

Falls Prevention and Management in Older People

Reducing Falls and Harm from Falls

Wednesday 6 July 2016

ICO Conference Centre, London

10% card payments discount*
15% group booking discount**



Chaired by:

Professor Cameron Swift

Emeritus Professor and Consultant

Physician

King's College London

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"All falls, even those that do not result in injury, can cause older patients and their family to feel anxious and distressed. For those who are frail, minor injuries from a fall can affect their physical function, resulting in reduced mobility, and undermining their confidence and independence." Falls and Fragility Audit Programme, 2016

"Falls and fall related injuries are a common and serious problem for older people, particularly those who have underlying pathologies or conditions. Falls are a major cause of disability and the leading cause of mortality resulting from injury in people aged 75 and older in the UK. People aged 65 and older have the highest risk of falling. Around 30% of adults who are over 65 and living at home will experience at least 1 fall a year (approximately 2.5 million people in England). This rises to 50% of adults over 80 who are either at home or in residential care. Most falls do not result in serious injury, but annually approximately 5% of older people living in the community who fall experience a fracture or need hospitalisation. The Royal College of Physicians (2011) report Falling standards, broken promises highlights that falls and fractures in people aged 65 and over account for over 4 million hospital bed days each year in England alone. Falls in hospitals are the most common patient safety incidents reported in hospital trusts in England. The National Patient Safety Agency (2011) report Essential care after an inpatient fall states that each year around 282,000 patient falls are reported to the NHS England's Patient Safety division from hospitals and mental health units. A significant minority of these falls result in death or in severe or moderate injury. The human cost of falling includes distress, pain, injury, loss of confidence, loss of independence and mortality. Falling also affects the family members and carers of people who fall. Falls are estimated to cost the NHS more than £2.3 billion per year. Therefore falling has an impact on quality of life, health and healthcare costs."

Falls in Older People Quality Standard, NICE

This conference focuses on falls prevention and management in older people, reducing falls and harm from falls, and monitoring progress against the 2015 National Quality Standard. "The falls standard, meanwhile, brings together gold standard practice in how to manage older people following falls and, by giving it the NICE seal of approval, ensures that it will be delivered in hospital and community settings around the country."

Adam Gordon, Honorary Secretary of the British Geriatrics Society and a consultant geriatrician in Nottingham

Sessions will focus on key elements of the quality standard including developing post fall protocols for every patient and secondary prevention. The conference will also discuss key elements in the reduction of falls in your service including underlying health issues, falls and mental health, medicines management, comorbidity and managing falls in the over 85s. There will be a focus session on reducing inpatient falls and implementing the learning from the national audit of inpatient falls. Through expert sessions and case studies delegates will take back essential learning outcomes to change practice in their services.

10.00 Chairman's Introduction

Professor Cameron Swift

*Emeritus Professor and Consultant Physician
King's College London*

10.10 Changing care systems for people with frailty

Speaker to be announced

- improving care and services for older people
- ensuring all clinicians acquire the knowledge and skills appropriate for safe and competent care of older people with comorbidities and frailty
- improving integration and joined up working

10.40 Implementing the Quality Standard for Falls in older people a year on: Assessment & preventing further falls

Professor Cameron Swift

*Emeritus Professor and Consultant Physician
King's College London*

- the quality standard for falls assessment and secondary prevention in older people: where are we now
- implementation challenges and successes
- meeting the six Quality Statements in practice

11.10 Question and answers, followed by coffee

11.50 Frailty and the Falls Clinic: Different approaches to deliver effective interventions

Dr Colin Mitchell

*Consultant Physician and Falls Clinic Lead
Imperial College London*

- Frailty presenting as falls - a different challenge?
- Polypharmacy - innovative approaches to medication review
- Improving the understanding of disease processes leading to falls and blackouts
- Recommendations for Good Practice within falls services to manage underlying health issues

12.30 Multidisciplinary assessment and delivering individual post fall protocols to care for any older person who has fallen during their stay

Dr Parul Shah

*(Associate fellow of The Higher Education
Academy) Consultant Physician General and Elderly Medicine
with special interest in Falls and Syncope Clinical lead for Frail
Elderly with Jo Jennings
Falls Prevention Co-ordinator Northampton General Hospital*

- identifying the root cause and contributing factors to a fall
- a step by step guide to effective individual multidisciplinary assessment
- reducing future falls risk: education and training of frontline staff
- implementing an individual post fall protocol in practice
- how can we learn from falls incidents?

13.00 Question and answers, followed by lunch

Focus: Reducing inpatient falls and secondary prevention to reduce repeat falls

14.00 Focus: Reducing falls and harm from inpatient falls

Geetika Singh

*Patient Safety Programme Manager
Royal Free London NHS Foundation Trust*

- developing a multifaceted approach to reducing inpatient falls
- Improving Falls assessment and management across the Trust
- the development of falls prevention teams and falls champions across the trust
- improving the dissemination of learning from falls root cause analysis
- our experience and the impact on falls and harm from falls

14.25 Bridging the gap between acute and community falls services including the role of the Falls Therapy Link Worker

Melissa Turner

*Falls Therapy Link Worker
Central London Community Healthcare NHS Trust*

- developing links between acute and community falls services
- improving the access of patients to specialist falls assessments
- case finding roles in A&E and fracture clinics.

14.45 EXTENDED SESSION: Broomfield Dignified Throne Toolkit: preventing falls in hospital toilets and bathrooms

Carrie Tyler

Falls Practitioner

Angela Wade

*Professional Development Lead Nurse / Dignity Lead
Corporate Nursing Directorate
Broomfield Hospital, Mid Essex Hospital Trust*

- collaboration of existing work streams, falls, infection control and dignity
- promotion of patient safety and reduction of patient harm
- achieving the 10 point dignity challenge
- innovation and infection control to achieve patient hygiene and dignity
- presentation of the Dignified Throne audit
- how this was achieved and the practical application of the toolkit

15.30 Question and answers, followed by coffee

16.00 Falls and Mental Health: reducing falls in older people with dementia

Speaker to be announced

- why are people with dementia at higher risk of falls
- falls and medications management
- assessing and managing falls risk
- reducing falls in dementia

16.30 Monitoring the implementation of the 2015 Quality Standard for falls in older people

Kate Bennett

*Vice Chair
AGILE*

- monitoring progress against the national Quality Standard
- Improving quality in falls services and developing measurable quality indicators and metrics
- our experience

17.00 Question and answers, followed by close

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(The ICO stands for International Coffee Organisation)

Date Wednesday 6 July 2016

Conference Fee

- ☐ £365 + VAT (£438.00) for NHS, Social care, private healthcare organisations and universities.
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