



## ProFouND: Prevention of Falls Network for Dissemination

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### Final Stakeholder Meeting

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# **Report on the third meeting of the European Stakeholders Alliance for Active Ageing through Falls Prevention (ESA-on-Falls), Regione Emilia Romagna Terze Torre, Bologna, 24<sup>th</sup> of February 2016.**

## **1. Introduction**

The third meeting of the European Stakeholders Alliance for Active Ageing through Falls Prevention (ESA-on-Falls) was organised in the format of a Workshop as part of the European Falls Festival (EUFF) event in Bologna, 23-24 February 2016 (see *attached programme for Workshop*). This provided an opportunity not only to maximise the presence of ESA-members but also to liaise with professionals and organisations present at EUFF that are not yet involved in the EU-Stakeholders Alliance.

The ProFouND-project helped to create ESA-on-Falls representing professionals in health and care services and for older people's wellbeing. ESA-on-Falls wants to improve understanding amongst professionals who work with older people that falls are preventable and to increase self-efficacy and action amongst these professionals to facilitate evidence based falls prevention strategies. The aim of ESA-on-Falls is to raise awareness among member organisations and to promote transfer of available evidence into practice in countries across Europe.

In the ESA-on-Falls Workshop members of the network presented examples of actions aiming to increase awareness in key professional sectors and enhance good practices guidance and training in effective fall prevention. The purpose of Workshop was to familiarise participants with the opportunities for guiding and training professionals in promoting active ageing through falls prevention and the challenges of continuous development of professionals in health and social care services.

## **2. Progress made**

The chairman reported to the meeting that since the original 16 member organisations signed up for the Alliance in the first half of 2015 and confirmed their commitment to implement actions as agreed in the joint Declaration, two more organisations came on board: the European Medical Association (EMA) and the European Patients Form (EPF).

The joint initiative has been officially launched on 1<sup>st</sup> of October 2015, the International Day of Older Persons. A press release had been sent out on the ESA-on-Falls initiative, together with a factsheet summarising the key facts from available statistics on Falls among Older Adults. In the course of 2015, the coordinating secretariat regularly informed ESA-members as to progress of work and encouraged members to report at the EUFF on activities they have initiated in response to the joint Declaration. The chairman congratulated all members for their support and engagement in activities to implement activities as agreed in the declaration. A number of members also presented their work in the poster sessions at the EUFF event and in the current ESA-workshop (see *attached summary reports*).

Then, representatives from member organisations gave a brief overview of actions initiated since they have signed the Declaration, in particular related to:

- Discussions on the issue within the respective executive boards;
- Actions undertaken in response to October Campaign package 2015;

- Initiatives to establish a coordination group on falls prevention within the umbrella organisation;
- Awareness raising among members of the EU-professional organisation and resource identification; and
- Initiatives to identify opportunities for enhancing fall awareness in existing training curricula.

In many cases this led already to an increased awareness among members as to the importance of the issue and the role these professionals can play in falls prevention. In many cases the need for improved knowledge about screening of high risk older persons is now acknowledged as well as better education and training opportunities.

Additional initiatives taken by a number of stakeholder organisations over the past months include: the dissemination of information provided by ProFouND through their own web sites and newsletters; exchange of guidance documents among members in the various countries; organising pre-conference seminars and conference workshops on the falls prevention issue in conjunction with their regular conference events.

### **3. Successes and challenges**

Most representatives reported an increased interest among their colleagues in addressing the falls prevention issue in a more systematic and consistent manner by exchanging and using evidence-based good practices and tools. In particular, the information provided through the ProFouND website and support materials is much appreciated and used for targeted communications within the respective organisations. It was underlined that ProFouND managed to build a bridge between falls prevention research and clinical practice and to encourage professionals to look beyond traditional professional boundaries. All representatives reported to have defined with colleagues a core set of activities for this and next year, with view to build and extend falls prevention knowledge and capacity among respective professionals.

A number of challenges were identified, such as ‘professional bias’ (e.g. focus on cure while underrating the added value of early intervention and prevention) and huge diversities in capacity, level of education and resources within the respective professional sectors across Europe and between sectors.

Organisations that represent patients and carers at EU-level reported serious shortages in resources to support and empower their members, most of them being volunteers, through educational seminars, policy initiatives and projects.

However it was agreed that the knowledge about effective prevention is widely available now and can easily be integrated in current training and education practices without additional resources.

Special attention was raised in the workshop for the issue of ‘inter-professional understanding and collaboration’. While we are facing an ageing population with increasing complexity of health needs and involvement of a wide variety of health and social care providers, current health care delivery is still most fragmented and professionals poorly understand practice conditions of colleagues in related health and care services. These include geriatricians, orthopedic surgeons, general practitioners, nurses, physiotherapists, occupational therapists, podiatrists, dieticians, psychologists, orthoptists, paramedics and radiographers. Current training strategies and divergent evolutions of the training programs seem to perpetuate the problem.

However, inter-professional training can significantly contribute to a better appreciation of roles and responsibilities of diverse health professionals, the promotion of effective communication, relationship, teamwork and joint problem solving (‘authentic clinical teams’).

It was advised that academic teaching hospitals should lead the way in inter-professional training if they are to train the physicians/nurses of tomorrow.

#### **4. Next steps**

All ESA-members present confirmed their commitment to continue to implement the activities envisaged for this and next year, with a special focus on:

- Customised communications on evidence based practices and tools towards the diverse audiences and target groups that they are identifying among their membership;
- Better profiling falls prevention within broader interest domains such as bone health, frailty intervention management and/ or healthy ageing in general;
- Encouraging exchange of good practices among their national and local members across Europe;
- Developing harmonised guidelines for clinical practices relevant to falls prevention;
- Developing fall prevention education and training modules within existing curricula and qualification programmes; and on
- Enhancing inter-professional collaboration by training and permanent education programmes.

The chairman informed the meeting about a number of initiatives taken by the ProFouND team in order to ensure sustainability of the exchange on latest news on falls prevention through its web site, the organisation of annual Falls Awareness Campaigns (in October) and continuation of the series of EUFF events (with intervals of around eighteen months in between events). The next event is foreseen to be held in the Netherlands, autumn 2017.

He confirmed EuroSafe's commitment to facilitate the exchange and communications among ESA-on-Falls members over the course of the next three years. The series of EUFF events will give an opportunity to organise physical meetings with ESA-members to report progress of work and to enhance inter-professional collaboration among the members. EuroSafe will also produce regular E-updates on the work of ESA-members and topics relevant to falls prevention.

In closing the meeting, he thanked all participants for their contribution to a fruitful and inspiring 3<sup>rd</sup> meeting of the ESA-on-Falls network.

## **Annexes**

- 1. Programme Workshop ESA on FALLS**
- 2. List of registrations Workshop ESA on FALLS**
- 3. Summary reports by ESA-on-Falls members**
- 4. List of Members ESA-on-Falls**

## Annex 1 – Workshop Programme



### **EUFF Workshop of the European Stakeholders Alliance for Active Ageing through Falls Prevention (ESA-on-Falls),**

**Bologna, Wednesday 24 February 2016 (11:00-12:30)**

The EUFF wishes to promote innovative multidisciplinary study and implementation of falls prevention in older people. We also want to improve understanding amongst professionals who work with older people that falls are preventable and to increase self-efficacy and action amongst these professionals to facilitate evidence based falls prevention strategies.

The ProFouND-project helped us to create a network EU-level stakeholder organisations representing professionals in health and care services and for older people's wellbeing: the European Stakeholders Alliance for Active Ageing through Falls Prevention ([ESA-on-Falls](#)). The aim of this network is to raise awareness among their member organisations and to promote transfer of available evidence into practice in countries across Europe.

In the ESA-on-Falls Workshop members of the network will present examples of actions aiming to increase awareness in key professional sectors and enhance good practices guidance and training in effective fall prevention. The Workshop will familiarise participants with the opportunities for guiding and training professionals in promoting active ageing through falls prevention and the challenges of continuous development of professionals in health and social care services.

## Workshop programme

11.00-11.10

**Introduction to European Stakeholders Alliance for Active Ageing through Falls Prevention (ESA-on-Falls), Wim Rogmans**, European Association for Injury Prevention (EuroSafe) Amsterdam and chairman of the ESA-on-Falls Alliance.

11.10-11.40

**Roundtable of short presentations on relevant initiatives by ESA-on-Falls member organisations:**

- *What actions initiated in line with ProFouND?*
- *What has been successful? What are the challenges?*
- *What impact is expected?*
- *What are the next steps/sustainability?*
  - o Markus Mattersberger, Eur. Assoc. Providers of Long-Term Care Services
  - o Frank Goodwin, European Association working for Carers
  - o Sanne Snoeijs, European Forum for Primary Care
  - o *Giovanni Sgrò*, European Medical Association
  - o Johan Lund, European Public Health Association
  - o Natalie Beswetherick, World Confederation for Physical Therapy/ Euro-region
  - o Bob Laventure, HEPA Europe
  - o Ana Capisizu, Standing Committee of European Doctors

11.40-12.15

**Five minute-presentations on selected topics:**

- **Falls prevention strategy of the European Union Geriatric Medicine Society (EUGMS), Hubert Blain**, Professor in Geriatric Medicine, Montpellier Medical Center and chairman of the EUGMS-Falls and Fracture Prevention Interest Group
- **Prevention strategy of the European Federation of National Associations of Orthopedics and Traumatology (EFORT), Karl-Göran Thorngren**, emeritus Professor in Orthopaedic Surgery, Lund University Hospital
- **European consensus statement on enhancing physical activity in older people, Ellen Freiburger**, Ass. Professor, Institute for Biomedicine of Aging Nürnberg and member EUNAAPA Steering Committee.
- **Promoting Interdisciplinary collaboration in falls prevention: opportunities and challenges, Tahir Masud**, Professor in Clinical Gerontology, Nottingham University Hospitals NHS Trust and president Geriatric medicine section of the European Union of Medical Specialists (UEMS)

12.15-12.30

**Discussion and conclusions** on the challenges and the way ahead in awareness raising and continuous development of professionals in health and social care services



## **Confirmed participation of ESA-on-Falls member organisations.**

European Association for Directors and Providers of Long-Term Care Services for the Elderly (EDE)  
Markus.Mattersberger@lebensweltheim.at

European Association working for Carers – EuroCarers  
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European Forum for Primary Care (EFPC)  
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European Medical Association (EMA)  
Giovanni Sgrò, giosgro68@gmail.com

EUropean Network for Action on Ageing and Physical Activity (EUNAAPA)  
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European Public Health Association (EUPHA)  
johan.lund@medisin.uio.no

European Region of the World Confederation for Physical Therapy (ER-WCPT)  
Natalie Beswetherick, beswetherickn@csp.org.uk

European Union Geriatric Medicine Society (EUGMS)  
Hubert Blain, h-blain@chu-montpellier.fr

Geriatric medicine section of the European Union of Medical Specialists (UEMS)  
Tahir.Masud@nuh.nhs.uk

HEPA Europe - European network for the promotion of health-enhancing physical activity  
Bob Laventure, B.M.E.Laventure@lboro.ac.uk

Standing Committee of European Doctors (CPME)  
Ana Capisizu anacapisizu@yahoo.com

*More information: w.rogmans@eurosafe.eu.com*

## Annex 2 - List of registrations Workshop – ESA on FALLS

Title	First Name	Surname	Job Title	Organisation
Dr	Adrianna	Nizinska	Vice Rector for Educational Affairs	University of Lower Silesia, Wroclaw
Mr	Alexander	Quarrey	Engineer	Helite
Mr	Andy	Cachaldora	Business Development Director	Philips
Prof	Bart	Vanrumste	Associate Professor	KU Leuven Technology Campus Geel
Prof	Cidalina	Abreu	Adjunct teacher	Coimbra School of Nursing
Dr	Cristina	Moncini	Geriatrician	AUSL Centro (AUSL 11 Empoli)
Prof	Dominique	Knittel	Prof.	University of Strasbourg
Ms	Dominique	Mauger	PhD Student	University of Manchester
Dr	Ellen	Freiberger	Researcher	FAU Erlangen-Nurnberg
Dr	Gianbattista	Spagnoli	Direttore Sanitario	Azienda USL di Modena
Mrs	Giorgia	Busanna	Nurse	ASL11 Empoli
Dr	Giovanni	Sgro	Consultant Geriatrician	Associazione Interregionale Vivere Insieme
Dr	Giulia	Lancellotti	Medical Specialist in Geriatrics	NOCSAE hospital in Modena
Mr	Guy	Lerner	EVP Business Development	Hip-Hope Technologies
Mr	Hennie	Ardesch	Prevention for seniors	V.V.V.S.
Dr	Homer	Papadopoulos	Researcher	NCSR Demokritos
Prof	Hubert	Blain	Department of Geriatrics	University hospital of Montpellier (FRANCE)
Dr	Jochen	Klenk	Postdoctoral Researcher	Robert-Bosch-Hospital
Dr	Juan V.	Dura-Gil	Researcher	Institute of Biomechanics of Valencia
Prof	Karl-Goran	Thorngren	Professor	Department of Orthopedics/EFORT
Dr	Klara	Zalatnai Toth	President	Hungarian Osteoporosis Patient Association
Mrs	Lorenzina	Falchieri	CEO	CNA Bologna INNOVANET CNA Bologna
Mr	Marco	Colpo	Statistician	Azienda Usl Toscana Centro - Unifi
Mrs	Marinella	Natali	Project Manager	Regione Emilia-Romagna
Mr	Markus	Mattersberger	President	E.D.E.
Mrs	Marlou	Bijlsma	Consultant Health Care	NEN Netherlands Standardization Institute
Dr	Massimo	Annicchiarico	Direttore Generale	Azienda USL di Modena - Italy
Dr	Massimo	Bondavalli	Neurologist	ASMN Reggio Emilia
Ms	Mia	Belfield	Events & Projects Assistant	ECHAlliance
Mrs	Natalie	Beswetherick	Director of Practice & Development	Chartered Society of Physiotherapy
Mrs	Randi	Granbo	Assistant Professor	Norwegian University of Science and Technology
Dr	Roberta	Alfaroli	physiotherapist	AUSL Centro (AUSL 11 Empoli)
Mr	Romano	Marchini	Nursing Director	AUSL di Parma
Ms	Sanne	Snoeijs	Coordinator	European Forum for Primary Care
Dr	Simonetta	Scalvini	Medical Doctor	Fondazione Salvatore Maugeri IRCCS
Dr	Simonetta	Puglioli	Regional Functionary	General Directorate for Health and Social Pol
Prof	Tahir	Masud	Geriatrician and Professor	Nottingham University Hospitals and UEMS
Ms	Virginia	Nucida	APA Coordinator	AUSL centro Tuscany
Dr	Wim	Rogmans	Project Manager	EuroSafe

### **Annex 3 - Summary reports by ESA-on-Falls members**

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- *European Association for Directors and Providers of Long-Term Care Services for the Elderly (EDE)*
- *European Association working for Carers – EuroCarers*
- *European Federation of National Associations of Orthopaedics and Traumatology (EFORT)*
- *European Forum for Primary Care (EFPC)*
- *European Medical Association (EMA)*
- *European Network for Action on Ageing and Physical Activity (EUNAAPA)*
- *European Public Health Association (EUPHA)*
- *European Region of the World Confederation for Physical Therapy (ER-WCPT)*
- *European Union Geriatric Medicine Society (EUGMS)*
- *Geriatric medicine section of the European Union of Medical Specialists (UEMS)*
- *HEPA Europe - European network for the promotion of health-enhancing physical activity*
- *Standing Committee of European Doctors (CPME)*
- *Tahir Masud: Inter-professional collaboration (workshop presentation)*



*The E.D.E. is an international umbrella organisation representing national associations for directors and providers of long-term care services in Europe. One of its major tasks is to promote the exchange of information and experience among its members and facilitate mutual learning. As professionals we seek to improve the quality of care and assistance. We promote common training standards, organise reciprocal visits and professional congresses.*

### **1. What actions initiated in line with ProFouND in 2015?**

- On 25 April 2015, we invited Wim Rogmans to our General Board meeting where the most of our member associations were represented. Wim performed a presentation about ProFouND and we had together a good discussion about the fall prevention in the country members, in particular in care and nursing homes.  
We could see that evidence for the effectiveness of fall-prevention is strong in all countries, but in particular some regions in Eastern European countries have no consistent and wide implementation of validated prevention measures. Wim's intervention at our meeting brought motivation to continue working and exchanging on this matter.
- Since many years, the E.D.E. has been cooperating with several Universities of Applied sciences and training institutes providing courses for care home directors. On 7 May, the representatives of the E.D.E. held our regular meeting with these institutes. At this meeting we provided information and links to ProFouND. We incited a discussion about implementation of knowledge about fall prevention in training curricula.
- In September 2015, the 14<sup>th</sup> E.D.E. Congress was held Montreux (Switzerland). We invited Prof. Down Skelton from the University von Glasgow, one of the leaders of ProFouND, to perform a workshop about networks to improve physical activity and exercise options to help reduce falls in frailer older people.  
We invited also Mrs Edith Macintosh Rehabilitation Consultant in the Care Inspectorate in Scotland who performed a workshop about Scottish networks and measures for fall prevention and rehabilitation services with particular focus on care homes.
- We sent out the of joint declaration a joint commitment to promote active ageing through falls prevention as well as the template for press release for the launch of this join declaration to all member associations in European 20 countries.

### **What has been successful? What are the challenges?**

- At our General Assembly in April and at the Congress in September 2015, we could see that the ProFouND topic is important for providers of long-term care services for elderly. There is still need to learn from each other. The members agree in the opinion that good prevention is done not only through good infrastructure, but among others through increased awareness, knowledge and right attitude.
- The differences in fall prevention standards are significant from country to country. So we are happy that one of our most strong associations, CURAVIVA from Switzerland, could support us with publication on full prevention which is useful for countries with a weak standard level. We motivated the member associations several times to consult the useful ProFouND website, in particular the section "Resources".

- Since the E.D.E. is an umbrella association, we don't really have any direct possibility of supervision how the information we provided are forwarded to the individual members of the national association and finally how the actions are carried out.  
The big challenge is implementation. Besides, the E.D.E. has no staff resources to commit more in activities in particular countries, so that we are only able to assume our function as adviser and provider of information.

**What impact is expected? What are the next steps/sustainability?**

- We will still contribute to support ProFouND and disseminate its results.
- We have already planned to start working in thematic sub-group among the delegates of the member associations, one of them should be dedicated to fall preventions and to projects on physical activity in care homes, day centers and different form of assisted living.
- We want to support national member organisations in integrating appropriate education and training modules within existing curricula for professional development and vocational training.
- At the next E.D.E.' General Assembly in September 2016 we could organize a short workshop about the news from ProFouND.
- At the next E.D.E. congress in 2017 we would like to organize a workshop about the management of fall prevention in care and nursing homes

Bologna, 24 February 2016

Markus Mattersberger, European Association for Directors of Long-term Care Services of the Elderly, E.D.E.

EUROCARERS is the European network representing informal carers and their organisations, irrespective of the particular age or health need of the person they are caring for. Eurocarers defines a carer as a person who provides unpaid care to someone with a chronic illness, disability or other long lasting health or care need, outside a professional or formal framework.

### **The issues at stake**

Europe's overall increase in life expectancy and ageing demographic is generating a growing incidence of age-related diseases and demand for care.

In Europe, 80% of this care is provided by family and friends. The contribution of these informal carers constitutes a great resource for our society delivering a wide range of support services such as personal care, housekeeping, transportation, care and financial management, as well as emotional support. Carers often offer the most comprehensive and desirable option for people with essential needs of care.

Caring for a loved one can be a source of great personal satisfaction but it does create its own set of challenges, including physical and mental health problems, feelings of isolation, difficulty in balancing paid work with care responsibilities and financial worries as social provisions are cut back. Advances in medicine mean that carers have to deliver more sophisticated and complex levels of care, with little training and minimal support.

Care are in all age groups from children to older persons. It is estimated that over 10% of informal care is provided by older people themselves, caring for a spouse, sibling or off-spring, with repercussions for their own health and well-being.

The largest group of carers of older people are themselves in the age group of 45 to 65 years. The higher the demands of caring, the higher the percentage of carers are female providing full and part time care.

### **EUROCARERS and Falls prevention**

Falls prevention is critical to older people's independence and to that of their potential carers.

Eurocarers, in terms of dissemination, added information to our website:

<http://www.eurocarers.org/ProFouND-The-EU-funded-Thematic-Network-focusing-on-falls-prevention>

In addition we emailed all our members, 66 organisations across 28 member states. Some are individual organisations and some are umbrella groups with many member organisations at national and regional levels.

Eurocarers also inform other non-member organisations.

These include:

- 78 relevant EU level networks (with members across Europe)
- 10 Private companies (involved in debate about reform of health systems)
- 31 high-level EU officials (from DG SANTE, EMPL and CONNECT + EP)
- 199 National representatives (i.e. perm reps / members Social Protection Committee / Cabinet members)
- 1 EU level media company

In order to assess impact it is our intention to circulate a short questionnaire to quantify the actions taken by these initials contacts listed above. The aim is the widest dissemination possible, down to individual members, by emails, newsletter and websites, with the aspiration to generate positive actions.

European Association working for Carers  
Frank Goodwin  
goodwinfp@gmail.com

# EFORT activities

## Maintain mobility throughout life

EU Falls Festival, ESA on Falls, ProFouND

Bologna

2016-02-24

Karl-Göran Thorngren

Professor, M.D., Ph.D., FRCS(Ed)hon

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***European  
Federation  
of National Associations of  
Orthopaedics and  
Traumatology***

**[www.efort.org](http://www.efort.org)**



# EFORT is the organisation linking Europe's national orthopaedic associations with over 35 000 members

▪ **41** national societies

▪ **12** associate scientific members

▪ **More than 25** specialty societies and affiliated

Austria  
Belgium  
Bulgaria  
Croatia  
Czech Republic  
Denmark  
Finland  
France  
Germany  
Greece  
Italy  
Kosovo  
Lithuania  
Luxembourg  
Malta  
Netherlands  
Norway  
Poland  
Portugal  
Romania  
Serbia and Montenegro  
Slovak Republic  
Slovenia  
Spain  
Sweden  
Switzerland  
Turkey  
Ukraine  
United Kingdom

# The Opportunity:

Orthopaedic Surgeons are operating the patients with fragility fractures and treat them in their wards in hospital.

This is a golden opportunity to initiate preventive actions like informing the patient about fall prevention. The PorFouND material should be useful.

## Major Challenge :

Orthopaedic Surgeons have been focused on the performance of operations.

Awareness is increasing about the need to handle the whole spectrum of treating the patients with fragility fractures.

# Publications promoting ProFouND

January 2015 in EFORT Annual Report for 2014

March 2015 in Orthopaedics Today Europe

Falls prevention part of symposium on  
Prevention in Orthopaedics and  
Traumatology  
at next EFORT Congress  
in Geneva 1 June 2016



## EFPC and ProFouND

The EFPC-Forum is a well-established network that is existing now for ten years and that is independent of EU funding, and sustainable through its membership. The member base consists of institutional members as well as individual members, geographically covering all regions of Europe and even expanding beyond those borders. We currently have around a hundred institutional and 60 individual members.

We focus on and advocate for strong primary care and are involved in subjects that are relevant for primary care. In the case of falls and falls prevention primary care providers have an important role to play. We therefore have communicated outcomes and viewpoints from ProFouND to our members over the last couple of years and we will continue to do so. We have several methods of doing so, through our newsletter, on our website, at our annual conferences, but also through position papers. We advocate through WHO and EU consultations for more investments in Community Oriented Primary Care and related themes like disease prevention. We also have an active LinkedIn group with almost 6500 members from all over the world and through twitter we reach an additional 1450 stakeholders.

The subject of falls prevention is in this way brought to the attention of general practitioners, physiotherapists, nurses and for instance occupational therapists throughout Europe. We also understand that there is a need to connect not only the stakeholders within primary care, but also with secondary/specialist care, social care and let's not forget informal care. The Forum, therefore is always trying to build bridges with these sectors as well. We connect care providers, patients, policy makers and researchers. Although we cannot mandate, we can endorse and promote the information from ProFouND on falls and falls prevention.

When looking at the goals of ProFouND for the coming years described in the joint declaration, the Forum can contribute to:

1. Building a united front of EU-level stakeholder organisations
2. Increasing awareness among stakeholders and contributing to awareness campaigns
3. Promoting the uptake of evidence based good practice
4. Consolidate and expand the ESA on Falls network and its impact

Next steps or actions that can be undertaken by the EFPC to increase awareness on falls prevention, additional to spreading information on Falls prevention:

1. We will explore the feasibility of developing a position paper on Primary Care and Falls prevention. Such a position paper is written in cooperation with members who are experts in the subject of falls and undergo an endorsement procedure by all members after completion of the final draft. The timeframe for such a position paper is approximately 1 year, after composition of the expert group.
2. In order to facilitate the development of a position paper, we will look into the opportunities to set up a working group on Falls and Falls prevention (or on Physical activity and Active Ageing in which falls would be an important theme). Such a working group needs leadership from a EFPC Member. It would therefore be interesting to look at the EFPC membership of experts in the field of falls prevention to increase the Forums capacity and expertise to strengthen these activities.
3. We will explore opportunities for a webinar on falls prevention or a discussion on falls on our LinkedIn group.

**European Forum for Primary Care (EFPC)**  
**s.snoeijs@nivel.nl**



# EU Falls Festival 2016

23<sup>rd</sup> and 24<sup>th</sup> February  
Bologna, Italy



**European Medical Association**

"L'Europe ne se fera pas d'un coup... elle se fera par des réalisations concrètes" (Robert Schuman)

## FALLS PREVENTION FOR ELDERLY PEOPLE IN LONG TERM CARE FACILITIES (LTCF)

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<sup>3</sup> European Medical Association [vincenzo@emanet.org](mailto:vincenzo@emanet.org)

**Objectives of your EU-level organization:** The *European Medical Association* is a non-profit association free of any political, linguistic, ethical, philosophical or financial considerations. It is aimed at all doctors in the EU now confronted with a new concept in European health care.

EMA is essentially a forum that brings together colleagues working in the European medical community through the distribution of information and services: it is also a privileged meeting place between East and West. The primary aim is to raise the quality of healthcare and medical working conditions in the European Community by improving information, transparency and above all, by encouraging collaboration and mobility. The EMA has good links with all national medical associations in the EU member states, as well as with international organisations and the pharmaceutical industry. Last year EMA has developed a group of geriatricians to improve and update the geriatric knowledge and care to facilitate the communication between solution/service for elderly people in EU members.

**Key activities in promoting falls prevention:** EMA, through its geriatric group, promotes a program falls prevention for elderly people admitted in Long Term Care Facilities (LTCF). Older people who are living in LTCF fall more often than those who are living in community. Approximately 30-50% of people living in long-term care institutions fall each year, and 40% of them experienced recurrent falls (1). The average fall incidence is estimated to be 1.6 falls per bed per year, with almost half of residents falling more than once a year (2). Femoral fractures are one of the most important and frequent fall related injury in these patients. In industrialized countries 20% to 30% of femoral fractures occur in nursing care facilities and the rate of femoral fractures in institutions is about 10 times that in the community (3). According to a lot of studies, among institutionalized elderly, there are specific risk factors that significantly increase the probability of falls, such as lower limb weakness, postural instability, lack of functional capacity, dizziness, visual and hearing impairments, arthritis, depression and use of drugs such as psychotropics, sedatives and non-steroidal anti-inflammatories (4). In LTCF hip fractures increase exponentially in patients with dementia. To value the interaction among multiple risk factors is important

for the clinical evaluation and prevention of falls with more serious consequences. A wide variety of measures is generally available for fall prevention and fall-related injuries. The spectrum ranges from diagnostic procedures for identifying individuals at risk of falling to complex interventions for the removal or reduction of identified risk factors.

**What you have done within the framework of ProFouND?** For EMA this is the first experience in ProFouND. The EMA intends to promote, in collaboration with ECHO (European Confederation of Care Home Organisation) a programme for spread and implementation of the best practice in falls in European LTCF. In fact, in each setting (community, hospital, and LTCF), it is necessary to individualize the specific assessment for individual risk profile of each patient, goal setting and corresponding multifactorial interventions.

**What has been successful? What are the challenges?** Many studies are focused to show the effects of exercise, medication, orthostatic hypotension, environment, hip protectors, vision, feet and footwear and other. The successful strategies able to induce a true challenge in LTCF must consider an adequate training of multidisciplinary team to implement the intervention program and produce a spectrum of single and combined interventions for fall prevention.

**What has been the impact of your work?** The aim is to detect individuals at high risk of falls and remove the risk factors for falls. The studies agree in promoting interventions of multiple type characterized by fall risk assessment and a combination of single measure: the so-called multifactorial programs.

**What are the next steps/sustainability?** To implement specific training of multidisciplinary care teams in LTCF, promoting a shared working methodology for the prevention of falls and fractures, providing acute care that improves the results, secondary prevention and rehabilitation to improve the quality care and quality of life of patients admitted in LTCF.

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The **EU**ropean **N**etwork for **A**ction on **A**geing and **P**hysical **A**ctivity (EUNAAPA), established in 2005, and formalized at the end of the EUNAAPA Project (DG SANCO 2005; 2006-2008) is a thematic, collaborative network, organized in a non-hierarchical way to maximize interaction between all members.

### **Mission**

The EUNAAPA mission is to improve the health, wellbeing and independence of older people throughout Europe by the promotion of evidence based physical activity.

### **Vision**

The vision of EUNAAPA is optimal health and quality of life for older people in Europe through physical activity and it aims to use evidence-based strategies to improve health and quality of life among older people in Europe through physical activity.

### **What actions were initiated in line with ProFouND?**

The EUNAAPA network was involved in the PROFOUND project as a stakeholder and took part in the Glasgow meeting 2014 and the Falls Festival meeting 2016 in Bologna. Furthermore the EUNAAPA network joined the “declaration of PROFOUND “Active Ageing through Preventing Falls”. The declaration was also distributed through the homepage of EUNAAPA to all the EUNAAPA members (around 200 members at present). Furthermore stakeholder of PROFOUND (Wim Rogmans) took an active part in the EUNAAPA guidelines on promoting physical activity (known as “The ROME Statement”).

### **What has been successful? What are the challenges?**

The success of EUNAAPA is the sustainment over 10 years with updating the roadmap from 2011-2016. The challenge are binding forces across Europe and domains with the question of funding for actions and research projects as relevant as ever.

### **What are the next steps/sustainability?**

Members of the EUNAAPA network took part in all sorts of projects, courses, meetings and policy developments and dissemination in the EUNAAPA and that of many other networks concerned with the vital functioning (according to the WHO) of elderly people. In the future EUNAAPA will spread the news of all sorts of events, like for instance the falls festival on its homepage and disseminate fall prevention as part of vision on performance of vital functioning, and perceived optimal health and quality of life.

### **What impact is expected?**

At present EUNAAPA is being asked in EU project to join dissemination strategies and will help with its network and channels to spread the important information on fall prevention furthermore both on an European and national level and towards policymakers, professionals, researchers and older adults themselves.

EUropean Network for Action on Ageing and Physical Activity (EUNAAPA)  
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## **Actions on Falls prevention generated by European Public Health Association (EUPHA)**

European Public Health Association is organising national public health organisations from about 35 countries across Europe. These associations include about 15000 individual members. There are about 20 sections in EUPHA. one of them is on Injury Prevention and Safety Promotion. This section has about 500 individual members. The section arrange annual meetings, produce statements, promote education in public health schools, promote research, establish different networks.

### **What actions were initiated in line with ProFouND?**

A pre-conference to the annual European Public Health Conference was arranged in Glasgow November 2014 in collaboration with ProFouND and Eurosafe on Falls Prevention. This was partly successful as more participants were expected. A challenge is to get public health actors across Europe interested in injury prevention, and also to motivate members to use the annual conferences for information on fall prevention

### **Work in progress**

The Injury Section has collaborated with ASPHER (Association of Schools of Public Health in Europe), Schools of Public Health and the WHO Violence and Injury Prevention (VIP) to elicit feedback from schools of public health in Europe regarding their interest in incorporating injury prevention and safety promotion into the existing curriculum. To date we have three Universities interested in this, At the ASPHER 2014 Deans' and Directors' Retreat in Zagreb in May 2014 we were invited to present our views on this issue. We have been successful in establishing a good dialogue, the challenge is to convince them to include injury and falls prevention into their curriculum. For attaining this, some other issues might be taken out. The section will keep the pressure on ASPHER and Schools of public health on this matter.

The section is going to proceed on an idea to apply for a Marie Curie grant to obtain funding to teach on injuries in Europe with schools of public health or social medicine.

European Public Health Association (EUPHA)  
**johan.lund@medisin.uio.no**

## Collaboration between ER-WCPT and ProFouND

The ER-WCPT comprises 42 member organisations from across Europe and beyond to , Jordan and Lebanon. ER-WCPT (2014) *Active and Healthy, The role of the Physiotherapist in Physical Activity* (Briefing Paper) The resource includes a specific section on the role of exercise for older adults for good bone health and for falls prevention. The paper presents the evidence that exercise programmes that include balance and moderate intensity muscle strengthening activities reduces the risk of falls. The resource is being currently being updated to include the more recently published research in this area and to include the outputs of the ProFouND project.

The resource also includes **specific initiatives for Older People** provided by physical therapists in a number of the ER-WCPT member organisation's. Please see examples of the activities in the boxes below.

Belgium	Belgium Association physical therapists have contributed to and collaborated with the development of Practice Guidelines for Falls <a href="http://www.gezondgemeente.be/acties/actielijst/boebs/activiteitenaanbod/praktijkrichtlijn-valpreventie-vlaanderen">http://www.gezondgemeente.be/acties/actielijst/boebs/activiteitenaanbod/praktijkrichtlijn-valpreventie-vlaanderen</a>
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Finland	Physiotherapy guidelines for preventing falls and fall-related injuries, summary in English: <a href="http://www.terveysportti.fi/dtk/sfs/avaa?p_artikkeli=sfy00014">http://www.terveysportti.fi/dtk/sfs/avaa?p_artikkeli=sfy00014</a>
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Iceland	<p><b>Balanced</b> is a short educational film about balance and balance training. It identifies what factors contribute to balance, how to regain balance and how to prevent falls. The film is marketed for health care professionals working with this patient population including exercise instructors working with the elderly For further information go to: <a href="http://www.physio.is">www.physio.is</a> or email <a href="mailto:physio@physio.is">physio@physio.is</a>.</p> <p><b>“Use benches”</b>. The Icelandic Physical Therapy Association in collaboration with senior citizen’s organizations around the country has organising marked paths with benches every 200-300 metres. This is designed to encourage older people to go out and walk more and at the same time staying healthier, more independent and be able to live at home for a longer period of time. It has been proven that one of the biggest barriers for the elderly to go out and walk is the distance between resting areas (e.g. benches). For further information go to: <a href="http://www.physio.is">www.physio.is</a> or send us an email at <a href="mailto:physio@physio.is">physio@physio.is</a>.</p>
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Ireland:	Prepared a submission for a national dementia strategy which included the evidence of the benefit of physical activity as both a contributor to prevention and treatment of dementia
Malta	Through the special interest group 'Active for life' the Malta Association of Physiotherapists has developed recommendations to update information on a falls prevention leaflet used in the national health system.
Netherlands	The Dutch Association of Geriatric Physical Therapy is a partner of The <a href="#">Healthy Ageing Network North Netherlands</a> . This is a platform focused on the promotion of healthy lifestyle in senior citizens.
Norway	Participates in a reablement coalition project. Focus on using physical activity/exercise to keep function for independent daily activities and falls prevention.
Spain:	Is present at National Strategy for chronic conditions, and included as objective of the national strategy "increase participation of Physiotherapists at primary care in physical activity programs to prevent chronic conditions.
Sweden	Active in work related to physical activity and training for elderly people. Working together with national authorities they have a project which aims at improving rehabilitation for the elderly
UK	As part of the UK's Physiotherapy Works programme has produced an evidence briefing on falls and frailty. The evidence demonstrates that physical activity and exercise can reduce falls, address frailty and help restore independence.  In 2015 linking with the ESA Declaration "active Ageing through Falls Prevention" and Older People's Day a "Get up and go - a guide to staying steady" was launched. This publication for people to exercise was produced in collaboration with Public Health England and Saga healthcare

The outputs of the ProFound Otago programme and the ESA declaration were disseminated to the 37 member organisations on Older People's Day via the website, monthly electronic newsletter and Twitter.

Next steps:

- Recommendation to the member organisations to endorse the ProFound Otago training programme to support this training the trainer model being extended across Europe
- Updating of the "Active and Healthy" evidence based resource with new case studies

\*European Region of the World Confederation for Physical Therapy (ER-WCPT)  
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# Fracture prevention strategy in older people : European Union Geriatric Medicine position statement

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## I. Primary and secondary prevention related to falls

European Union Geriatric Medicine (EUGMS) supports

1. the set-up of a working group that would develop international operational definitions and diagnostic criteria for assessing the risk of falling to be used in clinical practice as well as in research studies
2. the 2010 American Geriatrics Society / British Geriatrics Society joint guideline urging practitioners to screen, at least annually, older patients for risk of falling
3. that evidence-based community exercise fall prevention programs should be widely available to prevent non-vertebral fractures in older people at low or moderate risk of falling
4. that people at high risk should be able to access from multifactorial measures based on a comprehensive geriatric assessment.
5. continued and expanded provision of evidence based fall prevention programmes such as those being promoted by ProFouND ([www.profound.eu.org](http://www.profound.eu.org)).

## II. Primary and secondary prevention related to bone health

EUGMS supports recommendations that

1. osteoporosis should be screened by DXA, at best combined with vertebral fracture assessment (VFA) or radiography examination to detect vertebral fractures, in individuals at risk of fracture, i.e. at risk of falling or at risk of bone fragility (history of fracture, low body weight, parental history of hip fracture, use of glucocorticoids, excessive alcohol consumption, diseases with bone adverse effects)
2. treatments acting on bone metabolism (TAMB) should be considered after a careful assessment of the benefit/risk ratio in patients at high risk of fracture, i.e. with a prior fragility fracture or in those with densitometry diagnosed osteoporosis associated with other risks factors of fractures (including risk factors for falling), possibly assessed by fracture prediction scores

## Fracture Liaison Services and screening for spine fragility

EUGMS recommends that patients aged 65 years or older with vertebral or non-vertebral fractures should be referred to a **combined fall and fracture liaison service** which should be linked to or have strong input from geriatric medicine services. Such an approach will allow commencement of appropriate interventions and ensure follow-up of patients.

## Conclusion

EUGMS advocates a comprehensive and multidisciplinary fracture prevention strategy in individuals aged 65 or older requiring

1. better education for both older people and health care professionals with regards to general lifestyle and medical measures to optimize bone health and prevent falls
2. improved knowledge about screening and optimizing management of older people with bone fragility or high risk of falling in primary and community care as well as institutional settings
3. strong collaboration between fracture liaison services and geriatric medicine departments.
4. policy makers to play a major role in developing community and institutional programs on falls prevention, to establish falls and fracture liaison services and appropriate pathways for fracture prevention.

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## Collaboration between UEMS-GMS and ProFouND

The Geriatric Medicine Section of the European Union of Medical Specialists (UEMS-GMS) has board members of 29 European countries and is responsible for matters related to education, training, manpower and regulation. The Prevention of Falls Network for Dissemination (ProFouND) is an EC funded initiative dedicated to the dissemination and implementation of best practice in falls prevention across Europe.

UEMS-GMS was invited by ProFouND to be one of its key stakeholders in its Support Group for Preventing Falls Among Older People

This brief report summarises activities undertaken by UEMS-GMS in this stakeholder role:

- March 2014 – UEMS-GMS board voted to accept invitation to become stakeholders in the ProFouND Support Group
- Tahir Masud (UK), then President of UEMS-GMS, attended ProFouND stakeholders meeting in Brussels, introduced the UEMS organization to the group and networked with other organisations (2014)
- Two UEMS-GMS board members Jurate Macijauskiene (Lithuania) and Stefan Krajcik (Slovakia) attended the ProFouND Seminar on Falls Prevention in Glasgow (2014)
- UEMS-GMS supported the ProFouND Press release statement and asked its member countries to modify the template and to disseminate in their countries (2015)
- UEMS-GMS published its European Undergraduate Curriculum for Geriatric Medicine, which includes obtaining competencies in understanding and managing falls, as well as working in an interdisciplinary team (2015). Further work is ongoing to make sure medical schools examine competencies included in the curriculum including falls
- UEMS-GMS supported the development of and disseminated the Curriculum for Advanced Nurse Practitioners working with older people. The curriculum includes objectives on falls prevention and management (2015-2016)
- UEMS-GMS endorsed and disseminated the ProFouND Joint Declaration- Active Ageing Through preventing Falls, “Falls Prevention is Everyone Else’s Business”. Each member country was asked to disseminate the declaration
- UEMS-GMS supported and endorsed the development of a European Curriculum in Geriatric Emergency Medicine (a joint collaboration between EUGMS and EuSEM), which included understanding of atypical presentations of older people (including falls) (2015-2016)
- UEMS-GMS has collaborated with other organisations including EUGMS, IAGG and EAMA to form an European Education Board with ongoing activities which include development of a Postgraduate Curriculum in Geriatric Medicine. This curriculum will include Falls as one of the important areas for training in Geriatric Medicine. UEMS-GMS also supports the work of the EUGMS Special Interest Group in Falls and Fractures and plans to endorse its recent development of a position statement on the subject
- UEMS-GMS representative Tahir Masud took part in the European Union Falls Festival in Bologna (2016) and made a presentation on “Interdisciplinary Collaboration in Falls Prevention”. He gave examples of innovative ongoing developments including the Oxford Interdisciplinary Education pilot (student doctors and nurses learning together via PBL methodology)

- UEMS-GMS will continue to support dissemination of evidence, service development, education and training in all fields of Geriatric Medicine, including the important topic of fall prevention. Further collaborations with other specialists and other healthcare professionals are planned

**Tahir Masud, Professor in Clinical Gerontology, Nottingham University Hospitals NHS Trust and president Geriatric medicine section of the European Union of Medical Specialists (UEMS)**



## HEPA Europe – the European Network for the promotion of *Health Enhancing Physical Activity (HEPA)*

### **Active Ageing Working Group – supporting Active Ageing through falls prevention**

The HEPA Active Ageing Working Group is a membership organization for professionals with an interest in the promotion of health enhancing physical activity with older people. Amongst its principal aims is .....

*“to provide a platform for the exchange of practice, training and education and the dissemination of scientific knowledge to policy makers and practitioners”*

Membership includes individuals and organisations in Higher Education, Research, physical activity and exercise promotion, Health and care services, National and Local Government and non-governmental organisations. Currently, the main activities of the group include communications through the main HEPA Europe Network, the Active Ageing Contact group (approx. 40 members), a LinkedIn Network and the annual HEPA Europe Conference.

The HEPA Active Ageing working group seeks to collaborate with EU Health, Active Ageing and other related platforms and this work has included the EU ProFouND project and Eurosafe to raise the profile of falls prevention across Europe and in particular, participating in the Joint Declaration - **“Falls prevention is everyone’s business”** issued by ESA on Falls, the European Stakeholders Alliance for Active Ageing through Falls Prevention.

### **Actions to support Eurosafe, ESA Falls and ProFouND**

Participation in the ESA programme of meetings

Contributing towards the Joint Declaration

Ongoing dissemination to member groups and organisations via:

- HEPA Active Ageing members contact group (40 members)
- HEPA Europe Network
- The annual HEPA Conference (Istanbul October 2015, Belfast 2016)
- LinkedIn electronic communications network.

As yet, the overall impact of this work to promote Active Ageing through falls prevention is unclear. However, the network will continue with the dissemination of the Joint Declaration and the ProFouND tools and learning with individual members in addition to the broader HEPA Europe Network.

HEPA Active Ageing Working Group - established 2010

<http://www.euro.who.int/en/health-topics/disease-prevention/physical-activity/activities/hepa-europe>

Contacts for further information

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**Secretariat - Liesbeth Preller – [liesbeth.preller@kcsport.nl](mailto:liesbeth.preller@kcsport.nl)**





## Standing Committee of the European Doctors (CPME) – Activities with a view to promote Active Healthy Ageing through Falls Prevention

Good medical practices must follow that falls are a bridge that connects the symptoms before and after the fall. Assessment, prevention, interventions, treatment or rehabilitation of elderly falls represent a comprehensive vision about falls; all of these are domains for good practices, individual or together, with impact to population at risk.

1. Standing Committee of the European Doctors (CPME) aims to promote high standards of medical training and medical practices in order to achieve high quality of health care. In this sense between 2013-2015 CPME developed Health Literacy Survey– EU on Functional decline and Frailty Related to Ageing for Doctors and older adults patients over 60y, regarding prevention of functional decline and frailty. The survey for doctors aims to assess the awareness of doctors on functional performance/capacity decline and frailty related to ageing and their possibilities to prevent/ delay the onset of these issues and/or mitigates their consequences. The survey for patient's aims to assess the awareness, opinion and attitude of the population aged over 60y regarding healthy and active ageing. The surveys build on the conceptual framework of the European Health Literacy Project(HLS-EU).

2. The European Innovation Partnership on Active and Healthy Ageing (EIPAHA) EIP-AHA & CPME initiative in order to mobilize doctors to prevent frailty. This resulted into studying the doctor's role in preventing frailty/functional decline.

The scope and objectives: Literacy and awareness of frailty; How to address components of physical frailty in order to meaningfully delay mobility disability in the target population.

The proposals from the group of specialists nominated by the Romanian College of Physicians Prof. Dr. Gelu Onose, Assist. Prof. Ana Capisizu, Univ. Assist. M Haras) are as follows:

1. To perform a literature review and data systematization on the main available, internationally accepted, assessment tools eligible to be included in a standardized set for the uniform evaluation of the frailty in elderly (Kraus-Weber tests, Functional Independence Measure-FIM, Cumulative Illness Rating Scale - CIRS/ mCIRS/CIRS-G, Tinetti test, Mini Mental State Examination- MMSE, clock drawing test, Reisberg Scale, Mini Nutritional Assessment-MNA-, disability-adjusted life year/s/-DALY/s, quality-adjusted life-year/s-QALY/s-index, years lived with disability-YLD, the STRATIFY falls risk assessment tool, etc.).

2. To perform clinical settings for clinical trials (eg. a prospective multicentric clinical study: fragility fracture risk assessment in elderly)

Our further activities:

1. Research into the relationship between T score DXA, D vitamin and risk falls
2. Assessment of balance and walk as risk falls factors-by *BTS C-Walk device* which performs analysis of spatial-temporal parameters and kinematics pelvis. *BTS C-Walk* can assess *speed, stride length, time support* which are associated with fear of falling, for adapt a safe walk.
3. The relationship between risk falls and Metabolic Equivalents(METs)
4. The optimal approach to such a patients will involve interdisciplinary collaboration, including with the attempt to establish a functional link of fracture liaison service (FLS) kind—considering, specifically, the(very close located, too) Teaching Emergency Hospital "Bagdasar-Arseni", has not only a very skilled Rehabilitation Clinic Division, but also, as well, Ortopedic and Spine Neurosurgery, ones—in: assessment, medical and/or surgical and/or rehabilitative and/or environment interventions.

**Prof.Dr.Gelu Onose and Assoc.Prof.Dr.Ana Capisizu, Working Group for Healthy and Active Ageing of the Standing Committee of the European Doctors (CPME) , University of Medicine and Pharmacy"Carol Davila", Geriatric Clinic Department of"Saint Luca" Hospital and Teaching Emergency Hospital "Bagdasar- Arseni", Bucharest, Romania**

# Inter-Disciplinary Collaboration

Professor Tahir Masud

Nottingham UK

UEMS-Geriatric Medicine Section

Acknowledgements:

Sanja Thompson, Kate Robertson<sup>32</sup>, Sarah Goldberg



# Introduction (1)

- Multi-professional, multi-disciplinary and interdisciplinary used interchangeably

Numerous definitions for IP education:

- CAIPE – “two or more professionals learn from, with and about each other to improve collaboration and quality of care”
- “The process of developing and maintaining effective IP working relationship to enable optimal health outcomes”



# Introduction (2)

- Professional accreditation bodies WHO, GMC (UK), IPEC (USA) recommend inter - professional education
- GMC - the demonstration of students' respect for their colleagues
- Ageing population, complex health needs (e.g. dementia)
- Fragmentation of care in the workplace:
- Poor understanding of the colleagues' practice conditions

# Introduction (3)

- Current training strategies and divergent evolutions of the training programs perpetuate the problem
- Competencies should include collaboration
- Academic teaching hospitals should lead the way if they are to train the physicians/nurses of tomorrow

# Benefits from Learning Together

1. Inter-professional appreciation of roles and responsibilities
2. Promotion of effective communication, relationship, teamwork
3. Joint problem solving (authentic clinical teams)

Delivered by the Inter-professional teams based:

Problem Based Learning scenarios to:

- medical and nursing students
- foundation nurses and doctors



# INTER-professional Education PBL

1. Case scenarios – PBL  
(e.g. falls, how to assess mental capacity; abuse in older people; pressure ulcers)
2. Small groups
3. Students to complete the majority of work themselves first
4. A workshop follows with mentors: senior clinicians and senior ward nurses
5. Evaluation – pre and post sessions



# PBL- A Case of Falls

- Mr M is a 76-year old man in-patient, who presented to hospital following a UTI. Initially he was very disorientated, but had improved over the last 48 hours. Since his admission he has remained stable but has reduced oral intake
- He was seen by another patient falling between his bed and a chair while trying to go to the bathroom
- His past medical history includes asthma, diverticulosis, recurrent falls and Parkinson's disease and is currently only taking L-dopa, 125 mg x3 day)

## **Consider the following points as a guide during your inter-professional learning:**

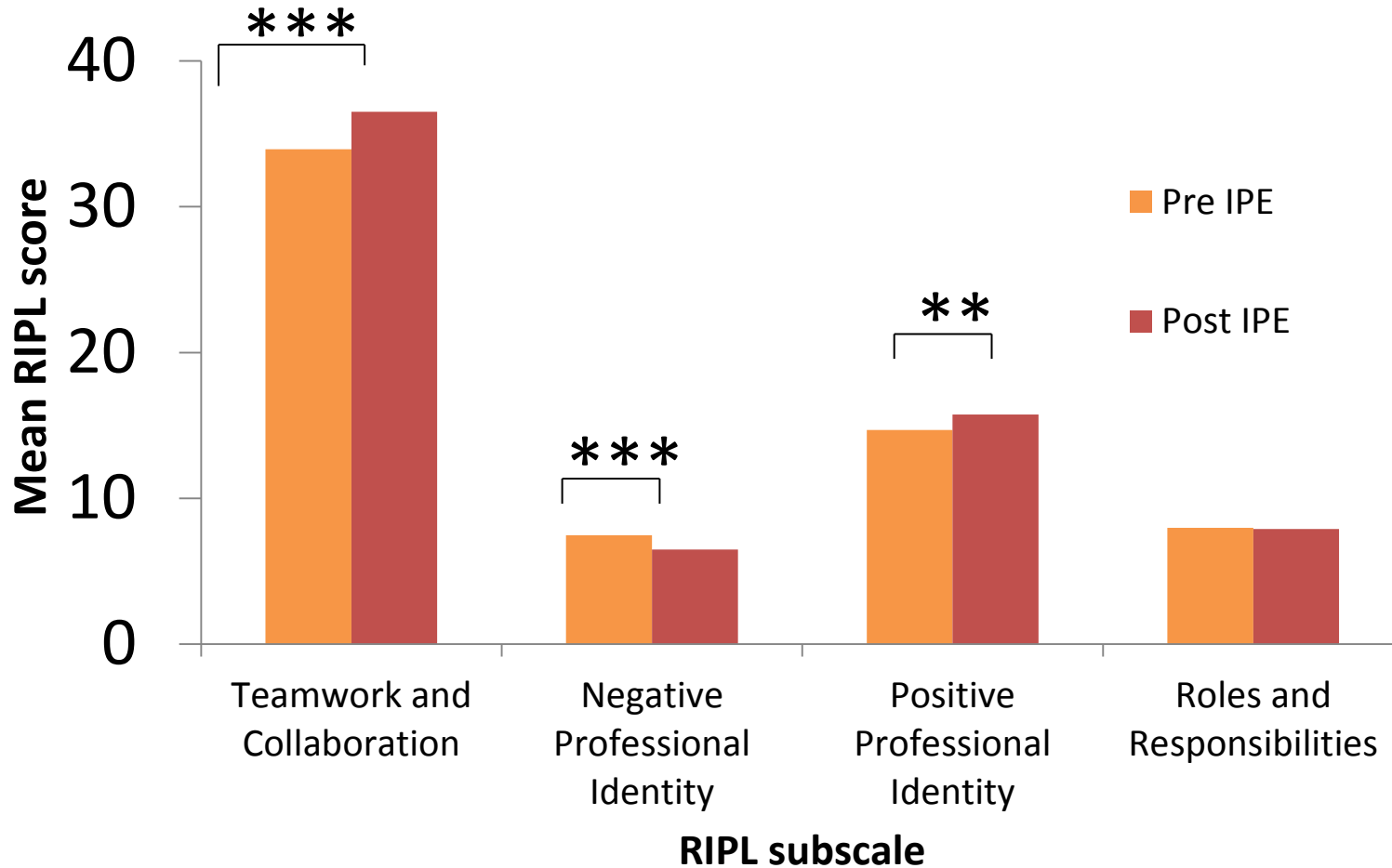
1. What is expected from the nurse/doctor to do for this patient initially?
2. Please describe what should your initial assessment include?
3. What could be the possible causes of Mr M's fall?
4. What are the most important steps in his management that nurse and medical doctor should start?
5. Do you know any interventions for reducing falls in older patients?



# EVALUATION

## RIPLS Tool

Readiness for Inter-Professional Learning Scale (RIPLS; McFayden et al 2005), before and after taking part



# Do you have concerns about learning alongside nursing/medical students?

A lot of concerns before the intervention:

Drs:

- That the nursing student will think I'm arrogant dr-to-be
- The nursing students are 3<sup>rd</sup> years they will know much more about how to manage the scenarios

Nurses:

- Will be looked down upon by medical student partner
- Us and them mentality

After: Drs and nurses - none, no real concerns

# European undergraduate curriculum in geriatric medicine developed using an international modified Delphi technique

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8. Graduates should know about, understand and respect the roles and expertise of other health and social care professionals

Graduates should be able to:

- Describe the roles of the professions involved in the care of older people, for example, nurses, occupational therapists, physiotherapists, social workers, clinical pharmacists, dieticians, psychologists, speech & language therapists and spiritual support workers
- Discuss the importance and role of multidisciplinary team working and meetings in the care of older people

# Development of a curriculum for advanced nurse practitioners working with older people with frailty in the acute hospital through a modified Delphi process

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# AHPs and Falls

- ▶ **Physiotherapists**
- ▶ **Occupational Therapists**
- ▶ Podiatrists
- ▶ Dieticians
- ▶ SALT
- ▶ Orthotists
- ▶ Psychologists
- ▶ Orthopotists
- ▶ Paramedics
- ▶ Radiographers



# College of Occupational Therapists (UK)

## Practice Guideline 2011

*Practice guidelines  
development manual. 2<sup>nd</sup> ed.*  
London: COT.

<http://www.cot.co.uk/sites/default/files/public/PGD-Manual-2014.pdf>

Kate Robertson

45

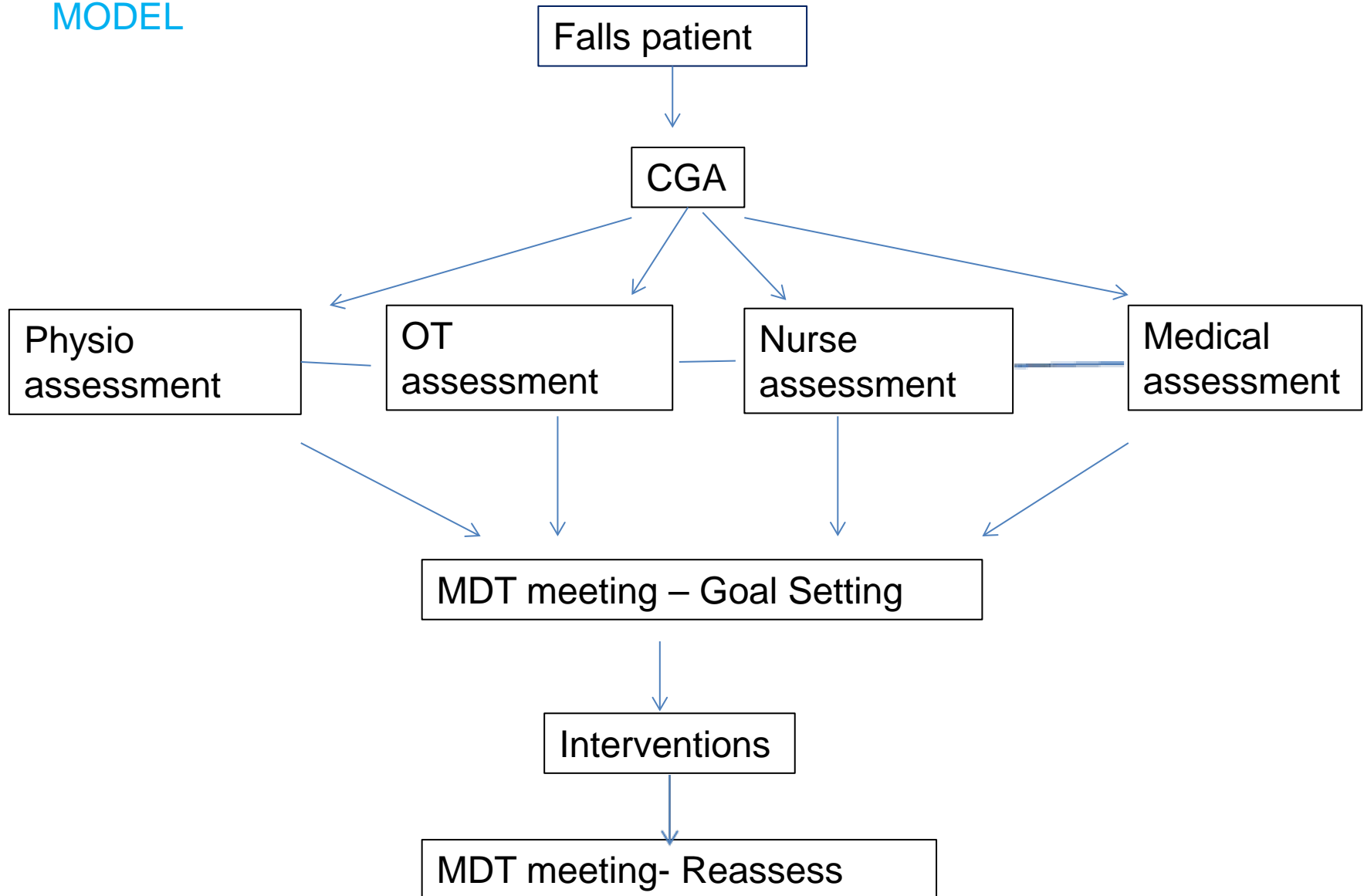


College of  
Occupational  
Therapists



Practice guidelines  
development manual  
Second edition  
College of Occupational Therapists

# NOTTINGHAM MODEL





# Further reading

1. Kripalani S et al: Deficits in communication and information transfer between hospital-based and primary care physicians. Implications for patient safety and continuity of care. *JAMA* 2007, 297:831-841.
2. Kvamme OJ et al: Improving the interface between primary and secondary care: A statement from the European Working Party on Quality in Family Practice (EQuiP). *Qual Health Care* 2001, 10:33-39.
3. Lary MJ et al.; Breaking down barriers: multidisciplinary education model. *J Allied Health* 1997 Spring; PT (2):63±9.

#### **Annex 4 – List of members ESA-on-Falls**

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International Association of Mutual Benefit Societies (AIM)  
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