built reserve. “It is a state of vulnerability to poor resolution of homoeostasis after a stressor event and is a consequence of cumulative decline in many physiological systems during a lifetime. This cumulative decline depletes homoeostatic reserves until minor stressor events trigger disproportionate changes in health status”

(Clegg et al., 2013, p. 752)

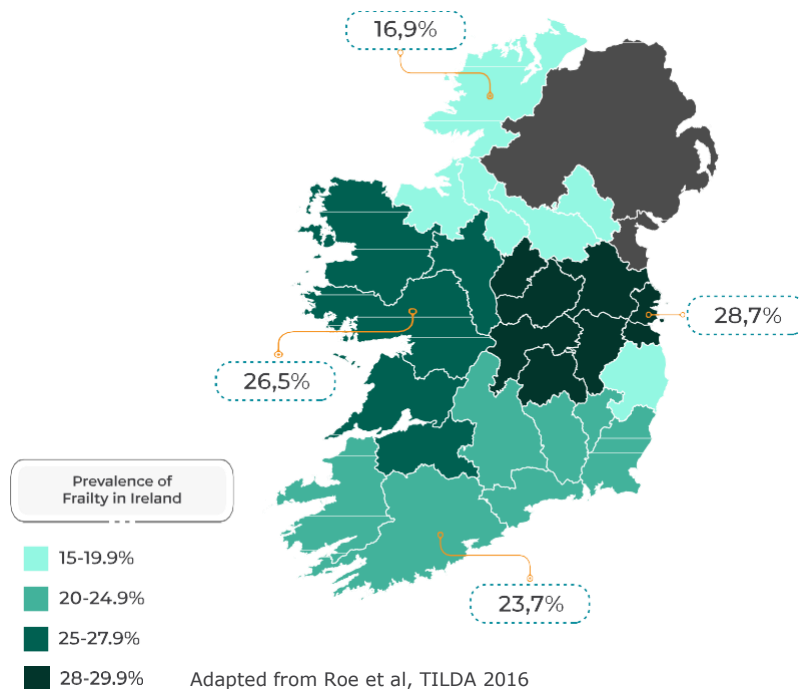
Figure 1: A schematic representation of the pathophysiology of frailty (Clegg et al., 2013)



2.2 KEY FACTS

Prevalence of frailty among community-dwelling older adults (>65) in Ireland

Modified from data from The Irish Longitudinal Study of Ageing



FRAILTY IN THE COMMUNITY

The prevalence of frailty varies according to the identification tool used, the age group, the geographical region, and the care setting considered (O’Caoimh et al., 2021). The Irish Longitudinal Study on Ageing TILDA) estimated that the prevalence of frailty in community-dwelling adults aged 65 and over was 3.7-4% by the FRAIL scale, 6.-7% by the Frailty Phenotype, 16.6-17% by the Clinical Frailty Scale, and 21-22% by the Frailty Index.

(Romero-Ortuno et al., 2021)

ACUTE HOSPITALS



People aged >65 and over occupy **54%** of acute hospital inpatient beds.



Almost **30%** of older people admitted to acute hospitals have dementia (and have longer stays in hospital).



People aged >65 account for **90%** of delayed dischargers from acute hospitals.



People aged >75 spend **3 times longer in ED** than those <65



35% of patients over 70 admitted to hospital show functional loss at time of discharge when compared to pre-hospital admission. This increases to 65% for 90 year olds.



Residential Care Setting

- 88% of nursing home residents are over 65 years old.
- Approximately 22% of persons aged 85+ require the continuous care of nursing homes.
- 50% of NH residents live with dementia.

(Nursing Homes Ireland, 2018)

2.3 THE IMPACT OF FRAILTY

Frailty is a graded abnormal risk state that ranges from those who are very mildly frail (often called pre-frail) and need supported self-management (Sezgin et al., 2021), to those who are moderately frail and would benefit from interventions such as case management, to those who have advanced frailty where anticipatory care planning and end-of-life care may be appropriate interventions (NHS, 2014). The older person showing signs of frailty will require specific interventions that span several health and social care services, to enable them to live well for their remaining years (O'Shea, 2017). The potential for serious adverse outcomes is a central problem for people living with frailty. A stressor event, such as an infection or invasive procedure, can result in a dramatic change in their health state: from independent to dependent; mobile to immobile; postural stability to falling; lucid to delirious (Clegg, et al., 2013).

Further to this, frailty has been shown to be a strong and independent predictor of healthcare use (O'Halloran et al. 2021), emergency department visits and hospitalisation (McNallan et al., 2013, Kerminen et al., 2020), increased lengths of stay (Lewis, et al., 2020), hospital readmissions (Pugh, et al., 2014) and in-hospital mortality (Bagshaw et al., 2013, Hubbard et al., 2017). Unplanned admissions to hospital in an emergency situation can be both distressing and disruptive older people living with frailty, their families and carers. These admissions create rising demands on acute hospital beds and result in enormous costs to the health service. Therefore, this topic has relevance for policy makers and healthcare professionals who need to understand the risk factors for frailty, to enable them to implement programmes for early detection, prevention and management.

FRAILTY: WHAT WE KNOW

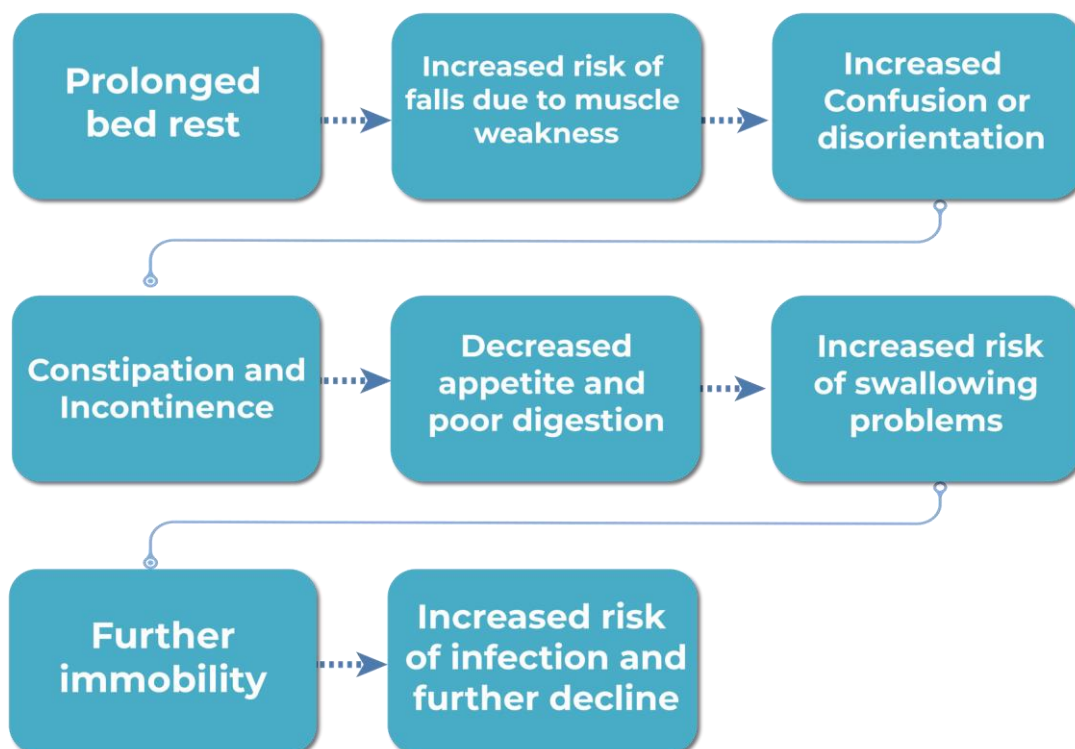
- The recognition of frailty is important and should form part of any interaction between an older person and a healthcare professional.
- An individual's degree of frailty is not static. It may improve or deteriorate, and is influenced by factors which include the care received when an individual presents to a health professional
- The identification of frailty is an indication for Comprehensive Geriatric Assessment (CGA), which will often identify potentially remediable factors to ensure optimum ageing according to individual preferences and goals (HSE 2012).
- One of the major challenges posed by an ageing population is the ability of healthcare professionals to understand, recognise and manage frailty.

2.4 THE IMPACT OF HOSPITAL CARE ON THE FRAIL OLDER ADULT

The organisation of care in hospital can further exacerbate the risks associated with frailty. For example, bed moves are associated with increased length of hospitalisation and adverse clinical outcomes such as delirium, falls, medication error, or pressure ulcers (HSJ/ Serco Commission 2014, Toye, et al., 2019). Prolonged length of stay (LOS) increases the risk of Hospital-Acquired Deconditioning (HAD) and in turn HAD further increases LOS.

The most preventable musculoskeletal effects of HAD are diminished muscle mass, decreases in muscle strength and marked loss of leg strength that can seriously limit mobility. Orthostatic hypotension is also caused by prolonged bed rest. Combined, the muscle, vascular and brain effects of HAD are major risk factors for falls, further functional and cognitive decline, immobility and increased frailty (Gillis & MacDonald, 2005, Guilcher et al., 2021).

Figure 2: The Cycle of Deconditioning



PROGRAMME DESIGN AND METHODOLOGY

3.0 PROGRAMME RATIONALE

Frailty is a dynamic state. Its onset and progression can be reduced and even reversed if early intervention and correct management strategies are set in place. Early identification may provide an opportunity to identify pre-frail and frail individuals, and direct them to appropriate preventative health interventions to improve personal health and well-being (Gwyther, et al., 2018). However, in order to do this, healthcare professionals need a working knowledge of the fundamental aspects of frailty and the

malleability of this condition. A number of reports, including two surveys undertaken by the Health Service Executive (HSE), suggest that healthcare professionals in general have a poor understanding and view frailty as an inevitable part of ageing (HSE, 2016a, 2016b, Gwyther, et al., 2018, Kennedy, et al. 2021). In response, the NCPOP developed The National Frailty Education Programme to provide healthcare professionals with the knowledge and skills required to provide effective care to older people living with frailty, wherever they access health services.

3.1 PROGRAMME AIM

The programme aims to provide healthcare professionals with an enhanced understanding of frailty and frailty assessments; thereby ensuring earlier recognition of frailty, improved healthcare management, and better outcomes for older adults living with frailty.

3.2 PROGRAMME OBJECTIVES

In developing the NFEP, the National Clinical Programme for Older People had two main objectives:

- The development of an evidence-based education programme, The Fundamentals of Frailty, that could be delivered to all members of the multidisciplinary team (MDT), in an integrated manner across Hospitals Groups and their corresponding Community Health Organisations (CHOs);
- The development of a cohort of interprofessional facilitators to deliver the education programme to healthcare professionals locally.

3.3 QUALITY IMPROVEMENT APPROACH

Older adults living with frailty access healthcare across the spectrum of primary, community, acute hospital and residential care and their care is provided by the wide multidisciplinary team. The NCPOP understood that to be successful, the National Frailty Education Programme would need to meet the educational needs of healthcare professionals working in every area where older people access healthcare. To support the development of integrated, inter-professional working and collaboration a Test of Concept using quality improvement (QI) methodology was determined to be the most appropriate approach. QI would allow for small tests of change, which would inform the development of the programme content and delivery.

At each stage of the programme, Plan-Do-Study-Act (PDSA) cycles were undertaken. The PDSA methodology informed the programme development, both at corporate and local level. It was an ideal process for use in a complex system, where progress could only be known and understood when one paused to study and evaluate each stage. The flexibility and adaptability that PDSA cycles offer supported the emergent design of the programme. Through this iterative process, it was possible to ensure that solutions were reached on local issues, using local knowledge of culture and processes.

The QI approach allowed the NCPOP:

- To work in collaboration with a wide range of stakeholders, including The Irish Longitudinal Study on Ageing.
- To test the National Frailty Education Programme methodology with nursing staff across a number of Hospital Groups and their corresponding CHO's, to demonstrate proof of concept.
- To use the findings to inform the development of a network of interdisciplinary frailty facilitators to deliver the frailty education programme locally.
- To use the findings to inform the national roll out of the frailty education programme nationally.
- To explore the development of an e-learning and blended platform of programme delivery.

3.4 KEY STAKEHOLDERS & SPONSORS

There were a number of key stakeholder groups who were central to the success of this initiative from the outset. They included:

3.4.1 OFFICE OF THE CHIEF CLINICAL OFFICER

The NCPOP works in partnership with service providers to improve the quality of care provided to older people. Securing sponsorship from senior management, at HSE Corporate level, was paramount to the success of the programme. Sponsorship at this level provided the mandate required to proceed, promoted buy-in from key stakeholders and supported the process of securing resources (HSE 2018b).

In January 2017, a Project Initiation Document (PID) was submitted to the National Director, Clinical Strategy and Programmes Division (CSPD) and the Director of Nursing & Midwifery Services, Health Service Executive (HSE) seeking a formal mandate for the development of the National Frailty Education Programme.

3.4.2 THE OFFICE OF THE NURSING & MIDWIFERY SERVICES DIRECTOR (ONMSD)

One of the key functions of the Office of the Nursing & Midwifery Services Director (ONMSD) is to support the Chief Clinical Officer in the delivery of service priorities and reform and strengthen capacity and capability within the workforce. It does this by providing nursing staff to lead on specific aspects of the National Clinical and Integrated Care Programmes. The Director of Nursing/National Lead Older Persons Service and Workforce planner were the programme leads on the development of the National Frailty Education Programme and employed by ONMSD to support the NCPOP. Following the submission of the PID, the Director ONMSD agreed to support and sponsor the Test of Concept.

3.4.3 NATIONAL CLINICAL PROGRAMMES

The National Clinical Programmes were established to support multi-disciplinary clinical design, leadership and innovation. The National Acute and Emergency Medicine Programmes are key partners in the design and delivery of care to older adults presenting to the acute hospital. They were therefore invited to collaborate on the programme design with the NCPOP.

3.4.4 THE IRISH LONGITUDINAL STUDY ON AGING (TILDA)

The TILDA is one of the most comprehensive research studies of its kind internationally and collects data, using a variety of methods, from community-dwelling participants aged ≥ 50 years living in Ireland. One of the unique components of the data collection process is that it incorporates a comprehensive health assessment, which includes a host of objective tests assessing physical, cardiovascular and cognitive function that characterise frailty. The NCPOP met with TILDA, and it was agreed that a bespoke one-day education programme at the TILDA Health Assessment Centre, Trinity College Dublin, would provide the National Frailty Facilitators with a robust foundation in the concept and assessment of frailty.

A Memorandum of Understanding (MOU) was signed between NCPOP and TILDA. It was recognised that this was the first collaboration between a longitudinal research study and a health service to translate evidence-based longitudinal research into clinical education and practice to improve patient care. Donoghue et al. (2020) suggested that this collaboration could serve as an international model of translation and implementation for frailty and other areas of clinical priority.

3.4.5 CLINICAL SITES

Local sponsorship was obtained by writing to each organisation's Senior Management Team (SMT) outlining the aims of the programme and seeking their support and co-operation.

The criteria for site selection included:

- Sites with high density of frailty and socioeconomic deprivation.
- Sites with frailty pathways in place or in development.
- Sites progressing integration across Primary Care, Community Healthcare Organisations and Hospital Group.
- Sites with access to Centres for Nursing/Midwifery Education (CNME).

The following three hospital Groups and their corresponding CHOs met the above criteria: Saolta/CHO 1 & 2, Ireland East (IEHG)/CHO 5, 6, 8, 9 and South-South West Hospital Group (SSWHG)/CHO 4/5. Services that agreed to participate included Acute Hospitals, Community Services, Residential Care facilities for older people/people living with an intellectual disability (ID), and CNMEs (See Figure 3).

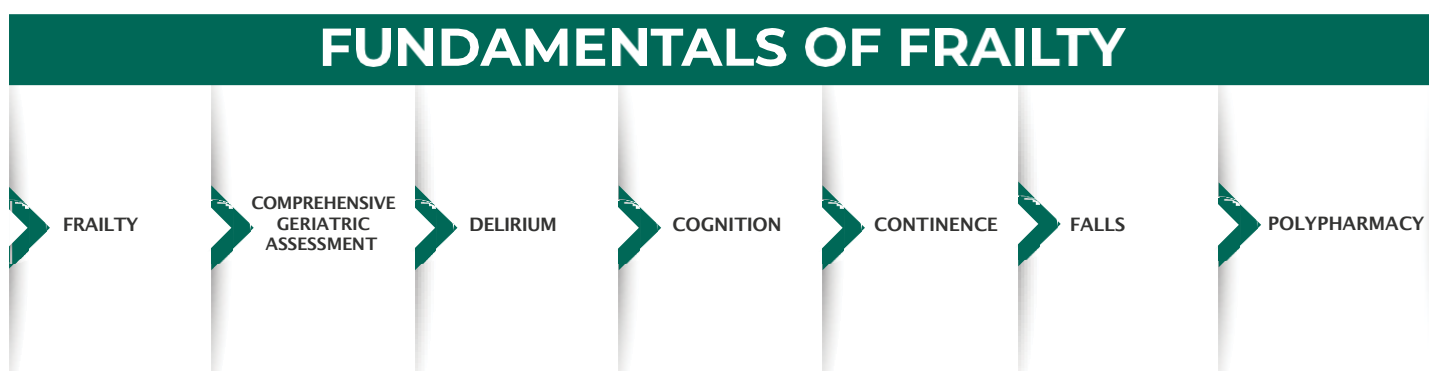
Figure 3: Participating Test of Concept Sites



4.0 THE DEVELOPMENT OF THE FUNDAMENTALS OF FRAILTY PROGRAMME

In February 2017, a working group was established with nursing subject matter experts in the key areas of frailty (See Appendix 1). The purpose of this working group was to develop an education programme that would provide all healthcare professionals with information on the fundamental aspects of frailty. This approach supports the model that all those who are in regular contact with older adults attain a level of competence in older adult care (i.e. little “g” geriatrics), while specialists and geriatricians (i.e. the big “G”) provide specialist care for frail older adults with complex needs (Callahan, et al., 2017). The programme was designed to provide healthcare staff with an understanding of the fundamental elements of the “geriatric giants” of falls, incontinence, delirium, impaired cognition and increased susceptibility to the side effects of medications. For ease of description, these topics were classified as “modules” and the initial programme consisted of seven modules (See Figure 4). As Comprehensive Geriatric Assessment (CGA) is the gold standard in the care of the person living with frailty, it was agreed that it would be presented as a standalone module. It was understood from the outset that as frailty is an evolving science the content of the programme will require updating in line with emerging evidence.

Figure 4: The Fundamentals of Frailty



A suite of frailty education resources were developed and made available to each facilitator. These included a USB wristband, which held the content of the programme and a facilitator's handbook to provide guidance on the format of the education session and resources required to deliver the programme locally, including presentations, articles, attendance certificates, database, evaluation forms, etc.



4.1 LEARNING OUTCOMES

Each of the seven modules was developed by a sub-group of the working group and each group agreed the learning outcomes for their modules. Upon completion of all seven modules the participants would be able to:

- Describe the spectrum of frailty as a long-term condition.
- Identify validated geriatric screening tools as they relate to frailty (e.g. frailty assessment, falls assessment, delirium assessment tools).
- Explain the benefit of CGA in planning appropriate health promotion and care pathways to enhance outcomes for the older person living with frailty.
- Discuss the significance of frailty and the impact of a gerontological approach to care.
- Recognise the importance of a frailty pathway and the implication of long Patient Experience Times (PET) for the frail older adult.

The Fundamentals of Frailty programme received Nursing & Midwifery Board of Ireland post registration Category 1 approval with 6.5 Continuing Education Units (CEU). For Health & Social Care Professionals CPD credits are self-determined on the basis that one hour of new or enhanced learning is equal to one CPD credit. Pharmacists attending this programme may seek approval for their CPD learning through the Irish Institute of Pharmacy. Doctors can claim external Continuous Professional Development (CPD) credits via their Royal College of Physicians of Ireland Professional Competence Scheme Portfolio.

5.0 THE DEVELOPMENT OF FRAILTY FACILITATOR NETWORKS

5.1 INTERDISCIPLINARY EDUCATION

In Ireland, healthcare professionals are typically trained in professional “silos” even though the World Health Organization (WHO) has recommended an interdisciplinary approach as the most effective way to optimise healthcare systems and improve patient outcomes (CAIPE, 2016, Donoghue, et al. 2020).

One of the aims of the NFEP was the development of a cohort of interprofessional facilitators to deliver the education programme to healthcare professionals locally, in an integrated manner across Hospital Groups and their corresponding CHOs. The process began with the development of facilitators from the nursing profession, as the nurse leads had access to nursing experts through their networks. Once the proof of concept was complete and initial frailty facilitator networks established, health and social care professionals (HSCPs), pharmacists and doctors were invited to complete the “Recognising Frailty-Insights from TILDA” programme with TILDA and join their local network to deliver the Fundamentals of Frailty to their colleagues locally.

5.2 FRAILTY FACILITATORS' DEVELOPMENT PROGRAMME

While all healthcare professionals can deliver different modules of the Fundamentals of Frailty as subject matter experts, those listed as National Frailty Facilitators on the National Frailty Facilitator database are required to meet the following criteria:

- Be nominated by their managers to facilitate the delivery of the NCPOP Fundamentals of Frailty Programme in a local network.
- Provide evidence of an MOU signed by their line manager (Appendix 2).
- Have completed the "Recognising Frailty-Insights from TILDA" education programme with the TILDA).
- Have attended workshop(s) with the NCPOP.

COURSE STRUCTURE

A one-day programme hosted at the TILDA Health Assessment Centre at Trinity College Dublin.

The format includes:

- Presentations on key research findings on frailty;
 - Interactive practical sessions in which participants undertake specific frailty assessment tests and learn best practice protocols for utilising those tests in a clinical setting.
- Participate in the programme delivery as a member of a Frailty Facilitator Network.

5.2.1 RECOGNISING FRAILTY-INSIGHTS FROM TILDA

In line with the signed MOU, TILDA developed a one-day "Recognising Frailty-Insights from TILDA" programme. The purpose of the programme was to immerse those who would be delivering the National Frailty Education Programme in the concept and assessment of frailty. This ensured that all facilitators would have a common base of practical knowledge, as we moved the project forward

5.3 EVALUATION OF RECOGNISING FRAILTY-INSIGHTS FROM TILDA

The "Recognising Frailty-Insights from TILDA" education programme was initially evaluated by a group of seven nurse experts and subsequently by a cohort of twelve HSCPs and Pharmacists members (two from each profession) to ascertain if the programme was fit for purpose. The evaluation was undertaken using Kirkpatrick's Evaluation Model to level 3 (Reaction, learning, transfer of knowledge). Participants described the day as a positive learning experience and recommended it as a suitable course for educating clinical staff on the subject of frailty. Of particular note was a request from nursing undergraduate lecturers from higher education institutes to attend this education day. They reported that attendance enhanced the richness of their teaching in relation to frailty and their understanding

of the importance of frailty assessment and management.

Over the period of Phase 1 of the Test of Concept, 23rd February 2017 to 13th July 2017, eighty-nine nurses nominated from their hospitals or CHO (including Public Health Nurses, Older Persons Residential Care, Intellectual Disability Services and CNMEs) attended "Recognising Frailty-Insights from TILDA" in cohorts of 8-10. Figures 6 and 7 provide an overview of how the participants rated the programme and its relevance to their practice.

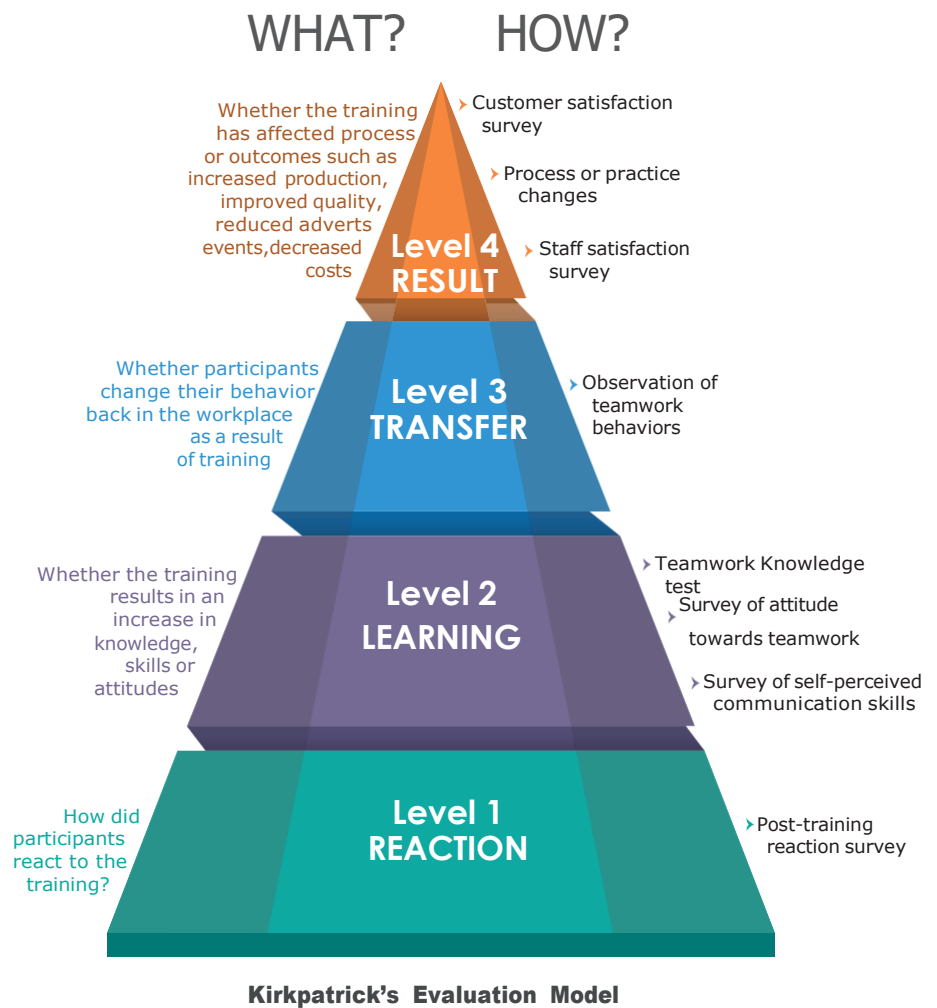


Figure 6: Overall Rating

Overall Rating

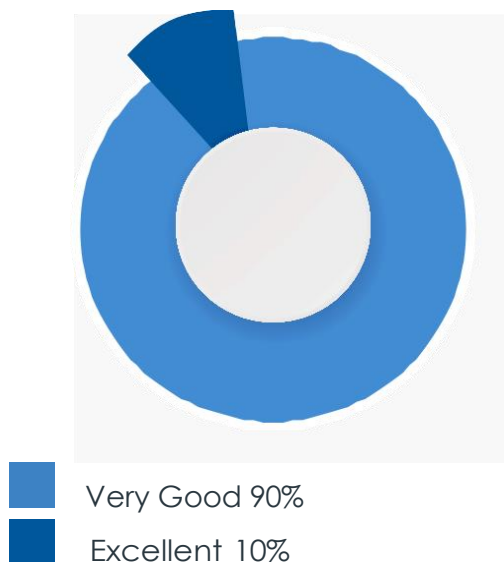
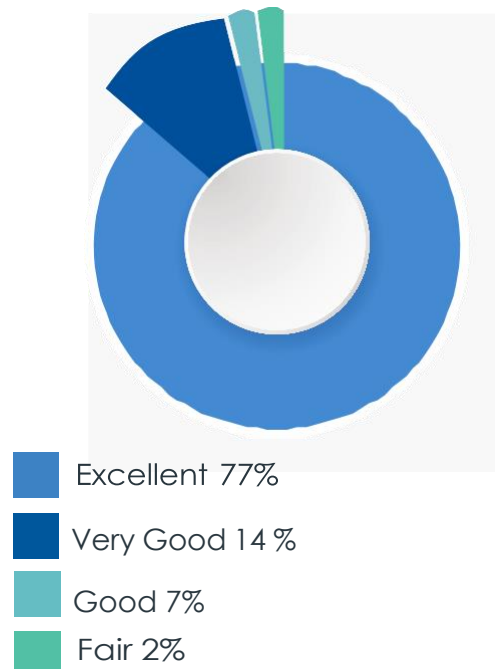


Figure 7: Relevance to Practice

Relevance to practice



Based on this feedback and the review by the HSCP and pharmacist experts, the programme was rolled-out to all healthcare professionals nominated as Frailty Facilitators in the Test of Concept sites. Ninety-seven members of the MDT attended the TILDA programme from 16th November 2017 to

5th July 2018 (Phase 2 of the Test of Concept), with a maximum number of 10 participants on each programme day. Figures 8 and 9 provide an overview of how these participants rated the programme and its relevance to their practice.

Figure 8: Overall Rating

Overall Rating

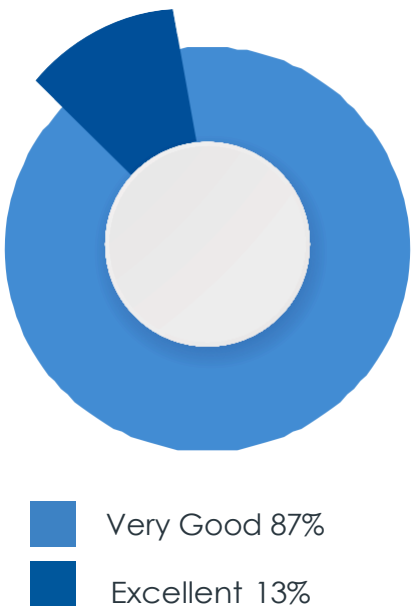
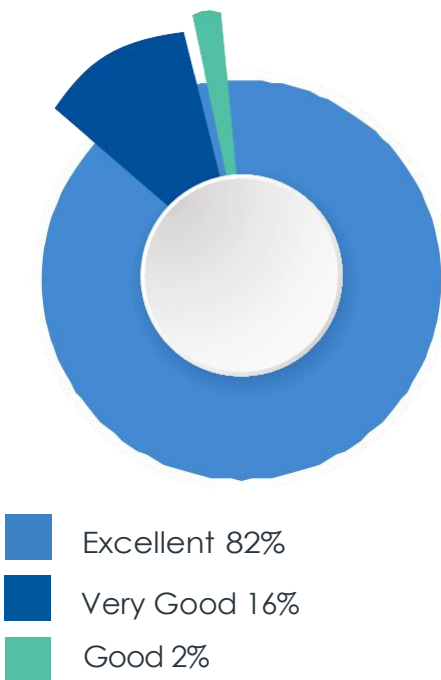


Figure 9: Relevance to Practice

Relevance to your practice



5.3.1 DEVELOPING FRAILTY FACILITATOR NETWORKS

The NFEP is designed as an integrated, interprofessional programme. It is underpinned by the philosophy that learning together enhances collaboration and coordination, builds relationships and improves patient outcomes (WHO 2010). It was recognised from the outset that the success of the programme was dependent on local facilitators delivering the programme to health professionals across the hospital and CHO in a credible and meaningful way, sharing their own professional experiences and their learning and insights from TILDA.

The NCPOP were aware that facilitators were from different professional backgrounds and worked in different teams, and for the most part these professionals did not know each other. To assist in the development of a network and sense of team, the NCPOP ran workshops with the nominated facilitators in each location.

FRAILTY FACILITATOR NETWORK

The Frailty Facilitator Networks comprise of a number of National Frailty Facilitators who share the delivery of the National Frailty Education Programme in one acute hospital and its related CHO area. Each network has a number of centres available, from which the education programme can be provided. These include Centres for Nursing & Midwifery Education, Residential Settings, Public Health Centres and the acute hospital. The format of each network is unique to its location, expertise available and local ways of working.

5.3.2 DESIGNING THE FACILITATOR WORKSHOPS

The facilitator workshops were built around supporting facilitators to deliver a programme that would:

- Assist participants to participate in their learning using interactive and group work sessions, as part of the programme delivery. Facilitated learning in a classroom setting can assist participants learn in a more focused way than they would alone.
- Recognise that healthcare professionals, as adult learners, bring a wealth of experience to the classroom, want to be actively involved in their learning, need to see the relevance of the information presented, and like to challenge and reflect on ideas, as they have an enhanced experience-based comprehension.
- Support the integration of theory and practice, thus empowering participants to become competent practitioners; and in using self-directed learning, move to analysis, synthesis and evaluation, thereby becoming partners in the process of lifelong learning.

The NCPOP were aware that each hospital is an individual, dynamic organisation within its Hospital Group, and the geographical alignment of each Hospital Group and its corresponding CHOs differ (See Figure 10). This meant that a homogenous approach to the roll-out of the education programme would not be possible, and local knowledge would be a crucial element of the successful programme design in each area. To this end, co-design was the methodology of choice for the facilitators' workshops, as it provides an open and collective design framework where multiple stakeholders, from diverse fields, are included as equal partners in the design process (HSE 2018b). Using this approach allowed the NCPOP to make full use of each person's knowledge, skills, resources and contributions, to ensure the best approach to the programme roll-out across each site/network. Co-design met many of the workshop aims:

- Collaboration – finding a common ground: Taking account of the local context, culture and subcultures, and fostering collaboration.
- Creating organisation-level commitment: Ensuring that human-centred design is core to organisational policy, embedded into work practices and actively supported in terms of time and resources.

- Integrated, connected and joined-up processes: Co-design embedded into core business processes/ service needs and enabled by other processes such as human resources, finance, ICT, procurement, etc.
- Implementation that adds value and meaning: People supported to practice human-centered co-design, building on networks and supporting behaviour change.
- Building co-design practice and capability: Integrating co-design methods into existing service improvement methodologies and enabling dedicated skills development.
- e-Health and technology: Used to maximise human-centered design through sharing information, connecting activity and innovation.

(HSE 2018b People's Needs Defining Change- Health Services Change Guide p. 90)

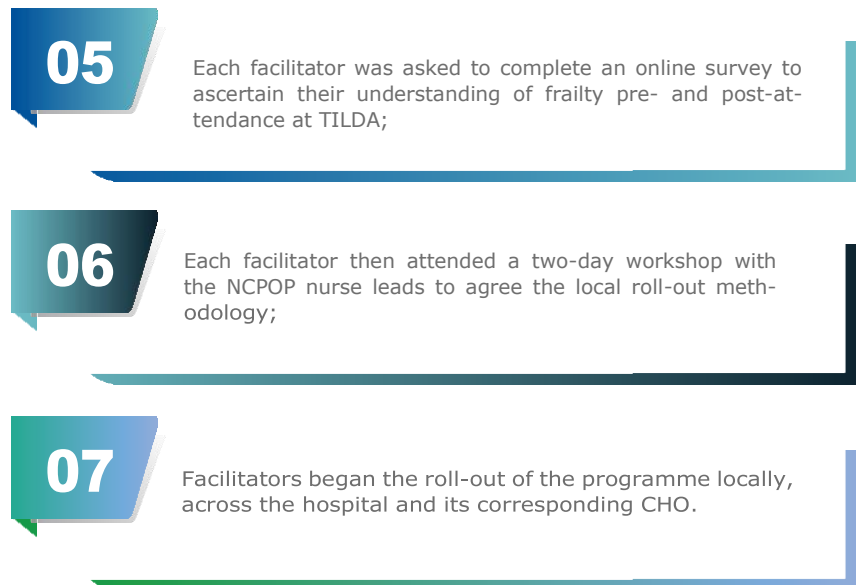
6.0 TEST OF CONCEPT

6.1 PLAN, DO, STUDY, ACT: PHASE 1

Phase one of the Test of Concept was funded by the ONMSD and included nursing participants from across the Test of Concept sites. Following the success of phase one, TILDA was commissioned to deliver the education day to nominated facilitators from across all professions to ensure that the programme was delivered by integrated, interprofessional teams.

6.1.1 PHASE 1 STEPS





Facilitators were advised in writing that the content of The National Frailty Education Programme- The Fundamentals of Frailty was endorsed by the National Clinical Programme for Older People (NCPOP). Quality assurance and oversight of the programme content sits with the NCPOP Clinical Advisory Frailty Sub-group (See Figure 11). Therefore, any changes to content or structure must be done in agreement with the NCPOP.

Figure 11: National Frailty Education Programme Governance



6.2 PLAN, DO, STUDY, ACT: PHASE 2

Phase 2 of the project was funded by the Clinical Strategy & Programme Division (CSPD) to support the development of facilitators from across the Multi-Disciplinary Team (MDT) in the Test of Concept sites. The inter-professional aspect of the programme design was crucial to ensuring the project's success and sustainability, as learning with, from and about each other is known to improve collaborative practice, quality of care and to promote flexible, coordinated, complementary, patient centered, and cost effective care (CAIPE, 2016). Using the methodology applied in Phase 1 of the project, nominations were invited from across all professions to participate as facilitators. These nominees attended TILDA for the one-day programme and then attended a one-day workshop with the NCPOP leads and the established facilitator network in their hospital/CHO. Using information gleaned from workshop evaluations and feedback from phase 1, the facilitator workshops were reduced from 2 days to a one-day programme. Each network developed a plan of action for the roll-out of the programme locally, which included:

- The number of programmes they would run a year.
- The venues (acute hospital, primary care, residential care setting and/or CNME).
- Who would participate in the programme delivery.
- While the NCPOP recommended a minimum of two facilitators per day, each network agreed locally the number of facilitators required to deliver the modules and whether they needed to invite guest facilitators based on the skillset available to them in their network.

The only stipulations made by the NCPOP related to the programme delivery, which should be delivered over one day and not in separate modules and that resources should be used in their current format. PDSA cycles informed the development of the facilitator workshops and programme evaluations informed the manner in which the facilitators delivered the programme.

6.3 PLAN, DO, STUDY, ACT: PHASE 3

Phase 3 of the programme involved applying the learning from Phase 2 of the Test of Concept to a national scale up across all the hospital groups and CHOs. At the end of this phase, there were a total of 27 Frailty Facilitator Networks developed nationally (Figure 12) with 379 healthcare professionals registered as National Frailty Facilitators.

Figure 12: Frailty Facilitator Networks

- 1. Donegal/CHO1
- 2. Sligo& Leitrim/CHO 1
- 3. Mayo General Hospital/CHO2
- 4. University Hospital Galway/CHO 2
- 5. Wexford General Hospital/CHO 5
- 6. University Hospital Waterford/CHO5
- 7. Roscommon University Hospital/CHO2
- 8. Portiuncula Hospital /CHO2
- 9. South Tipperary General Hospital/CHO5
- 10. Carlow& Kilkenny/CHO 5
- 11. Mercy University Hospital/CHO4
- 12. Cork University Hospital/CHO4
- 13. Dublin North/CHO 9
- 14. St Vincents Hospital Group/CHO 6
- 15. Our Lady’s Hospital Navan/CHO 8
- 16. Midlands Regional Hospital Mullingar/CHO 8
- 17. Kerry University Hospital/CHO 4
- 18. Bantry General Hospital/CHO 4
- 19. Midlands Regional Hospital Tullamore/CHO 8
- 20. University Limerick Hospital Group/CHO 3
- 23. Tallaght University Hospital/CHO7
- 24. Louth County
- 25. Our Lady’s Hospice
- 26. Beaumont University Hospital/CHO 9
- 27. St James University Hospital/ CHO7

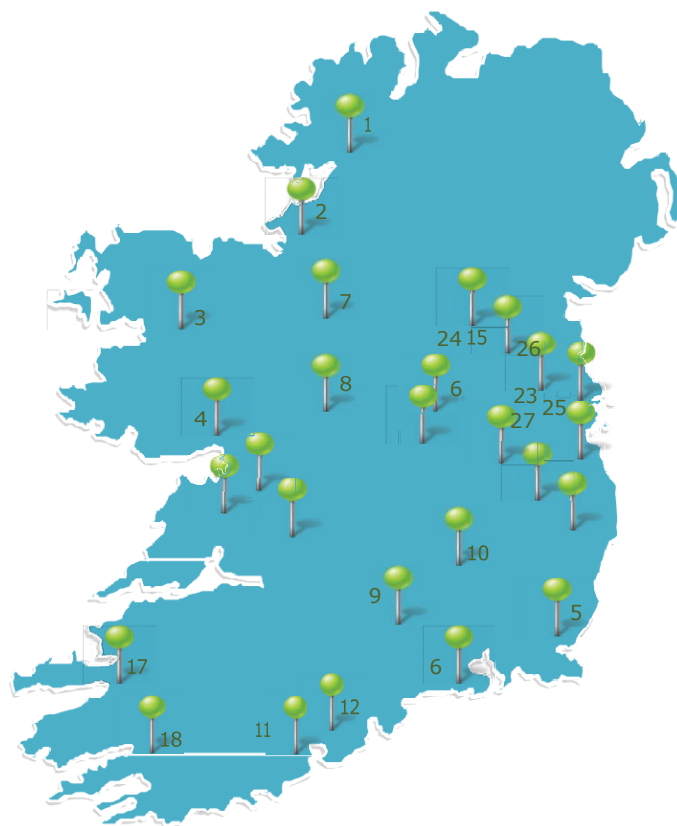
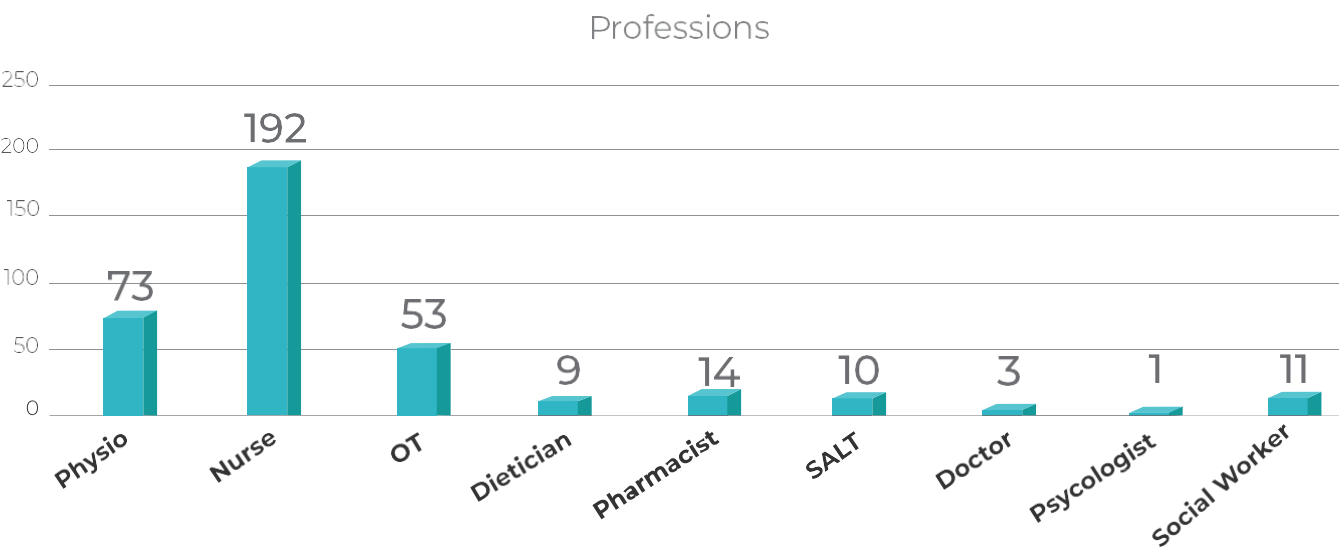


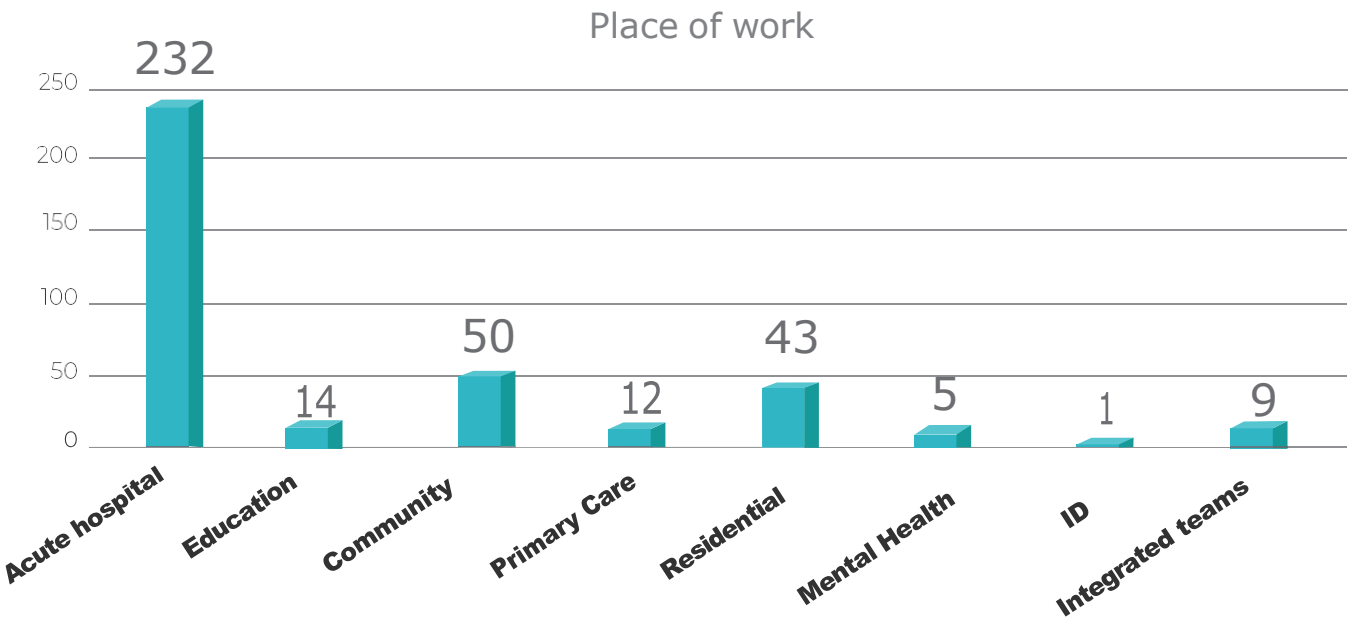
Figure 13 provides detail of numbers per profession. While the number of nurses was significant, it reflects the number of nurses employed in the public sector. Notably, the numbers of facilitators from Dietetics, Pharmacy, Speech and Language Therapy, Medicine, Psychology, and Social Work were low.

Figure 13: Facilitators by Profession

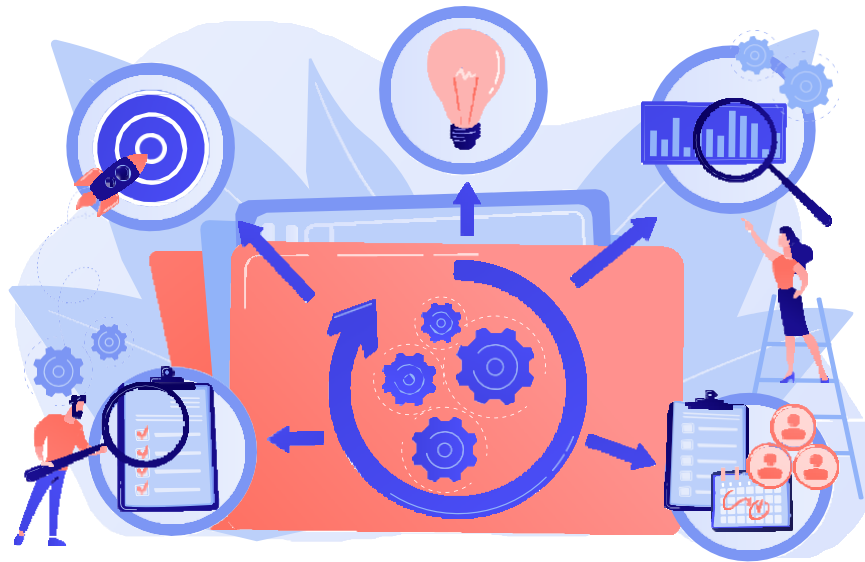


The Programme aimed to have facilitators from across each hospital and CHO. Figure 14 provides a breakdown of the health setting in which facilitators work.

Figure 14: Work Setting as Described by Facilitators



Facilitators were requested to maintain a database of local healthcare staff who completed the programme. During phase 1 and phase 2 of the programme design, information on the grades and numbers of staff educated were shared with the NCPOP on a monthly basis. This data formed part of the programme evaluation, which will be discussed in the following section.



EVALUATION

7.0 EVALUATION OF THE FUNDAMENTALS OF FRAILTY PROGRAMME

7.1 DEMOGRAPHICS OF STAFF WHO COMPLETED THE PROGRAMME

On 21st September 2018, the first Fundamentals of Frailty Education Programme was rolled out to healthcare professionals as part of the Test of Concept. From 21st September 2017 to December 2019, 3045 healthcare professionals completed the programme. Data relating to the numbers per profession is provided in Figure 15. A further 87 staff are known to have attended the programme during 2020. However, demographic data was not collated after December 2019 by the NCPOP as the Test of Concept was completed on this date.

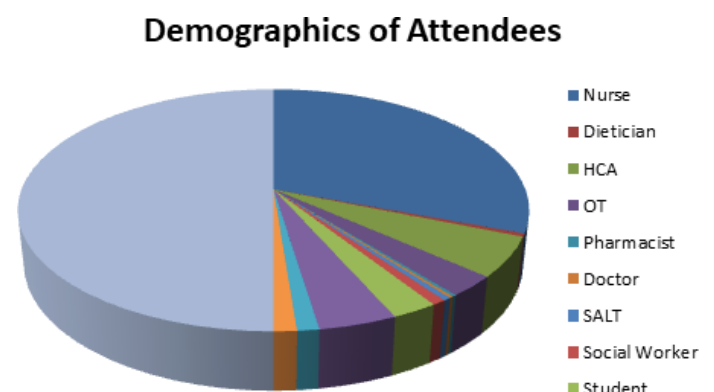


Figure 15: Demographics of Attendees

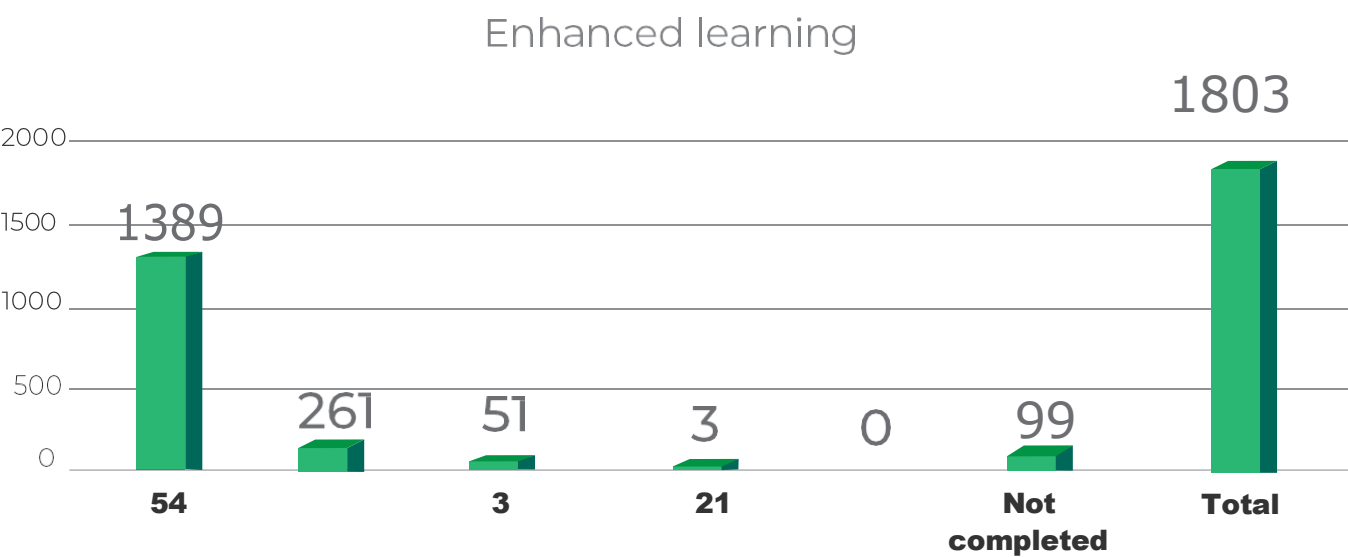
7.2 FUNDAMENTALS OF FRAILTY EVALUATION

The participants completed an evaluation at the end of the programme day (Appendix 4). The evaluation tool applied a Likert scale of 1-5 (1 = disagree and 5 = agree) and asked participants to rate a number of statements using this scale. The evaluation data was forwarded to the NCPOP from Sept 2017 to December 2018. This provided data on 1803 evaluations of the programme from 11 networks by a vairety of healthcare professionals. This data was not collected from December 2018 onwards as the Test of Concept was completed on this date.

7.2.1 ENHANCED UNDERSTANDING

Participants were asked if they agreed that the programme enhanced their understanding of frailty. In total, 95% of attendees (1704/1803) responded to this question. Ninety-seven percent of respondents rated the programme highly in relation to their level of enhanced understanding following participation in the study day (Figure 16). The mean score for this question was 4.81/5, which suggests that the programme achieved its aim of increasing healthcare professionals’ understanding of frailty.

Figure 16: Enhanced Learning



Likert scale of 1-5 (1 = disagree and 5 = agree)

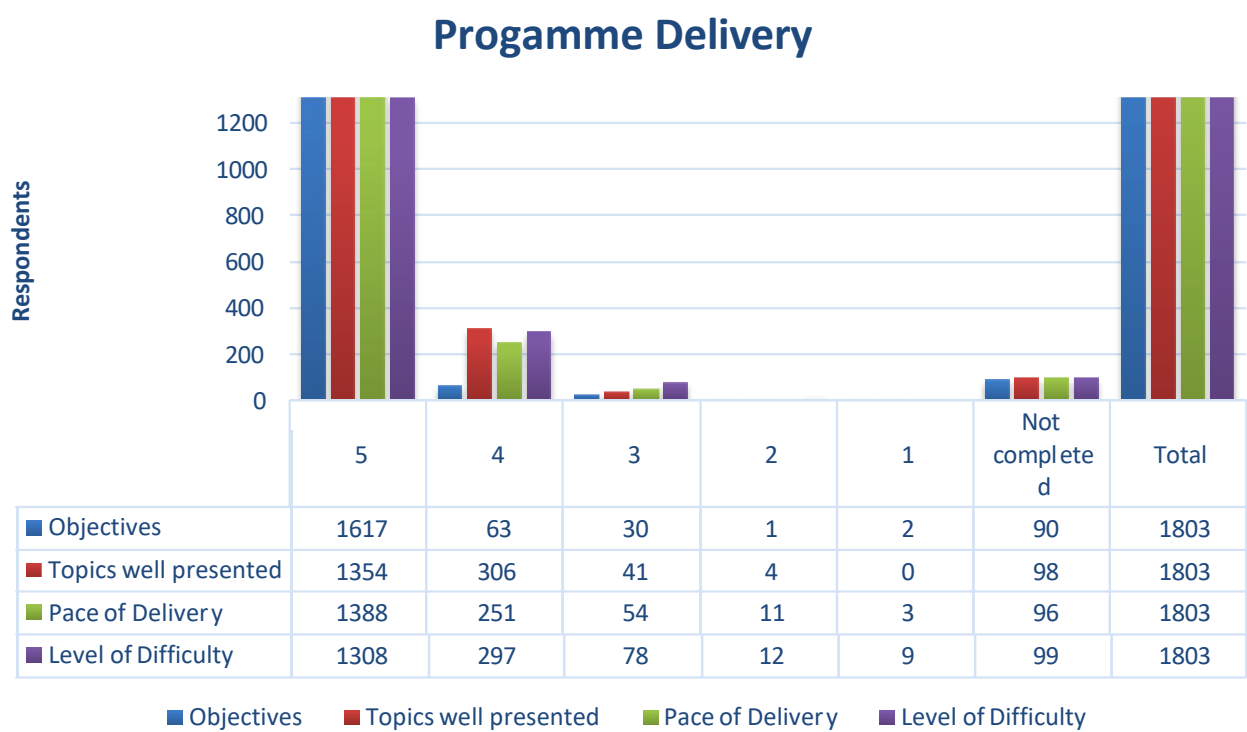
7.2.2 PROGRAMME DELIVERY

Participants were asked to rate the programme delivery under the following headings

- Objectives were clearly stated.
- Topics were well presented.
- The pace of delivery was appropriate for the topics covered.
- The level of difficulty of the content was appropriate.

Figure 17 provides an overview of the responses to the programme delivery nationally across the 11 networks. In general, the programme was received well and was presented at a pace and level of difficulty that suited participants. Qualitative data suggests that the programme also facilitated building of relationships between professions and between organisations. Facilitators used these evaluations to review and improve their approach to programme delivery. They reported that the integrated, interprofessional mode of programme delivery i.e. having a mix of expertise and professions attending the programme from different services for older people enhanced the programme days. It facilitated participants sharing their professional perspectives on the different aspects of frailty, which added to the conversations and the learning.

Figure 17: Programme Delivery

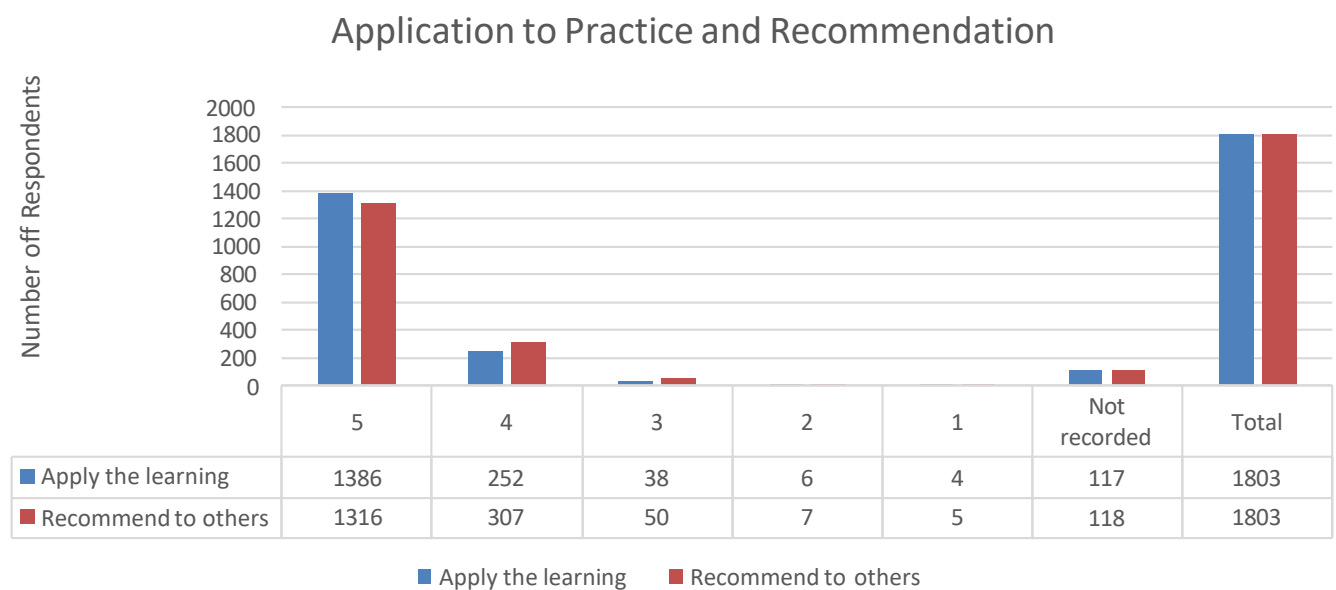


Likert scale of 1-5 (1 = disagree and 5 = agree)

7.2.3 IMPACT ON PRACTICE

Respondents were also asked to rate the likelihood that they would apply what they had learned to practice and whether they would recommend the programme to their colleagues. Figure 18 suggests that a large percentage of respondents will apply their learning to practice. This is corroborated by the qualitative data that was provided. The large number of respondents who stated that they would recommend the programme to colleagues is encouraging, as healthcare professionals are working in very busy environments and will not prioritise time for education programmes, unless they recognise the benefit to themselves and to the service. An unexpected positive outcome was the number of responses where participants shared the impact of this knowledge on their personal lives and their intention to use it to improve their own health and to share it with their families.

Figure 18: Application to Practice and Recommendation to Others



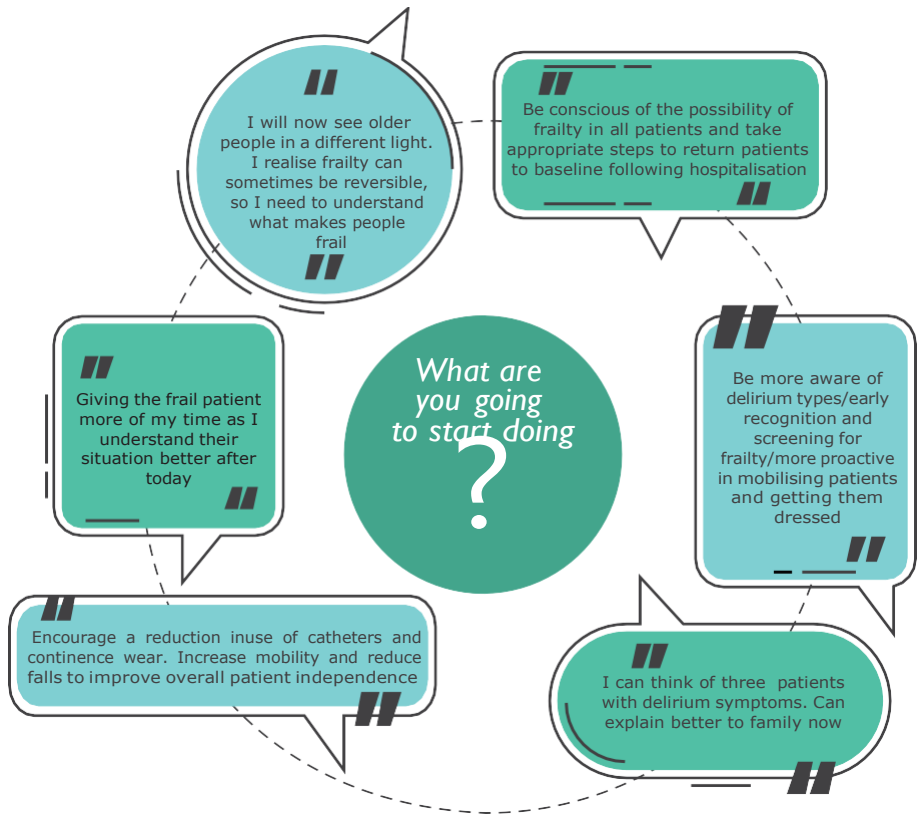
Likert scale of 1-5 (1 = disagree and 5 = agree)

7.2.4 TRANSFERRING KNOWLEDGE TO PRACTICE

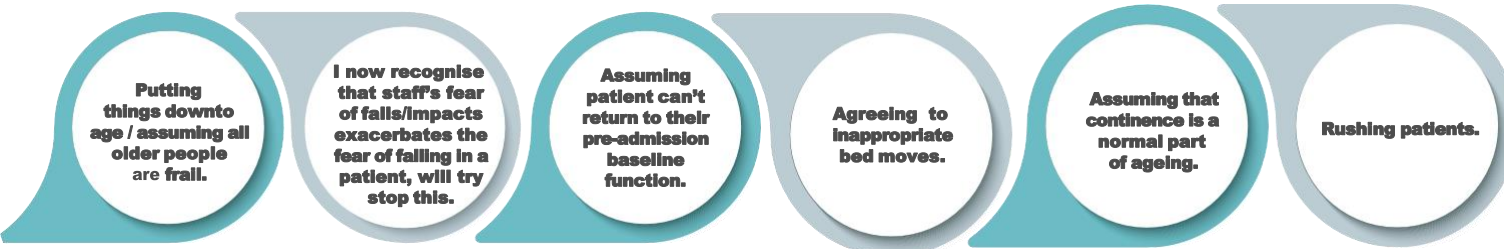
In order to capture learning at Level Three of the Kirkpatrick Model “Transfer to Practice”, participants were asked to provide information on:

- What are you going to start doing?
- What are you going to stop doing?
- What are you going to feedback to your colleagues?

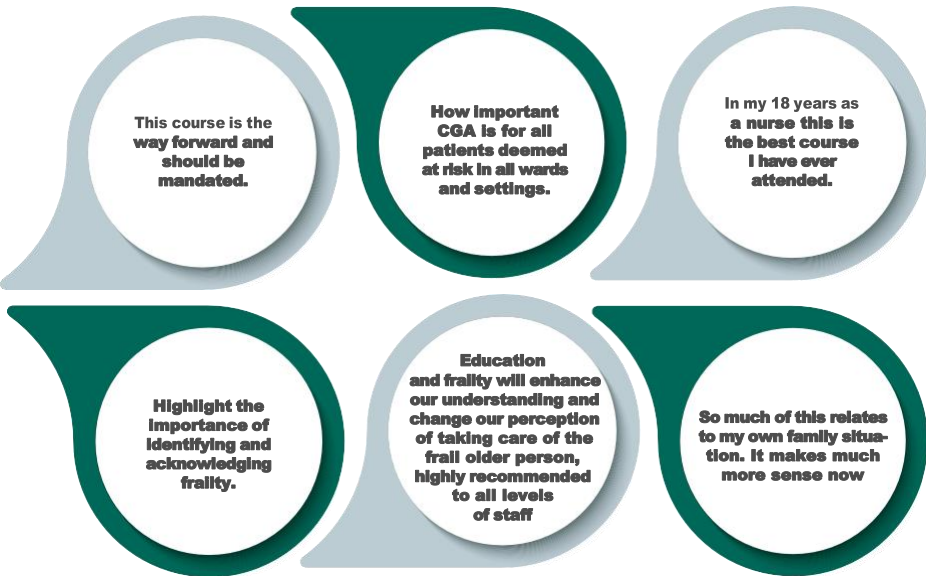
Some examples of the written feedback to these questions are included below:



What are you going to stop doing?



What are you going to feedback to your colleagues?



8.0 THE DEVELOPMENT OF AN E-LEARNING AND BLENDED PLATFORM OF PROGRAMME DELIVERY

8.1 WORKING GROUP

The first Fundamentals of Frailty Programme was rolled out in September 2018. It was understood from the outset that the programme would require regular updating, as frailty is an evolving science. In January 2019, the working group was re-established, with subject matter expert representation invited from across all professions. Appendix 5A provides details of professionals who took part. Quality assurance and oversight of the programme content continues via the Clinical Advisory Frailty Sub-group, as per Figure 11.

MEMBERS OF THE WORKING GROUP



L to R: Clare Kinahan, Regina Lafferty, Alicja Downey, Niamh Walsh, John Brennan, Siobhan Ryan, Ann Cummins, Caroline Lysaght, Jennifer Maher, Chiara Healy, Ciara Pender, Carmel Hoey. See Appendix 5 for complete list

8.2 THE INCLUSION OF A MODULE ON NUTRITION

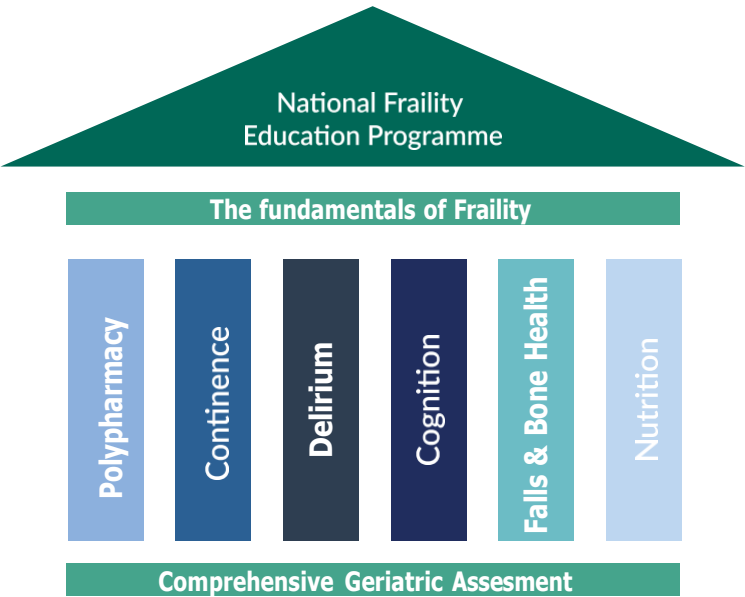
Dietary and nutritional deficiencies play a significant role in the development of frailty (Food Safety Authority of Ireland, 2021). Evidence suggests that older malnourished adults are more likely to have poorer health outcomes, longer hospital stays and increased mortality (O’Halloran, et al. 2019). Aside from the evident personal costs, the economic burden of disease-related malnutrition is significant, and effective preventive strategies to promote good nutrition among older populations are needed (Robinson, 2018).

In May 2019, the Irish Nutrition and Dietetic Institute (INDI) developed the Fundamentals of Nutrition and Frailty (See Appendix 5B), which they requested be included as a module in the national programme. They also made suggestions that could be included in the other modules to strengthen the nutrition messaging. These recommendations were brought to the working group who agreed to include them in the revised programme.

8.3 THE DEVELOPMENT OF AN ELEARNING PROGRAMME

In early 2020, due to the COVID-19 pandemic, face to face education had to cease. The disproportionate adverse impact of COVID-19 on older adults meant that the development of and access to an eLearning programme on frailty became a priority. A business case was forwarded to the ONMSD Director, who provided funding for the development of an eight-module frailty education programme (Figure 19), which is hosted on www.hsland.ie. The programme learning outcomes remain, as per section 4.1 above.

Figure 19: Revised National Frailty Education Programme



The eLearning programme received Nursing & Midwifery Board of Ireland post-registration Category 1 approval with 20 Continuing Education Units (CEU). For Health & Social Care Professionals CPD credits continue to be awarded on the basis that one hour of new learning is equal to one CPD point (CORU). Pharmacists completing this programme may seek approval for their CPD learning through the Irish Institute of Pharmacy. Doctors can claim external CPD credits via their Royal College of Physicians of Ireland Professional Competence Scheme ePortfolio.

9.0 LEARNING IMPACT STUDY

A learning impact study was commissioned to ascertain the impact of the eLearning programme. This work was funded by the ONMSD and explored whether engagement with the eLearning programme was leading to a change in confidence and commitment to caring for those living with frailty in both acute and community health care settings.

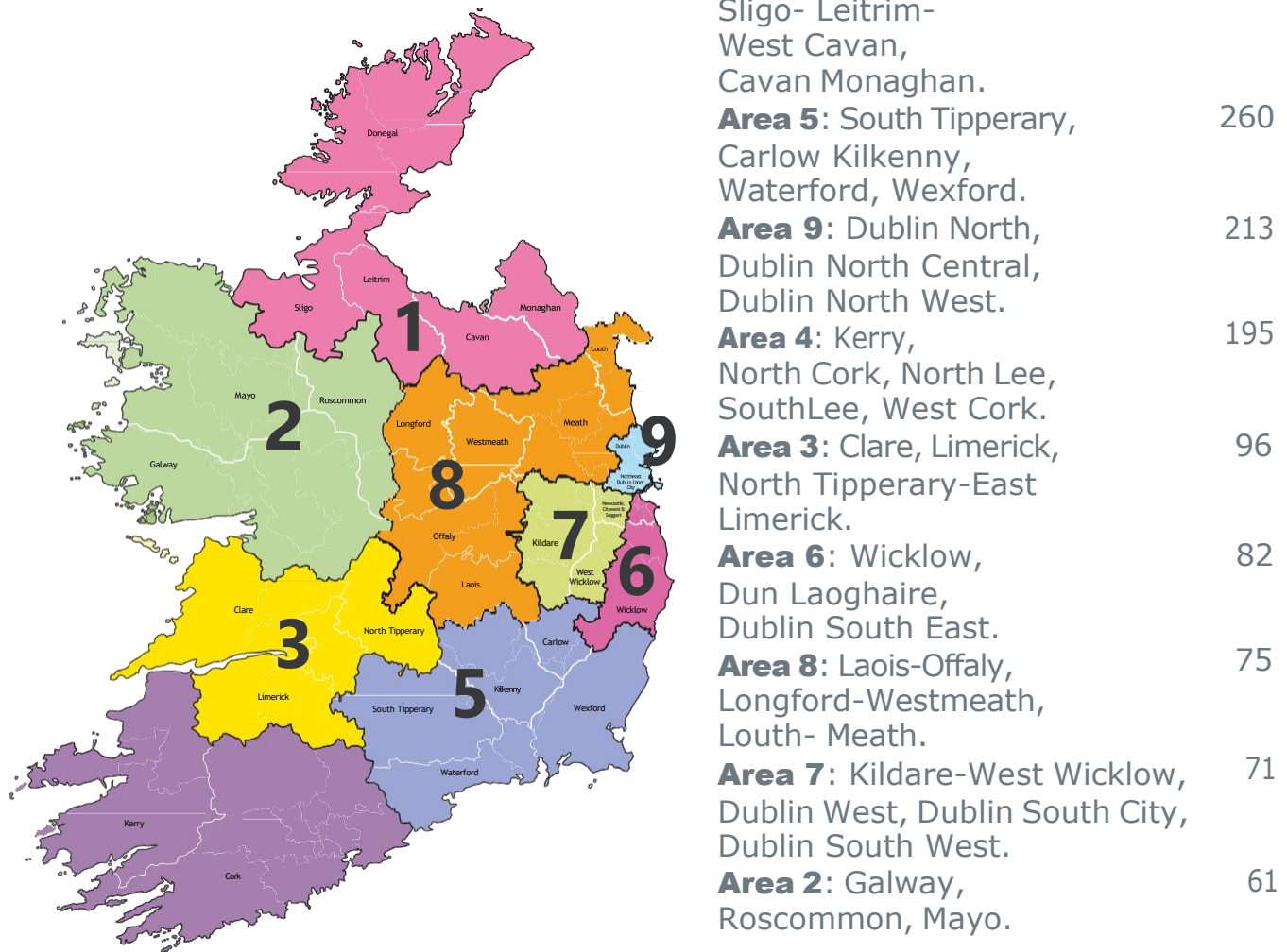
The online learning programme became available to access in May 2021. Between 6th and 14th May 2021, Frailty modules were accessed a total of 667 times by a total of 139 individual learners. However, data collection could not take place from May as all activity on the HSElanD platform was suspended due the cyber-attack on all HSE systems. Service was resumed approximately 5 weeks later, in June 2021, on an interim HSElanD platform. Service did not return to the main HSElanD platform until August 2021.

Data collection therefore took place between August and December 2021, during which time the eLearning programme was accessed 3,864 times by a total of 644 learners. Learners accessing the modules came from diverse backgrounds including nursing professions, health and social care professionals and healthcare assistants, identifying themselves by 107 unique job roles. However, nearly 45% of the job roles were nursing-related, with titles such as 'Staff Nurse – General', 'Staff Nurse – Senior (General)', 'Advanced Nurse Practitioner (General)' or 'Clinical Nurse Manager'. Nurses accessed the modules a total of 2,337 times, making up 60% of all access attempts on the modules. In comparison, access was notably low or absent for the following key staff groups:

- Medical personnel (General Practitioners, Senior House Officers, Specialist Registrars or Consultants), who accessed modules a total of 35 times in this period. Their access makes up less than 1% of the total. In contrast, Midwives, who do not generally work with older adults, made up 3% of the total access.
- There was limited representation from key professional groups such as dietitians (31 access attempts), pharmacists (just 2 access attempts) and dentists (none at all).

Figure 20 below shows access attempts in each of the 9 CHO Areas across Ireland.

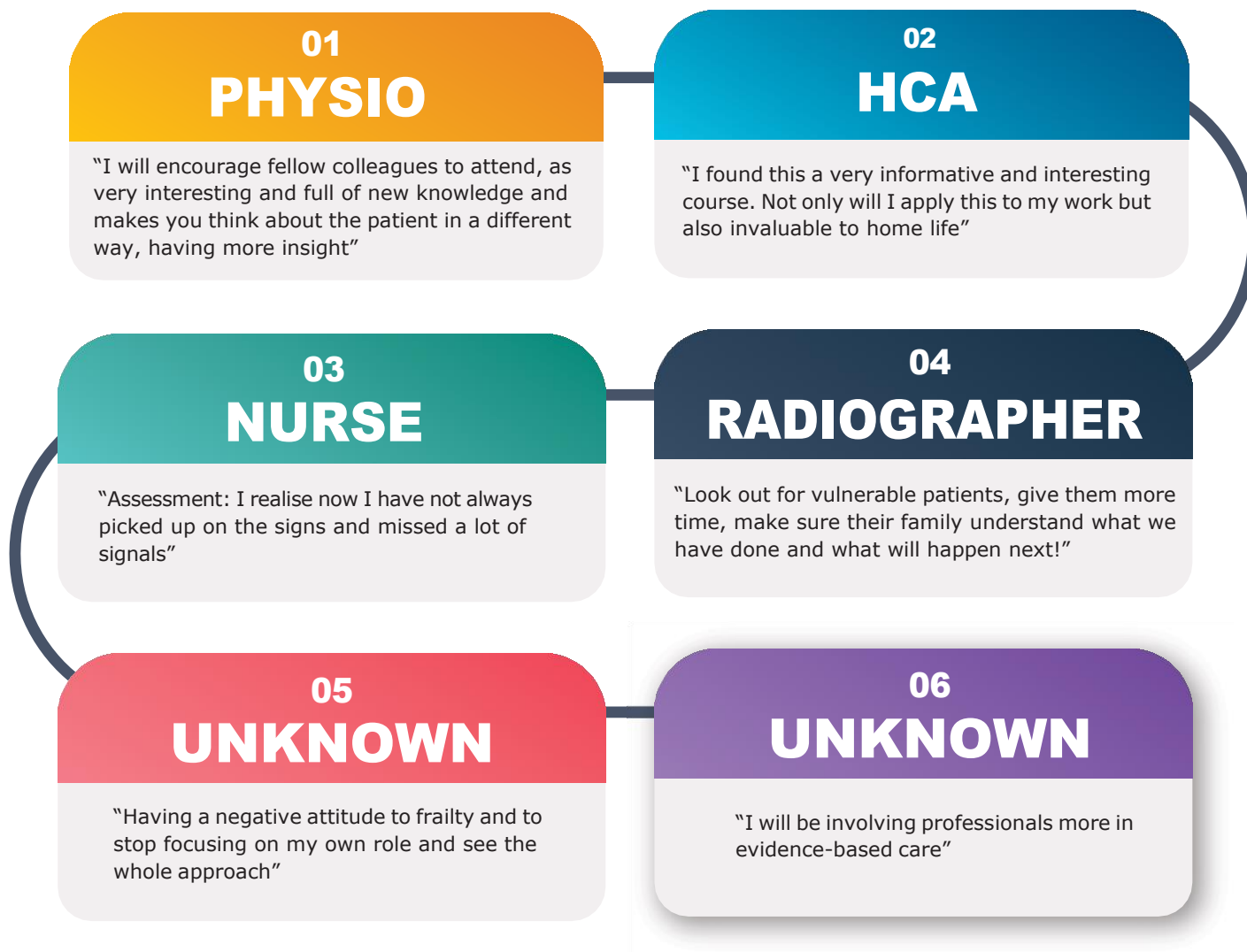
Figure 20: Access attempts per CHO



Data analysis involved examining activity on the eLearning modules as well as exploring learner engagement through the use of a post-completion survey. The conclusions from the study demonstrate that the eLearning programme was of value to learners, and that engagement has led to an increase in knowledge and confidence. Further research is recommended to include deeper exploration of learner feedback and a focused analysis of the experiences of learners when they attempt to apply the learning in their workplace.

10.0 THE REVISION OF THE CLASSROOM PROGRAMME

A recurring theme from the Test of Concept feedback related to the fact that staff found that being released from clinical responsibilities was challenging. However, in parallel one of the key learnings from the Test of Concept was the fact that learning together provided health professionals from different backgrounds and services with an opportunity to learn from each other in a way that learning in professional silos or on-line alone cannot facilitate.



To facilitate the flexibility of access to the programme, a hybrid/blended approach to the programme delivery was required. Therefore, while subject matter experts worked on the development of the eLearning modules, work continued on the revision of the classroom programme modules (Figure 19). These modules sit under the same governance as the initial programme and have been signed off by the Clinical Advisory Group.

10.1A BLENDED APPROACH TO EDUCATION

Blended learning, also known as hybrid learning, is an approach to education that combines online educational materials with traditional place-based classroom methods. The revised Fundamentals of Frailty will be delivered using this model. It is proposed that each facilitator network will adapt the blend of modules delivered online or in the classroom based on their local needs and the expertise available to deliver the programme modules. All networks, however, are required to deliver the CGA module in a classroom setting and ensure that the programme continues to be delivered in an interprofessional, integrated manner.

11.0 NEXT STEPS

Since the initial facilitator networks were developed, a number of facilitators have been promoted or moved roles. Additional facilitators are now required to ensure each network has the skill set required to deliver the programme locally. Invitations have been sent to services requesting nominations for the role of NFEP facilitators, from across the multidisciplinary team. Using the current NFEP methodology facilitators will:

- Be nominated by their managers to facilitate the delivery of the NCPOP Fundamentals of Frailty Programme, in a local network.
- Provide evidence of an MOU signed by their line manager.
- Have completed the "Recognising Frailty-Insights from TILDA" education programme with the TILDA.

To this end

- A revised Memorandum of Understanding has been agreed with TILDA and
- A business case has been submitted for:
- A further one hundred and fifty facilitators to attend a revised "Recognising Frailty-Insights from TILDA".
- A one day workshop for facilitators to come together to hear updates on emerging trends in frailty from TILDA and to design the plan for the roll-out of the Fundamentals of Frailty locally.

Networks will be asked to agree:

- What, if any modules will be completed by participants on-line www.hseland.ie, prior to attendance in the classroom.
- The dates, times, location and facilitators for each session; with a minimum of eight sessions being delivered annually by each network.
- Who will support the programme delivery administration?
- What modules will be delivered in the classroom setting, with the caveat that Comprehensive Geriatric Assessment will be part of all classroom sessions?
- What KPIs will be collected and who will collate the programme evaluations?
- How the programme evaluations can be used to support Quality Improvement initiatives locally?

The revised Fundamentals of Frailty Programme was launched on April 17th 2023 and facilitators given access to the programme, via HSE Classroom Management System, in line with the cyber security guidance.

11.1 EMBEDDING FRAILTY EDUCATION IN SERVICE DESIGN

Project ECHO (Extension of Community Healthcare Outcomes), is an evidence based methodology developed to connect participants in a virtual community with their peers, where they share support, guidance and feedback. These communities focus on both case-based discussions, knowledge sharing and educational components with the intent of expanding capacity, spreading knowledge & accelerating collective learning. A number of project ECHOs, across other specialist areas have been successfully set up across Ireland. In order to ensure the sustainability and ongoing development of NFEP the NCPOP suggest the concept of Project ECHO is tested with a number of facilitator networks. The purpose of a Test of Concept and the establishment of a Frailty ECHO is to test the ability of an ECHO to:

- Provide a platform that formalises and regularises engagement of healthcare professionals working across the network.
- Support the local roll out of the Fundamentals of Frailty Programme to all staff, volunteers, departments and persons who are in contact with older people within the network thereby embedding learning as part of the wider reform agenda.
- Using the co-production to agree and develop QI initiatives that emerge from the evaluations/ feedback from the NFEP education days.
- Support the development of knowledge and skills, share case discussions, knowledge, research and collaboration across a broad range of areas in older person's integrated care.

Discussions are underway with the National Ambulance Service (NAS) to imbed the Fundamentals of Frailty as a mandated element of their paramedics education programme.

The NFEP will continue to be a key pillar of the Irish Frailty Network of the Irish Gerontological Society and the All-Ireland Frailty Network.

The Discipline of Medical Gerontology in the School of Medicine, Trinity College Dublin, academic course 2022-23, launched five further education scholarships for the National Frailty Facilitators to attend the online 5-ECTS standalone module in Assessment and Management of Frailty in Ageing Adults, which provides annual updates on academic developments in frailty for an interdisciplinary audience. All 5 scholarships were awarded and it is envisaged that the Discipline will continue to offer up to 5 scholarships for National Frailty Facilitators every academic year.

12.0 RECOMMENDATIONS

The recommendations in this report reflect the strategic direction and operational challenges being addressed by the health system. This includes Slaintecare (Government of Ireland 2019), goals and associated workforce recommendations, the HSE Corporate Plan (2022-2025), National Service Plan (2023) and Winter Plan (2023/24). The NFEP model has been identified as a key enabler to integrated care, advancing inter-professional working and collaboration and adopting an age attuned approach to better meet the needs of older people. The following recommendations will

Recommendations	Indicators to Progress	Responsible/Leads
Developing an Age - Atuned Workforce		
<p>All staff involved with the care of the older person will complete the Fundamentals of Frailty Education Programme</p> <p>All healthcare professionals should be able to detect frailty, understand basic principles of care and provide treatment/interventions that support the older person to live well with frailty/improve their healthcare outcomes.</p>	<p>Staff who have recently started working with older adults complete the Fundamentals of Frailty education programme</p> <p>Staff who provide care to older people undertake relevant continuous professional development related to this area, which includes education and training in identification, assessment and management of frailty.</p>	<p>Heads of Discipline Directors of Nursing Heads of Service</p>
Embedding Interprofessional Frailty Learning Networks		
<p>Each RHA will establish integrated, interprofessional learning networks to ensure the sustainability and ongoing development of the NFEP</p> <p>The development of local Interprofessional/Integrated Frailty Facilitator Networks should be supported as part of a deliberate strategy to enhance interprofessional, integrated working, as central to the care and management of older people living with frailty and complex needs.</p>	<p>Test the concept of Project ECHO with a number of facilitator networks to determine the ability of an ECHO to provide a platform that formalises and regularises engagement of healthcare professionals working across a network.</p>	<p>National Clinical Programme for Older People (NCPOP)</p>

Maintaining an evidence-based Fundamentals of Frailty Programme		
The Fundamentals of Frailty Programme remains current and in line with evidence and best practice	<p>The Fundamentals of Frailty modules (both classroom and eLearning programmes) are reviewed/updated every two-years, by an interprofessional working group of subject-matter experts.</p> <p>National Frailty facilitators (attend a one-day update from TILDA every two years to ensure they remain up to date on developments in frailty.</p> <p>Each network has a sufficient number of facilitators and the "Recognising Frailty-Insights from TILDA" programme is rolled out to new facilitators, as per the current methodology.</p>	National Clinical Programme for Older People (NCPOP)
Key Performance Indicators (KPIs)		
Each Frailty Facilitator Network should capture the impact of the NFEP on practice and applies this learning to QI and other improvement works across the network.	<ul style="list-style-type: none"> • The number of programmes delivered per site per year, • QI initiatives that evolve from attendance at the programme days. 	Heads of Discipline Directors of Nursing Heads of Service
Research		
Research should be undertaken on the impact of the Fundamentals of Frailty education programme on practice	Agree a research partner to undertake research with a number of networks	National Clinical Programme for Older People (NCPOP)

* Project ECHO (Extension of Community Healthcare Outcomes), is an evidence based methodology developed to connect participants in a virtual community with their peers, where they share support, guidance and feedback. These communities focus on both case-based discussions, knowledge sharing and educational components with the intent of expanding capacity, spreading knowledge & accelerating collective learning. A number of project ECHOs, across other specialist areas have been successfully set up across Ireland. The purpose of the test of concept is to test the ability of an ECHO to:

- Provide a platform that supports engagement of healthcare professionals applying NFEP in practice.
- Support the local roll out of the Fundamentals of Frailty Programme to all staff, volunteers, departments and persons who are in contact with older people within the network; thereby embedding learning as part of the wider reform agenda.
- Develop and support QI initiatives that emerge from the NFEP education days.
- Support the development of knowledge and skills, share case discussions, knowledge, research and collaboration across a broad range of areas in older person's integrated care.

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APPENDIX 1: WORKING GROUP: FIRST ITERATION OF THE NATIONAL FRAILTY EDUCATION PROGRAMME

Name	Role	Location
Deirdre Lang	Director of Nursing	ONMSD/NCPOP
Carmel Hoey	Workforce Planner	ONMSD/NCPOP
Joan Donegan	Director Nursing & Midwifery Planning Development	ONMSD Education Lead
Melissa Currid	Falls Prevention Coordinator	Primary & Community Care Donegal
Maura Gille	Practice Development Coordinator Older Persons	Primary & Community Care Donegal
Mary Casey	Registered Advanced Nurse Practitioner Older People	Sligo University Hospital
Jonathan O'Keeffe	Registered Advanced Nurse Practitioner Older People	St Vincent's University Hospital
Edel Mannion	Registered Advanced Nurse Practitioner Older People	Galway University Hospitals
Richard Walsh	Director of Nursing	Acute Medicine Programme
Fiona McDaid	Nurse Lead	Emergency Medicine Programme
Neil Dunne	Director Public Health Nursing	Dublin South City
Cathy McHale	Age Related Clinical Nurse Specialist	Tallaght University Hospitals
Claire Mooney	Clinical Facilitator in Gerontology	Tallaght University Hospitals
Maura Byrne	Clinical Nurse Specialist Dementia	St Brigid's Hospital Shaen
Niamh Walsh	Staff Nurse	ID Services Donegal
Sarah Cosgrave	Clinical Nurse Manager 2	Day Hospital St Vincent's University Hospital
Mary Hodson	Director Centre for Nursing & Midwifery Education	Sligo/Leitrim

APPENDIX 2: MEMORANDUM OF UNDERSTANDING

This document outlines the agreement between the NCPOP and the National facilitator and their line manager and includes:

- the expected learning outcomes of participants on the "Recognising Frailty-Insights from TILDA"
- the expected commitment from the National Facilitators and their line managers
- the supports and resources to be provided to the National Facilitators
- the evaluation processes

<p>Learning Outcomes from "Recognising Frailty-Insights from TILDA" Programme Day:</p>	<ul style="list-style-type: none"> • Have improved understanding and knowledge of the concept of frailty • Have enhanced skills and knowledge in identifying the frail older adult • Understand the need for Comprehensive Geriatric Assessment and how it improves outcomes for frail older adults. <p>On completion of the "Recognising Frailty-Insights from-TILDA" Programme you will:</p> <ul style="list-style-type: none"> • Participate in a local governance group to support the roll out of the Frailty Education Programme. Meetings will initially be held every 4 weeks but this may be extended to 6 -8 weekly once established • Deliver frailty education programmes on an ongoing basis within your local service. The number and location of the programmes to be delivered will be agreed with your local governance group but will not be less than one education session a month per trainer • Maintain a database of staff who have completed the programme. The grade and number of staff educated will be shared with the NCPOP on a monthly basis • Ensure participants complete an evaluation of the education programme (using the form provided) and forward evaluations to NCPOP for analysis • Act as an advocate locally to promote best practice in the management of frailty.
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Learning Outcomes from "Recognising Frailty-Insights from TILDA" Programme Day:	<ul style="list-style-type: none"> · Have improved understanding and knowledge of the concept of frailty · Have enhanced skills and knowledge in identifying the frail older adult · Understand the need for Comprehensive Geriatric Assessment and how it improves outcomes for frail older adults. <p>On completion of the "Recognising Frailty-Insights from TILDA" Programme Day you will:</p> <ul style="list-style-type: none"> · Participate, as required, in a local governance group to support the roll out of the Frailty Education Programme. Meetings will initially be held every 4 weeks but this may be extended to 6-8 weekly once established · Deliver frailty education programmes on an ongoing basis within your local service. The number and location of the programmes to be delivered will be agreed with your local governance group but will not be less than one education session a month per facilitator · Maintain a database of staff who have completed the programme. The grade and number of staff educated will be shared with the NCPOP on a monthly basis · Ensure participants complete an evaluation of the education programme (using the form provided) and forward evaluations to NCPOP for analysis · Act as an advocate locally to promote best practice in the management of frailty.
Resources	<ul style="list-style-type: none"> · A one-day "Recognising Frailty-Insights from TILDA" Programme will be provided by the Irish Longitudinal Study on Ageing (TILDA) · Time to deliver the frailty education programmes locally will be supported by your line manager · The Facilitators Handbook will be provided to you by the NCPOP · The database template will be provided to you by the NCPOP. <p>Clinical site support/resources include</p> <ul style="list-style-type: none"> · Facilitators handbook which includes education slides, reference materials, sample validated tools, evaluation form (Using Kirkpatrick's model), certificate of attendance · Facilitators Hospital Group and CHO network
Criteria for Evaluation	<ul style="list-style-type: none"> · A survey of the National Facilitators knowledge of frailty pre and post Education Programme with TILDA using survey methodology · An analysis of participants in the National Frailty Education Programmes learning (see evaluation form using Kirkpatrick's model) will be conducted by NCPOP · Service outcome evaluation will be determined by the organisation but would likely be based on implementation of an assessment tool, audit of the use of the chosen tool, documented referral pathways, initiation of Comprehensive Geriatric Assessment (CGA) and audit of numbers undertaken.

I agree to the contents of the Facilitators Memorandum of Understanding.

Facilitators Signature: _____ Date: _____

Line Managers Signature: _____ Date: _____

APPENDIX 3: FREQUENTLY ASKED QUESTIONS

NATIONAL FRAILTY EDUCATION PROGRAMME FACILITATORS

FREQUENTLY ASKED QUESTIONS

Dear Colleague.

The National Frailty Education Programme is a work stream of the National Clinical Programme for Older People (NCPOP) in collaboration with the National Acute Medicine Programme and the National Emergency Medicine Programme. The programme aims to provide healthcare professionals with an enhanced understanding of frailty and frailty assessments, thereby ensuring earlier recognition of frailty, improved healthcare management, and better health outcomes for frail older adults. The aim of this document is to provide information about the National Frailty Education Programme and to clarify what is expected from you in your role as a National Facilitator.

The Programme will be rolled out across each Hospital Group (HG) and its corresponding Community Healthcare Organisations (CHOs). You were nominated as a national facilitator for your site. You will be attending a one-day "Recognising Frailty-Insights from TILDA" Programme run by The Irish Longitudinal Study on Aging (TILDA) Health Assessment Centre in Trinity College and a follow-up one day workshop with colleagues from your local area.

THE RATIONALE FOR THE PROJECT

Population ageing is occurring rapidly and between 2015 and 2030, the number of people in the world aged 60 years or over is projected to grow by 56%. By 2050, the global population of older people is projected to more than double its size (United Nations, 2015). In Ireland, the old population (i.e. those aged 65 years and over) is projected to increase by between 58 and 63 per cent from 2015 to 2030. The older old population (i.e. those aged 80 years of age and over) is set to rise even more dramatically, by between 85 per cent and 94 per cent in this time period (ESRI 2017). As older people have different healthcare requirements, the Irish healthcare system needs to adapt to meet the demands associated with these demographic changes. Empowering health care professionals with up-to-date knowledge and skills will ensure that when an older person needs health or social care, the care they receive will be better planned, better coordinated, easier to access and truly person centred.

What we know:

- The recognition of frailty is important and should form part of any interaction between an older person and a healthcare professional.
- An individual's degree of frailty is not static. It may improve or deteriorate, and is influenced by factors which include the care received when an individual presents to a health professional.
- One of the major challenges posed by an ageing population is the ability of healthcare professionals to understand, recognise and manage frailty.
- This education programme has the capacity to improve their knowledge and understanding of

the evolving concept of frailty.

- The WHO promote inter-professional collaboration as a strategy to improve patient outcomes.
- Health professionals have traditionally been educated in professional silos.
- To achieve positive outcomes, inter-professional education must be integrated into health education curriculum.

What is TILDA?

TILDA (The Irish Longitudinal Study on Aging) is one of the most comprehensive research studies of its kind internationally and collects data, using a variety of methods, from the Irish community dwelling population aged ≥ 50 years. One of the unique components of the data collection process is that it incorporates a comprehensive health assessment which includes a host of objective tests assessing physical, cardiovascular and cognitive function that characterise frailty. A frailty & resilience working group utilises this data to explore the determinants and consequences of frailty.

Why TILDA?

Using this cutting edge research and the resources available through the TILDA Health Assessment Centre in Trinity College, TILDA is in a unique position to deliver an Insight into Frailty Programme for healthcare professionals interested in learning more about frailty. TILDA have developed a bespoke programme for the National Clinical Programme for Older People which has been evaluated by members of each profession working in the area of gerontology.

Objective of TILDA Programme Day

The purpose of the one day programme with TILDA is to immerse those who will be delivering the National Frailty Education Programme in the concept of frailty and what being frail entails, so that all facilitators will have the same understanding of the concept as we move the project forward. We do NOT expect you to be in a position to deliver the education programme at the end of this oneday programme.

NEXT STEPS

The next steps:




- A Memorandum of Understanding (Appendix 1) with the National Clinical Programme will be signed by you and your nominating manager.
- The NCPOP will provide you with a one-day workshop to take you through the facilitator's handbook and to agree the process for the education roll out locally.
- You will be provided with a facilitator's handbook, which will contain all the resources required to deliver the education locally (presentations, articles, certs, database, evaluation form etc.
- A local governance group if not already in place, will be established across the hospitals and CHO's. (Local Governance Group, Appendix 2) to manage the project.

Many thanks for agreeing to participate in the National Frailty Education Programme. We look forward to working with you throughout the project

Deirdre Lang
Director of Nursing

Carmel Hoey
Service Planner

APPENDIX 4: NATIONAL FRAILTY EDUCATION PROGRAMME PARTICIPANTS EVALUATION FORM

  	
National Frailty Education Programme Participants Evaluation Form	
Please use your experience in this frailty education programme to rate the following statements. Your feedback will help us to ensure that we continue to meet your educational needs.	
FACILITATOR/S:	DATE:
PARTICIPANTS PROFESSION (DIETICIAN, DOCTOR, HCA, NURSE, OT, PHARMACIST, PHYSIO, SALT, SOCIAL WORKER ETC.)	
PLEASE TICK BELOW WHICH MODULE OR MODULES YOU HAVE ATTENDED TODAY	
CONCEPT OF FRAILTY – INTRODUCTION	FALLS
CONTINENCE ASSESSMENT AND PROMOTION	COGNITION AND FRAILTY
DELIRIUM	PROBLEMATIC & APPROPRIATE POLYPHARMACY
	COMPREHENSIVE GERIATRIC ASSESSMENT
	Agree Disagree
OVERALL RATING	
The education programme enhanced my understanding of frailty	5 4 3 2 1
PROGRAMME DESIGN	
The objectives were clearly communicated.	5 4 3 2 1
The topics were well presented and easy to understand.	5 4 3 2 1
The pace of the delivery was appropriate for the topics covered.	5 4 3 2 1
The level of difficulty of the content was appropriate for me.	5 4 3 2 1
FACILITATOR/S	
The facilitator(s) is knowledgeable about the subject matter.	5 4 3 2 1
The facilitator(s) practiced effective time management.	5 4 3 2 1
The facilitator(s) answered my questions to my satisfaction.	5 4 3 2 1
GROUP ACTIVITIES	
I found the exercises valuable in learning how to apply the concepts.	5 4 3 2 1
LEARNING APPLICATION	
I will apply what I learned to my role.	5 4 3 2 1
I will recommend this frailty education programme to others within my organisation.	5 4 3 2 1
LOGISTICS	
The seating arrangements were appropriate for the session.	5 4 3 2 1
I was able to see and hear the presentation without distractions.	5 4 3 2 1
Ample breaks were provided without disrupting the flow of the session.	5 4 3 2 1
Following on from attendance at this programme: What are you going to start doing? What are you going to stop doing? What are you going to feedback to your colleagues?	

APPENDIX 5A: WORKING GROUPS: REVISION 1 FUNDAMENTALS OF FRAILTY AND ELEARNING DEVELOPMENT

Name	Role	Location
Deirdre Lang	Director of Nursing	ONMSD/NCPOP
Carmel Hoey	Workforce Planner	ONMSD/NCPOP
Anne Marie Kelly	Clinical Nurse Specialist: Continence	Meath Complex Dublin 8 and St Vincent's Hospital, Athy, Co Kildare.
Alicja Downey	Physiotherapy Manager	Wicklow
Ann Cummins	Director, Centre of Nurse Education,	Mercy University Hospital, Cork
Caroline Lysaght	Assistant Director of Public Health Nursing	Dublin South West
Chiara Healy	Senior Speech & Language Therapist	South Tipperary General Hospital
Ciara Pender	Clinical Specialist Dietitian to the Frailty Intervention Therapy (FIT) Team	Mater Misericordiae University Hospital
Clare Kinahan	Senior Clinical Pharmacist	Portiuncula University Hospital
Denise Rogers	Acting Principal Psychology Manager	Wexford Mental Health Services
Dorothy Loane	Registered Clinical Specialist Community Dietitian Older Persons	Midlands/Louth/Meath CHO
Edel Mannion	Registered Advanced Nurse Practitioner, Older Person's Services	Galway University Hospitals
Eileen Lombard	Senior Physiotherapist	Mercy University Hospital Cork.
Emma Grant	Senior Dietitian,	Waterford Integrated Care for Older People(W.I.C.O.P.)
Helen Heery	Pharmacist	Portiuncula University Hospital
Iris Alcorn	Assistant Director of Public Health Nursing,	Dungloe Hospital, Donegal
Jennifer Maher	Clinical Specialist Speech & Language Therapist	STEP (South Tipperary Enablement Programme for the Older Person)
Joanne Gallagher	Registered Advanced Nurse Practitioner Later Life Psychiatry	Roscommon
John Brennan	Senior Occupational Therapist,	Boyle and Strokestown Primary Care
Jonathan O'Keeffe	Registered Advanced Nurse Practitioner Community Medicine for Older Person's Service	St Vincent's University Hospital
Mary Clemenger	Nurse Tutor, Centre for Nurse Education	Mater Misericordiae University Hospital
Nicola Crean	Registered Advanced Nurse Practitioner	Sacred Heart Hospital Roscommon
Niamh McMahon	Chief 2 Pharmacist, NCPOP Pharmacy Lead	St. James's Hospital/Trinity College Dublin
Niamh Walsh	PhD Researcher, Registered Intellectual Disabilities Nurse	NMPD North East
Mary J Foley	Advanced Nurse Practitioner Rehabilitation	St Finbar's Hospital Cork
Melissa McGrath	Senior Occupational Therapist	St Vincent's University Hospital
Regina Lafferty	Clinical Nurse Specialist in Dementia	Mental Health Services Older People Dublin North
Roisin McHugh	Medical Social Worker	Portiuncula University Hospital
Siobhan Ryan	Registered Advanced Nurse Practitioner	STEP (South Tipperary Enablement Programme for the Older Person)
Victoria McGuinness	Social Worker	Mayo University Hospital

APPENDIX 5B: IRISH NUTRITION AND DIETETIC INSTITUTE (INDI) FUNDAMENTALS OF NUTRITION AND FRAILITY

Name	Role	Location
Dorothy Loane	Clinical Specialist Community Dietitian for Older Persons	HSE CHO 8 (Midlands Area)
Dr Sharon Kennelly	Clinical Specialist Community Dietitian	National Community Funded Schemes Service Improvement Programme
Caroline Stapleton	Senior Dietitian	Connolly Hospital Blanchardstown
Laura Keaskin	Senior Dietitian	Mater Hospital, Dublin
Dr Aoibheann McMorrow	Dietitian	St. James's Hospital, Dublin
Professor Clare Corish	Associate Professor of Clinical Nutrition & Dietetics	UCD
Lauren Power	Research Nutritionist, School of Public Health, Physiotherapy & Sports Science	UCD
Laura Bardon	Research Nutritionist, School of Agriculture & Food Science	UCD
Mary O'Connor	Nurse Practice Development Project Officer, Nursing & Midwifery Practice Development Unit	HSE CHO 8 (Midlands Area)
Ciara Pender	Senior Dietitian	South Tipperary General Hospital, Clonmel, Co. Tipperary
Emma Grant	Senior Dietitian	Waterford Integrated Care Team for Older Persons
Aoife Niland	Senior Dietitian	CHO 3



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