Update on
AFFINITY
National Falls & Bone Health Project
2018-2023

September 2019

Twitter
#AFFINITY19
#fallsandbonehealth
Your feedback from last years Symposium

- Stand out sections of the programme were the International speakers from New Zealand and Scotland.
- 94% of survey participants felt that the Symposium would influence or change their practice.
- Suggestion to have more presentations on Irish initiatives.
- Key learnings from the day:
  - Better understanding of AFFINITY
  - Networking opportunity to share knowledge and experiences
  - Learn from international experiences
- Record future Symposium and Webinars for people who can’t attend.
- More space for poster section.
- Format of the day – shorter day, more neutral venue.
AFFINITY- National Falls & Bone Health Project 2018-2023

The aim of the AFFINITY National Falls and Bone Health Project (2018-2023) is to coordinate the development of a comprehensive falls and fracture prevention system.

The intent is to:

- increase **awareness** of the preventable nature of falls
- enable older people, communities and health and social care providers **to reduce the risk and rate of falling** where possible,
- **reduce the severity of** injuries
- **promote the best possible outcomes for** people who have suffered a fall-related injury.
**Preventing Harm from Falls in Ireland**

Adapted from NHS RightCare Pathway: Falls and fragility Fractures

<table>
<thead>
<tr>
<th>The National Challenge</th>
<th>Opportunity for improvement</th>
<th>System Enablers</th>
<th>Priorities for Optimisation</th>
<th>Higher Value Interventions</th>
<th>The Evidence</th>
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<tbody>
<tr>
<td>One third of over 65s &amp; 50% over 80s fall each year, est. 60,000 people over 65 require medical attention post fall.</td>
<td>An economic burden of illness study predicted the est. cost of falls related injuries in older people would increase to €922-€1077 million by 2020 and €2043 by 2030</td>
<td>Cross-cutting: 1. Integrated, multi-agency approach including service users in co design and joint workforce education. 2. Focus on environments: High risk care settings and healthy homes. 3. Personalised care and support planning, shared decision making. 4. Standardised approach to measuring and monitoring falls and bone health services.</td>
<td>Falls Prevention.</td>
<td>Targeted case-finding for falls risk, frailty and osteoporosis.</td>
<td>22% of Fire and Rescue Service “Safe &amp; Well” home visits resulted in falls assessment in the UK.</td>
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<td>Predicted growth rate of 58% in over 65 pop and 95% increase in over 85s 2016-2031</td>
<td>The biggest opportunities for cost saving occur in community dwelling older adults where the main cost drivers are ED attendances, hospital and continuing care admissions</td>
<td></td>
<td>Detecting and managing osteoporosis.</td>
<td>Strength &amp; Balance Training for low to moderate falls risk.</td>
<td>Exercise programmes in community involving balance and function - 23% reduction in falls.</td>
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<td>Over 300,000 people with Osteoporosis, at greater risk of fracture. Est. 17,500 fragility fractures per year.</td>
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<td>Optimal support after a fragility fracture.</td>
<td>Multi-Factorial intervention for higher falls risk.</td>
<td>Multiple component interventions reduces rate of falls by 26% and risk by 18% in community.</td>
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<td>Fracture rates estimated to increase by 150% by 2030; 40-50% requiring long term care after a hip fracture.</td>
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<td>Effective case-finding and appropriate drug treatment reduces risks by 50%</td>
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Key Development Areas in Ireland

- Need for increased awareness across the board that many falls can be prevented.

- Need to shift towards prevention & population health approach as follows:
  - Support and enable well older people to stay active and well
  - Identify those at risk of harm from falls.
  - Integrated pathways for assessment and intervention/ rehabilitation for those who are higher risk of harm from falls.
  - Life long optimisation of bone health includes access to Fracture Liaison.

- Integrated Multi-disciplinary system wide approach including service users, community, organisations and programmes.

- Cross sectoral collaboration to provide access at scale to evidence informed community based exercise opportunities for strength and balance and bone health.
<table>
<thead>
<tr>
<th>NAME</th>
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<tbody>
<tr>
<td>Michael Fitzgerald</td>
<td>Older People &amp; Pallitive Care, Strategy</td>
</tr>
<tr>
<td>Eileen Moriarty</td>
<td>Social Care, Services for Older People</td>
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<tr>
<td>Irene O'Byrne Maguire</td>
<td>State Claims Agency</td>
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<tr>
<td>Helena Maguire</td>
<td>Primary Care</td>
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<tr>
<td>Margaret O'Neill</td>
<td>Health &amp; Wellbeing</td>
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<tr>
<td>Catherine McGuigan</td>
<td>Age Friendly Ireland</td>
</tr>
<tr>
<td>Daragh Rodger</td>
<td>ANP, Services for Older People</td>
</tr>
<tr>
<td>Dr. Tara Coughlan</td>
<td>NCPOP Rep</td>
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<tr>
<td>Dr. Pat Barry</td>
<td>NCPOP Rep</td>
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<tr>
<td>Ciara Rice</td>
<td>MISA, St. James’s Hospital</td>
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<tr>
<td>Helen Ryan</td>
<td>VHARMF</td>
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<tr>
<td>Anne Marie Bennett</td>
<td>Health &amp; Well Being Rep</td>
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<tr>
<td>Emer Coveney</td>
<td>Age Friendly Ireland</td>
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<tr>
<td>Teresa O’Callaghan</td>
<td>National Quality Improvement Advisor</td>
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## Community Residential Work Stream

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<td>Irene O'Byrne Maguire</td>
<td>State Claims Agency</td>
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<tr>
<td>Dr Chie Wei Fan</td>
<td>Community Consultant Geriatrician, MCMOP (Mater Community Medicine for Older Persons)</td>
</tr>
<tr>
<td>Helena Butler</td>
<td>Lead for Policy &amp; Compliance, National Older Persons Services</td>
</tr>
<tr>
<td>Margaret McMahon</td>
<td>Physiotherapy Manager, HSCP</td>
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<tr>
<td>PJ Wynne</td>
<td>Quality Standards &amp; Compliance Officer, QPS Social Care</td>
</tr>
<tr>
<td>Mary Veale</td>
<td>Director of Nursing, St Patrick’s in Waterford</td>
</tr>
<tr>
<td>Anne Marie Bennett</td>
<td>Dietetics Rep</td>
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<tr>
<td>Anna McGivney</td>
<td>Nursing Committee Member, NHI</td>
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## Independent Living / Community Supported Work Stream

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<tr>
<td>Helena Maguire</td>
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<tr>
<td>Dr Pat Barry</td>
<td>NCPOP Rep</td>
</tr>
<tr>
<td>Una Dunne Shannon</td>
<td>Physiotherapy Manager, HSCP</td>
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<tr>
<td>Sophie Janik</td>
<td>Occupational Therapist, HSCP</td>
</tr>
<tr>
<td>Sinead Ryan</td>
<td>Pharmacist &amp; Optometrist, HSCP</td>
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<tr>
<td>Susan Sheehan</td>
<td>Podiatry Manager, HSCP</td>
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<tr>
<td>Margaret Nally</td>
<td>Interim Director of Public Health Nursing Service, Longford / Westmeath</td>
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<tr>
<td>Fiona Garvey</td>
<td>Quality Standards &amp; Compliance Officer, QPS</td>
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<tr>
<td>Geraldine Mullarkey</td>
<td>Services Manager for Older People, CHO 1</td>
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<tr>
<td>Melissa Currid</td>
<td>Falls Prevention Services Co-Ordinator, CHO 1</td>
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<tr>
<td>Caroline Kelleher</td>
<td>Health Promotion Officer, Health &amp; Well Being</td>
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<tr>
<td>Ciara Pender</td>
<td>Dietician, ICPOP</td>
</tr>
<tr>
<td>Cleonagh Culhane</td>
<td>Occupational Therapy Manager, Daughters of Charity, Limerick</td>
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Priorities set in 2019 …….

- Framework/Guidance for CHO/Hospital level integrated approach

- Evaluation plan for overall project and for standardised approach to measuring and monitoring fall & fracture prevention service.

- Enhancement of coverage of current falls and bone health services through the implementation of a key component of Integrated Falls and Bone Health Service across 3 sites

- Scope development of suite of service user materials including the possibility of dedicated website similar to New Zealand https://www.livestronger.org.nz/

- Set up Service user Panel

- Symposium 2019
Symposium

- 2\textsuperscript{nd} Annual Symposium
- Programme based on your feedback last year
- Demand exceeded supply, we may need to move next year!
- Selection of platform presentations- integration and/or a proactive approach to doing whatever possible within current service capacity/ constraints.
- Aiming for as interactive a day as possible, so please use the SLI. Do, Twitter today and Smart survey to feedback after the event
Framework

- A key area of focus for the project group this year.
- It follows the lead of ICPOP in describing fundamental principles of design and content to enable local stakeholders to plan and test solutions that address local population needs.
Framework – coming soon

- Intended for use by service managers, clinical services leads working together with service users to:
  - begin to examine and map falls and bone health services within their area,
  - identify gaps and to define areas for improvement
  - co design possible solutions,
  - build capacity and capability for continuous improvement and integrated working in preventing harm from falls.

- Status: draft at an advanced stage, once finalised it will work through the project governance and review process and then out for consultation.
A systematic approach to falls and fracture prevention and management
- 20 Point Work Plan – V6

1. Cross sector collaboration to increase public awareness of healthy ageing & opportunities for proactive prevention of harm from falls.

2. Availability of approved community strength and balance exercise opportunities throughout Ireland.

3. 50+ years persons who have fallen and fractured a bone will be identified, contacted by the fracture liaison service & connected to required services & treatment.

4. Bone health assessment and falls risk screening is conducted on those 50+ years in general practice/primary care.

5. Bone protection medication (calcium and vitamin D) is prescribed for those with a diagnosis of osteopenia / osteoporosis, have suffered a fragility fracture or are cared for in residential centres.

6. Medications are routinely reviewed in those 50+yrs who take greater than five meds (polypharmacy), and identified as at risk of falling or have fallen.

7. A single point of contact for referrals of those 50+ years who are unsteady on their feet or who have fallen.

8. Strength and balance exercise groups in the community are identified and utilised by those at risk of falls.

9. Opportunistic falls risk screening (level 1) will occur in all services such as outpatient clinics that provide health and social care to older persons.

10. Ambulance officers’ conduct falls risk screening for older persons they visit who do not need ED transfer and refer those at risk to a single point of contact for follow up.

11. Integrated. Pathways developed for accessing multifactorial fall and fracture risk assessment and interventions for those identified as at risk of falling or have fallen.

12. All comprehensive clinical assessment, including SAT (InterRAI), is used to inform a falls prevention care plan.

13. Ortho-geriatrician reviews older persons who have fallen and sustained a fracture requiring hospital admission, advises on osteoporosis / bone health management. A working partnership will exist between the FLS service and the ortho-geriatrician.

14. Irish Hip Fracture Database and the Clinical Care Standards have been implemented.

15. Communication regarding falls risk and the individualised plan of care (to mitigate risks) occurs at all ‘transfer of care’ points.

16. Standardised best practice (evidence informed) interventions are implemented for In aged residential care.

17. Develop a falls prevention and bone health programme including education, assessment and intervention for the frail older person at home or other appropriate locations.

18. Health and Social care falls process markers meet expected threshold and quality expectations in clinical areas.

19. ‘A Knowing How We Are Doing’ report is developed utilizing data from ………….. (to be defined)

20. Governance of falls, fracture prevention programmes maintained at national and at CHO/Hospital alliance leadership level, & incorporate an integrated system-wide approach

Please note: Text box colour default is red, please alter as per code below to reflect region/local area

- routinely occurs
- in part/at times
- not yet occurring/don’t know

Adapted for AFFINITY National Falls & Bone Health Programme, June 2019

Provided as a working example – modelled on Whanganui DHB’s
Falls Prevention and Fracture Liaison Work-plan 2016-17
Service user Panel

- Convened to provide a forum for older person’s perspective and participation in design, planning and implementation of the programme of work underway to reduce harm from falls.
- Membership - 9 volunteers identified through the Older Persons’ Councils, via Age Friendly Ireland.
- The meetings are facilitated by Mila Whelan HSE QID and Emer Coveney Age Friendly Ireland.
Service User Panel

We have asked the members for assistance with the following priority areas for the project:

- Planning this afternoon’s Service User Engagement workshop
- Service User perspective on Framework Document for guiding the development of falls and fracture prevention systems
- Advice on the Development of information resources for service users
Key questions

Some Questions for future meetings:

- How to raise awareness that falls are preventable as the research says many people don’t want to hear about falls and may consider falls prevention messages do not apply to themselves personally?

- There is really strong research evidence that exercise for strength and balance is effective in preventing falls, how can we get that message out and get increased participation in exercise for strength and balance?

- Sometimes people at risk of falls and their families and the therapists and medical team can be at cross purposes on how to manage the risk of further falls
Evaluation

Key needs identified by AFFINITY

- To prepare an evaluation framework
- To review existing and potential data collection and monitoring systems

As outlined CES are working with us – this piece of work is very close to the finishing line, final drafts of the currently being reviewed by the Working Group.
2019 Development Funding
Enhancement of coverage of current falls and bone health services

- Funding secured for a number of front line posts to implement a key component of Integrated Falls and Bone Health Service across 3 sites i.e.
  - Collaborative Implementation of Community Based Exercise programmes for strength and balance programmes across the continuum of functional ability
  - Implementation of Integrated clinical pathway for falls and bone health in an additional CHO.
  - Testing of an integrating fracture service liaison across Community and Hospital

- The sites have been selected on the basis of the complementary nature of the new development and pre-existing elements of a comprehensive falls and bone health service in the selected site.
International Collaboration

- 2018 - New Zealand and Scotland

- 2019
  - Glad to welcome Lianne flying the Scottish flag again this year
  - New Zealand – their national project has gone from delivery phase to maintenance. The projects on-going commitment to their system is to continue to provide up to date accessible summaries of the evidence into the future.
Other Useful Recent Publications

- [https://www.ageing-better.org.uk/publications/raising-bar-strength-balance](https://www.ageing-better.org.uk/publications/raising-bar-strength-balance)
AFFINITY 2018 - 2023

Next Steps:

- Bring to completion work currently underway:
  - Complete the guidance framework
  - Finalise the Evaluation framework
  - Finalise the data set for measuring and monitoring services to prevent harm from falls nationally

- Build on service user involvement including co-design of information resources for service users

- Work with ICPOP to embed the new developments funded in 2019

- Scope work required to address the issue of bone health and falls in the people with Intellectual Disability

Remember:

- Please ensure we have your email details so we can keep in touch.
- Symposium Evaluation - Smart Survey link will be provided for feedback on the symposium
And last but not least

Thanks to:
- All the members of the AFFINITY project group
- Our Sponsors
- Our Service User Panel
- Everyone who has contributed to making today happen
- And most importantly you for attending and for sharing your local falls and bone health work with us!