



SUNFRAIL PROJECT

Understanding and Caring for Frailty and Multimorbidity

Speaker/Conference/Date



Reference Sites Network for Prevention and
Care of Frailty and Chronic Conditions in
community dwelling persons of EU Countries



Co-funded by
the Health Programme
of the European Union

The SUNFRAIL Project has
received funding from the
European Union's Health
Programme 2014-2020

ACKNOWLEDGEMENT

This presentation is part of SUNFRAIL (project 664291), which has received funding from the European Union's Health Programme (2014-2020).



Co-funded by
the Health Programme
of the European Union

The content of this presentation represents the views of the author only and is his/her sole responsibility; it cannot be considered to reflect the views of the European Commission and/or the Consumers, Health, Agriculture and Food Executive Agency or any other body of the European Union.

The European Commission and the Agency do not accept any responsibility for use that may be made of the information it contains.



OVERVIEW



- The challenge
- Partners
- Work Packages
- Objectives
- Expected outcomes
- Contact



THE CHALLENGE



- Ageing population - from 461 million people older than 65 years in 2004 to 2 billion people by 2050
- Studies performed during the last 20 years demonstrate the importance of the concurrence of multimorbidity and frailty
- This poses new challenges to health services, in terms of professionals' skills, resources and organisational aspects.

What is frailty?

- A state of late life decline and extreme vulnerability, characterised by weakness and decreased physiologic reserve
- Frailty contributes to an increased risk for falls, institutionalisation and disability

What is multimorbidity?

- The prevalence of two, or more, chronic medical conditions in the same person

THE CHALLENGE: FRAILITY

- Lack of universal definition of frailty/pre-frailty
 - Biomedical vs. bio-psychosocial definition

Biomedical

- Biological: Age, sex
- Health-diseases
- Life Styles: physical activity
- Risk Factors: smoking, alcohol..

Psychosocial

- Well being (physical, psychological)
- Independent living
- Education Level
- Socialisation
- Resources: health care, social interaction, sport

- How identify frailty? Through common set of items?
 - Physical activity
 - Weight loss
 - History of falls
 - Recurrent hospitalisation
 - Social isolation etc.
- How organise operational response to frailty and multimorbidity, in primary health and social care?



PARTNERS

PARTNER	ORGANISATION	ACRONYM
LP1	Regione Emilia-Romagna - Agenzia Sanitaria E Sociale Regionale, Italy	(RER-ASSR)
	Aster - Societa Consortile Per Azioni, Italy	(ASTER)
PP2	Regione Piemonte, Italy	(RHAP)
PP3	Regione Liguria, Italy	(LIGURIA)
PP4	Azienda Ospedaliera Universitaria Federico II Campania, Italy	(CAMPANIA)
PP5	Centre Hospitalier Universitaire De Toulouse, France	(GERONTOPOLE)
PP6	Centre Hospitalier Universitaire Montpellier, France	(CHRU)
PP7	Universytet Medyczny W Lodzi, Poland	(LODZ)
PP8	Universidad De La Iglesia De Deusto, Spain	(DEUSTO)
PP9	Regional Health & Social Care Board Of Northern Ireland, United Kingdom	(HSCB)
PP10	European Regional And Local Health	(EUREGHA)



WORK PACKAGES



Horizontal Work Packages

WP 1 – Coordination and management of the project

Lead: Emilia Romagna Region and Aster

WP 2 – Dissemination

Lead: EUREGHA

WP 3 – Monitoring and evaluation

Lead: Deusto University

Core Work Packages

WP4 – Designing a model for management of frailty and multimorbidity

Lead: Emilia Romagna Region, University Hospital of Montpellier, University Hospital of Toulouse and Northern Ireland

Purpose: Design a shared model of reference for the prevention and management of frailty and care of multimorbidity and elaborate methods and tools for the replication of the model

WORK PACKAGES



WP5 – Validating the model

Lead: Emilia Romagna Region, University Hospital of Montpellier, University Hospital of Toulouse and Northern Ireland

Purpose: Conduct a survey of existing health and social services dedicated to the prevention and management of frailty and care of multimorbidity

WP6 – Experimenting the model

Lead: Emilia Romagna Region and Northern Ireland

Purpose: Experiment the model, through living labs in selected pilot sites, to identify systems/services/good practices' strengths and weaknesses

WP7 – Healthcare staff innovative education

Lead: Piemonte

Purpose: Elaborate innovative academic educational programmes addressed to healthcare professionals, aimed at meeting the needs of the ageing population.



OBJECTIVES

General Objective

To improve the **identification, prevention and management** of **frailty** and care of **multimorbidity** in **community dwelling persons** (over 65) in EU countries.

Specific Objectives

1. To design an innovative, integrated model for the prevention and management of frailty and care of multimorbidity
2. To validate the model: assess existing systems and services targeting frailty and multimorbidity
3. To assess the potential for the adoption/replication and sustainability of the model in different organisational contexts.
4. To promote the dissemination of the results.



EXPECTED OUTCOMES

- A shared model of good practices on frailty and multimorbidity
- Innovative tool-kits for the prediction of frailty and multimorbidity, focusing on community based prevention and avoidable hospitalisation.

The tool-kits will focus on the following four areas:

1. **Assessing the risks of frailty** through physical and performance measures
2. **Supporting the design of care pathways** for the management of chronic diseases
3. Identifying methods and instruments to **predict multimorbidity**
4. Identifying instruments for **workforce development and cost analysis.**



THANK YOU FOR YOUR ATTENTION!

Contact

Website: www.sunfrial.eu

Twitter: @sunfrailproject

Email: SUNFRAIL@Regione.Emilia-Romagna.it

Dissemination Lead

secretariat@euregha.net

