

Falls Prevention & Management in Older People

Reducing falls and harm from falls

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

Wednesday 5 December 2018 The Studio Conference Centre, Manchester



Chair and Speakers include:

Carrie Tyler

Falls Practitioner

Broomfield Hospital, Mid Essex Hospital
Trust

Neil Williams

Chair National Task Force for falls prevention
Care and Repair Cymru

Supporting Organisations



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Follow the conference on Twitter #NHSFalls

"Falls and fractures in older people are a costly and often preventable health issue. Reducing falls and fractures is important for maintaining health, wellbeing and independence amongst older people." Public Health England June 2018

"the total cost of fragility fractures to the UK has been estimated at £4.4 billion which includes £1.1 billion for social care; hip fractures account for around £2 billion of this sum...short and long-term outlooks for patients are generally poor following a hip fracture, with an increased one-year mortality of between 18% and 33% and negative effects on daily living activities such as shopping and walking... falls in hospitals are the most commonly reported patient safety incident with more than 240,000 reported in acute hospitals and mental health trusts in England and Wales" Public Health England June 2018

"The number of people aged 65 and over is projected to rise by over 40% in the next 17 years to more than 16 million. Thirty percent of people aged 65 and over will fall at least once a year. For those aged 80 and over it is 50%. A fall can lead to pain, distress, loss of confidence and lost independence. In around 5% of cases a fall leads to fracture and hospitalisation.... Effective, planned, evidence based approaches to falls and fracture risk reduction are of key importance to the health and wellbeing of people living in our communities and those that care for them." Professor Martin J Vernon National Clinical Director for Older People

"Falls cause distress and harm to patients and pressures on NHS services. Evidence from the Royal College of Physicians suggests that patient falls could be reduced by up to 25 to 30% through assessment and intervention." NHS Improvement

This conference focuses on falls prevention and management in older people, reducing falls and harm from falls. Sessions throughout the day will focus on developing effective personalised multidisciplinary assessment, reducing harm from falls and improving the use of 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 assessment of syncope and underlying health issues, developing personalized falls prevention care plans, frailty as falls, falls prevention, and improving the systems for falls monitoring, investigation and learning.

Benefits of attending:

- Network with colleagues who are working to improving falls prevention and management in older people
- Understand the national context including the National Quality Standard and National Falls Improvement Collaborative
- Develop your skills and improve competence in falls prevention and management
- Understand how to improve reporting, investigation and learning from falls
- Improve your skills in the development of falls prevention and improvement programmes
- Examine your role within falls prevention and management
- Learn from established in the development of multidisciplinary assessment, post fall protocols and falls prevention personalized care plans to reduce repeat fallers
- Understand the impact of medication, syncope, comorbidity and blood pressure on falls, and how these can be mitigated
- Self assess and reflect on your own practice
- Gain CPD accreditation points contributing to professional development and revalidation evidence

"I think you need, what I call 'binocular vision', when you are looking at the falls phenomenon. You need to perceive that it is a threat, but also, that it is a signal. It is one of the symptoms of frailty. We need to do that because there's evidence falls can be prevented, and we can use these signals to identify underlying health needs. We need to take the evidence that comes out of the assessment process and treat it, and deal with it. Intervention at the right time." Prof Cameron Swift, Emeritus Professor and Consultant Physician King's College London & Specialist Committee Member, Falls Prevention Quality Standard, NICE

10.00 Chairman's Introduction

10.10 Changing care systems for people with frailty

Speaker to be advised

- ensuring all clinicians acquire the knowledge and skills appropriate for safe and competent care of older people with comorbidities and frailty
- falls and frailty
- an update from the BGS

10.35 Reducing Falls and Falls with Harm: Learning from the Scottish Experience

Samantha McEwan

Associate Improvement Advisor
Healthcare Improvement Scotland

- understanding the factors that have contributed to success
- promoting mobilisation and meaningful activity
- good practice case studies from Scotland

11.00 Understanding the root causes of falls, and developing individual multidisciplinary assessment

Speaker to be advised

- identifying the root cause and contributing factors to a fall
- frailty presenting as falls - a different challenge?
- falls and syncope: managing underlying health issues and comorbidity
- a step by step guide to effective individual multidisciplinary assessment
- learning from the national audit of inpatient falls at a local level

11.30 Questions & answers, followed by tea & coffee at 11.40

12.00 Preventing Falls: Steady On, Stay Safe

Neil Williams

Chair National Task Force for falls prevention,
Care and Repair Cymru

- falls prevention in practice: what works?
- Falls Brief Intervention - Supporting the Steady on Stay Safe Campaign our Falls Champions
- learning from the National Welsh Programme for Falls prevention Steady on Stay Safe

12.30 Inpatient falls prevention: the Serene Side Room Concept: Increasing Patient's Wellbeing to Reduce Falls in Acute Hospital Wards

Carrie Tyler

Falls Practitioner Broomfield Hospital,
Mid Essex Hospital NHS Trust

- purpose and background of the project
- utilising a Swarm approach to falls in the acute setting to evidence good practice and reduce the negative effects of the environment
- the importance of human factor approach for both patients and staff
- appropriate staff training and ensuring confidence in working a one to one shift and with patients walking with risk
- the results of a project pilot on an orthopaedic rehabilitation ward and on the frailty unit in the emergency short stay ward

13.00 Questions & answers, followed by Lunch at 13.10

14.00 Driving improvement: preventing deconditioning

Speaker to be advised

- last 1000 days, red to green and endPjparalysis explained
- increasing exercise to decrease deconditioning
- linking with #endPjparalysis – getting patients moving and preventing deconditioning
- our experience

14.30 Reducing inpatient falls and harm from falls

Speaker to be advised

- 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

15.00 Improving secondary prevention of falls: managing repeat fallers

Joanne Lewis-Hodgkinson

Falls Lead Nurse
Sherwood Forest Hospitals NHS Foundation Trust

- developing a zero tolerance approach to repeat falls
- understanding the root cause of repeat falls
- reducing future falls risk: education and training of frontline staff
- identifying and reducing repeat fallers
- our experience

15.30 Questions & answers, followed by tea & coffee at 15.40

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

Valerie Provan

Nurse Consultant
Cumbria Partnership NHS Foundation Trust

- why are people with dementia at higher risk of falls
- recognising and managing delirium
- reducing and managing falls in dementia using the environment

16.15 EXTENDED SESSION: Improving your skills in investigating Falls incidents

Mike O'Connell

Legal Services Practitioner, recently retired Head of Legal Services
Mid Yorkshire Hospitals NHS Trust

- a step by step guide to carrying out a root cause analysis of a Falls incident
- principles of effective RCA investigation
- learning from investigations and ensuring change occurs
- links between incidents and litigation
- case studies in practice

17.00 Questions & answers, followed by close

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The PDF will be emailed out after the conference, please fill in the 'Your Details' section above, ensuring your email address is clear and the 'Payment' section..

For more information contact Healthcare Conferences UK on **01932 429933** or email **jayne@hc-uk.org.uk**

Venue

The Studio Conference Centre, The Hive, 51 Lever Street, Manchester, M1 1FN. A map of the venue will be sent with confirmation of your booking.

Date Wednesday 5 December 2018

Conference Fee

- ☐ £365 + VAT (£438.00) for NHS, Social care, private healthcare organisations and universities.
☐ £300 + VAT (£360.00) for voluntary sector / charities.
☐ £495 + VAT (£594.00) for commercial organisations.

The fee includes lunch, refreshments and a copy of the conference handbook. VAT at 20%.

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