



Clinical Indemnity Scheme

Falls Symposium Pathways to Prevention for the Irish Population

**Symposium: 4 December 2007
 Conrad Hotel, Dublin**

Proceedings from Workshop

1.0 Background

- 1.1 It is costing the state €412 million annually to treat all the falls and fractures that occur in people with osteoporosis¹. This includes not just hospital costs, but also the costs to society of caring for these patients. In response the Health Service Executive, The National Council for Aging and Older People and the Department of Health and Children established a National Steering Group to develop an integrated national strategy to prevent falls in older people and improve bone health in the population. This strategy is currently undergoing due process within the HSE.
- 1.2 A Falls Symposium was convened by the Clinical Indemnity Scheme in collaboration with the HSE to:
 - Provide a forum to work strategically and collectively with key stakeholders to reduce the burden and impact of falls and related injuries to older people
 - Raise awareness of the importance of “joined up” thinking on falls prevention and bone health in older people by minimising risk and focussing on active lifestyles
 - Promote the integration of falls and osteoporosis care pathways through service design across whole systems.
- 1.3 The mornings proceedings provided an overview of the current international and national picture with respect to falls and bone health. In addition, enterprises from the acute, community and residential care sectors, currently engaged in falls prevention activities were invited to share their learnings.
- 1.4 The learning outcomes for this morning session were that the attendees will:
 - understand the importance of a national integrated Falls & Bone Health Strategy in reducing the burden and impact of falls and related injuries to older people in Ireland
 - be able to identify key risk factors for falls and how an integrated care pathway approach will help to anticipate or ameliorate the otherwise rising numbers of older people who will suffer falls related injuries.

2.0 Workshop Methodology

- 2.1 The afternoon workshop gave participants an opportunity to take stock of the current services available in their regions and to think through what is needed going forward. Attendees were formally assigned to multidisciplinary and regionally focussed working groups for the day.
- 2.2 The learning outcome from this session was that:
 - Attendees will be able to experience from the workshop and the processes involved in delivering the day, the importance of designing an integrated care pathway that crosses disciplines, sectors and even geographical boundaries;
- 2.3 Professor Cameron Swift chaired the workshop. Two questions were posed to the groups:
 1. Using the integrated care pathway provided as a model and seeking from your understanding and experiences to date, is your enterprise or service able to meet the needs of people who fall or are at risk of falling?
 2. What is needed to ensure that people who fall, or are at risk of falling, have their needs met in your enterprise/service?

¹ Donnellan, E. (2007) 'Falls, breaks due to bone disease cost state €412m each year', The Irish Times, Health Supplement (21st Aug)

- 2.4 Each table was given guidance on group facilitation (Appendix 1) and provided with copies of an integrated care pathway based on the Lincolnshire Integrated Care Pathway (Appendix 2). Professor Cameron Swift facilitated the feedback session, supported by Dr Marie Laffoy, HSE Population Health.

3.0 Learnings

- 3.1 The feedback captured during this session is summarised below under Primary Continuous and Community Care and Secondary Care as this reflects how the feedback was focussed. A more detailed version is available (Appendix 3).

3.2 Primary Continuous and Community Care (PCCC) Interventions

- Of the services currently available around falls and bone health, it is perceived as being difficult to access these services.
- Health education is seen as being critical and is needed to build knowledge and understanding amongst professionals, service users and the public. It is important that people at risk of falls understand the benefits of targeted exercise programmes. It was felt that education for bone health needs to start in primary schools to include targeted initiatives aimed at younger people to help prevent fractures in the future.
- There is a strategic need to identify multi-disciplinary team players, who will fulfil the role of a falls co-ordinator and co-ordinate effort.
- There is a need for a multidisciplinary falls screening tool to include the person's history of falls and a gait analysis component.
- An Integrated Falls Pathways will be useful in ensuring quality care outcomes and in addressing service equity and access issues; Any such pathway needs to deal with direct referrals, needs to be more responsive to patients' needs and will require leadership and champions to make things happen. Peer supported processes are needed to reduce the risk of 'fall guys'. It was felt that in the community there is a framework for putting a falls and bone health integrated care pathway in place, but it needs to be divided up into manageable units and more equitably distributed amongst the new local administrative services in response to patient needs.
- Political leaders need to be lobbied to secure funding to support the implementation of the National Falls Strategy in collaboration with such groups as the Osteoporosis Society and Age Action Ireland.
- General Practitioner champions need to be identified; Clarity is needed around their role in falls prevention and bone health promotion and how this is to be funded.
- Public Relations initiatives are needed to drive falls preventions and bone health promotion activities.
- Could Practice Development Nurses operate as Falls Prevention champions?
- There is a need to build on existing good practices and governance structures.
- It is important that a whole systems approach is adopted with a falls co-ordinator available to harness individual efforts.

3.5 Secondary Care Interventions

- Falls Prevention Co-ordinators are needed; Fracture Liaison Nurses in general hospitals are well positioned to identify patients that are at risk of falls and who have had multiple falls.
- On the whole it was felt that services are not in place reducing the option to refer people at risk appropriately.
- Where services exist, education is needed to progress falls referrals onto gerontology and orthopaedic specialisms.
- Services that are holistic and multidisciplinary need to be developed to meet the requirements of any such falls and bone health pathways.
- Enhanced communications and education programmes need to build on existing learnings, harness computer technology and share learnings from mistakes.
- There is a need to identify people at high risk of falling, to scope existing resources, to identify leaders and initiatives that are currently fruitful and to make education available, especially

within the schools curricula. It was important to scope local situations well and then realign resources towards meeting these gaps.

- Targetted approaches to General Practitioners are necessary to ensure their support for any such falls and bone health initiatives going forward.
- There is a need to develop strategies to optimise the use of leisure facilities in promoting activity and bone health, to work with the resources that are already available, to identify gaps and realign resources where practicable within Primary Continuous and Community Care.
- Information and Communications Technology could be used to support learning on specific falls prevention initiatives. It will also be helpful in bringing evidence-based practice to the fore. It can also be used to facilitate networking opportunities and the sharing of learnings. A website that could be used to upload best practice is www.healthdata.ie. This site allows for the sharing of best practice at local, regional, national and international level.
- Practical initiatives that are deliverable in a definite timeframe will be necessary to ‘kick start’ the process of engaging with a national strategy. Champions will need to be identified to harness and make these initiatives happen. Champions will also be needed to ensure the sustainability of any such initiatives going forward.
- Education programmes in falls prevention and bone health need to be enhanced within undergraduate healthcare professional training programmes. Education for professionals, the public and service users was felt to be critical. diagnostic access, is there a gap in getting access to the kinds of services that are necessary.

4.0 Way Forward

- 4.1 Some useful learnings from the workshop sharings, common to both PCCC and Secondary Care providers, that may be helpful while awaiting the response of the HSE Management to the National Strategy on Falls and Bone Health.
- 4.2 Scope your current service provision for falls and bone health by mapping against the evidence based Falls Algorithm outlined in Dr Marie Laffoy’s presentation:
<http://www.stateclaims.ie/ClinicalIndemnityScheme/presentations.html>.
- 4.3 Ensure that your existing or future services are patient focussed, evidence based and outcome oriented and are following an integrated care pathway model as much as possible
www.connectingforhealth.nhs.uk/doas.
- 4.4 Seek opportunities to build on your existing resources by profiling your evidence based initiatives, highlighting your positive outcomes, sharing learnings, enhancing relationships and seizing opportunities to influence service developments.
- 4.4 Support and create opportunities that will promote the development of evidence based multidisciplinary falls risk management tools as suggested in the National Strategy i.e. get up and go screening tool etc and on www.nice.org.uk/CG021fullguidance.
- 4.5 Provide peer support to ‘champions’ within enterprises by actively supporting and encouraging them in their falls and bone health initiatives where practicably possible.
- 4.6 Create and seek networking opportunities to exchange learnings, information resources and problem solve solutions, using Information and Communications Technology to support you where practicable.
- 4.7 Seize opportunities to attend, develop or promote sustainable education activities amongst service users, healthcare professionals, the public and senior decision makers that will build a shared understanding that falls related injuries are predictable and preventable, encouraging a ‘can do, must do’ mentality.