Introduction to Afternoon Workshops

AFFINITY National Falls and Bone Health Symposium

Wednesday 18th September 2019
Workshop Sessions: 2:00 – 2:55pm

- **Workshop 1** – Community Residential: (Lambay Room)
- **Workshop 2** – Independent Living / Community Supported: (Valentia Room)
- **Workshop 3** – Acute: (Main Auditorium)
- **Workshop 4** – Service User Engagement: (Arran Room)
Workshop 1 - Community Residential Workshop Presentations

1. The Journey: Promoting Falls Awareness and Bone Health in a Population with Intellectual Disabilities

2. Developing a Falls Management System of Adverse Event Prevention. Using Root Cause to Drive Quality

3. Update on Community Residential Work Stream
Workshop 2 - Independent Living / Community Supported Presentations

1. Wellbeing Wednesday’s: A Series of Talks Aimed at Over 65’s in the Sligo Area

2. Occupational Therapy Dublin North City and County Falls and Injury Prevention

3. Establishing Otago Programmes in CHO Dublin North City and County Primary Care Services through Interagency Working
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 Vit 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 falls 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 utilising 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 template example – modelled on Whanganui CHB’s
Falls Prevention and Fracture Liaison Work-plan 2016–17
Workshop 3 - Acute

1. Incomplete Adherence to Best Practice Guidelines for Environmental Falls Prevention may Increase the Incidence and Severity of Falls – South Tipperary General Hospital

2. Improving Quality of Multi-Factorial Falls Assessments - University Hospital Limerick

3. A Service Development Initiative to Improve Physiotherapy Falls Assessment for Patients Admitted with Falls to Medical Wards in a Dublin Academic Teaching Hospital

4. Falls Prevention Socks – Naas General Hospital

5. Staff Members’ Perceptions Of The “End PJ Paralysis” Initiative – Beaumont Hospital & UCC
Workshop 4 – Service User Engagement

Workshop developed by the Service User Panel working with Age Friendly Ireland and HSE National Quality Improvement Team.

1. Strength & Balance Exercise in Falls Prevention

2. Home Safety

3. Discussion
Workshops commencing at 2:00pm

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