

REDUCING HARM FROM FALLS

a national programme to reduce harm from falls in care settings



EXPERT ADVISORY GROUP TERMS OF REFERENCE

BACKGROUND

Harm from falls has been identified as a major cause of injury to patients in hospital. In the 2010/11 Serious and Sentinel Event report, falls accounted for 52% of incidents (195 events in total).

In late 2011 the Hospital Quality and Productivity Programme (HQ&P), with support from the Health Quality and Safety Commission (the Commission), the 20 District Health Boards (DHBs), the Ministry of Health Chief Nurse Business Unit, Accident Compensation Commission (ACC) and other collaborators, undertook a short piece of work to map activities and initiatives implemented in falls and pressure injury prevention across the health sector.

The report, released in March 2012, highlights that there is great diversity in the falls and pressure injury programmes, management, governance and reporting. There is a need for a national approach and consistency. The report also recommended the scoping up of the next phase of work on falls injury prevention and pressure injury prevention as separate projects.

The Minister of Health identified falls in the health sector as an area of focus for the Commission in his Letter of Expectations 2012/13. Accordingly, the Commission has agreed to lead the national approach on falls injury harm reduction in health care settings as a distinct focus within the New Zealand Injury Prevention Strategy, for which ACC is the lead agency.

The Commission will adopt a multi-agency approach and in doing so establish an operational governance and advisory structure to oversee the development of a national falls injury harm reduction programme (the Programme).

1. ACCOUNTABILITY

- 1.1 The Programme's Expert Advisory Group (EAG) has been established in joint agreement between the participating agencies, as part of a collaborative governance and operational model to oversee all aspects of the Programme, and significantly, to contribute expert perspectives.

Participating agencies agree that the EAG is accountable to the Commission as the lead agency. The Commission is accountable to the Crown, according to the objectives and functions (which direct it to lead and coordinate improvements in quality and safety) defined in the New Zealand Public Health and Disability Amendment Act 2010.

2. PURPOSE OF THE EXPERT ADVISORY GROUP

- 2.1 The role of the EAG is threefold:
- Firstly, to provide leadership and strategic direction by defining the scope of the Programme and its expected outcomes for the prevention of falls and reduction in fall-related harm;
 - Secondly, through its stewardship and oversight of programme planning and implementation, it ensures that the Programme delivers intended results; and
 - Thirdly, it provides authorization for new activities, ensuring partnership between the entities represented on the EAG and where appropriate, integration across their work programmes.

2.2 The EAG's key tasks are:

- To set the scope and agree strategic priorities for a programme which integrates national, regional and local falls injury harm reduction approaches, with reference to a value proposition, relevant evidence and the expert opinion represented within the EAG.
- To define expected outcomes and their evaluation measurement.
- To consider options for achieving outcomes, which may include recommending actions to be taken by other agencies.
- To develop and refine a programme plan based on the options selected as representing the best value and greatest likelihood of success in achieving defined outcomes.
- To support implementation of the Programme plan through the EAG by monitoring progress against key deliverables and taking action as required to ensure delivery, and through members' promotion of Programme activities within their own spheres of influence.
- To oversee appropriate evaluation of the effectiveness of the Programme and recommend which falls prevention and harm reduction activities should be continued, developed or modified or added.
- In the process of undertaking these tasks, by working collaboratively and cooperatively, build inter-agency capacity and capability in falls prevention.
- To ensure that there is consumer and clinician involvement in all Programme activities, that their voices are heard and acknowledged, and their perspectives evident in Programme outputs.

2.3 Specifically, the group will oversee:

- A review of falls prevention and harm reduction programmes (in which data collection permits evaluation) to determine which programmes, programme elements and/or approaches are effective.
- Development of a set of structure, process and outcome indicators relevant to the New Zealand context.
- Development of frameworks which allow for national standardization of policies, audit and data collection.
- Development of a web-based repository, to include resources developed within this Programme and other reviewed/recommended resources.

3. COMPOSITION OF THE EXPERT ADVISORY GROUP

3.1 The EAG will be chaired by the Commission, and its composition drawn from health sector and other agencies where a specific focus on falls prevention and harm reduction is required. Membership will be at the invitation of the Chair.

3.2 The membership will include representatives of:

- Health Quality and Safety Commission
- Accident Compensation Commission
- Hospital Quality & Productivity, DHB Shared Services
- DHB COO group
- DHB DON group
- Ministry of Health (Chief Nurse Business Unit, Older Persons' Health)
- Providers (DHBs, Aged Residential Care, Home Health)
- Consumers
- Tangata Whenua.

3.3 The EAG will also have the power to co-opt external parties to attend meetings, on an as required basis, if there is a need for expert or specialist advice that cannot be met from within the existing membership. This process will require the prior approval of the Chair.

- 3.5 The overall composition of the EAG will be reviewed as the Programme moves through its phases. In general, members will expect to represent their nominating agencies for the duration of the Programme.

4. REPORTING REQUIREMENTS

4.1 The Expert Advisory Group is required to:

- Report to the Health Quality and Safety Commission, and the Accident Compensation Commission's Injury Prevention Steering Group at the conclusion of each meeting.
- Keep a record of all the EAG meetings, which outlines the matters discussed, and includes a clear and concise record of all decisions made, action points agreed and/or recommendations made.

5. MEETINGS

5.1 The timing and frequency of meetings will aim to ensure the most efficient use of members' time. The timing and frequency of meetings can be changed by agreement among the EAG members.

5.2 At any meeting, a quorum shall consist of fifty per cent of the members, plus one, in addition to the Chair.

5.3 All meetings of the EAG will be convened by the Chair (or nominee).

5.4 Items to be agreed at any meeting shall generally be determined by consensus. Where a consensus cannot be reached, a majority vote will apply. Any individual can absent him or herself from the group decision making process, subject to a residual quorum remaining after this process.

6. DUTIES AND RESPONSIBILITIES OF MEMBERS

6.1 The EAG has an obligation to conduct its activities in an open and ethical manner.

6.2 Members are expected to:

- Have a commitment to work for the greater good of the health and disability sector with a strategic national focus.
- Attend meetings and undertake activities as independent persons responsible to the group as a whole.
- Make every effort to attend all meetings and become familiar with falls prevention challenges, opportunities and the wider environment within which falls injury prevention occurs.
- Identify when they have a conflict of interest on a subject that will prevent them from reaching an impartial decision or undertaking an activity consistent with the group functions. They must declare that conflict of interest prior to a meeting and withdraw themselves from the discussion and decision-making processes.
- Members may question other members if they consider that there is a potential conflict of interest.

7. ATTENDANCE FEES

- 7.1 Members of the EAG who are staff of a New Zealand public sector organization including public service departments, state-owned enterprises, or crown entities are not permitted to claim costs to attend the EAG meetings.
- 7.2 Claims for costs in attending meetings may be claimed by a member not included in the above groupings (clause 7.1). A process for agreeing fair and reasonable costs for meeting attendance shall be agreed by the Chair of the EAG, in accordance with the State Sector Commission's fee framework.

8. THE SECRETARIAT

- 8.1 The EAG is supported by a core working group, which includes Commission and DHB Shared Services portfolio/programme managers in attendance, and will have a secretariat provided by the Commission.
- 8.2 The responsibilities of the secretariat include preparing and distributing the agenda and associated papers at least five days prior to meetings; recording the minutes, circulating the action items within a fortnight of the meeting, and having the full minutes in the papers for the next meeting; managing the organizational arrangements for meetings, including the provision of rooms and audio-visual equipment.