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Although the majority of older adults who scored a CFS of 1–3 or deemed non frail at triage were unlikely to benefit from a CGA, those who presented with a new fall often did require FITT input.
This research has led us to move away from our current triage tool of THINK FRAIL to the CFS, whilst continuing to assess any new falls irrespective of score.

51 TO EXPLORE EMERGENCY MEDICINE SPRS UNDERSTANDING, IDENTIFICATION AND MANAGEMENT OF FRAILTY WITHIN THE EMERGENCY DEPARTMENT

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Background: Our frail cohort of older adults represent a large proportion of those presenting to our Emergency Departments. This has led to the introduction of diverse teams in many Emergency Departments to support their complex care needs. However, it is not known if Emergency Clinicians have a clear understanding of frailty identification and management or feel this is part of their own role.
The aim of this study was to engage with Emergency Medicine Senior Trainees on the national training scheme in Ireland to explore their understanding of frailty and what they feel their role is in its identification and management.
Methods: Following a literature review based on defined criteria, a number of focus groups were held with ED PGY4 and above doctors working in various Emergency Departments throughout the country, with thematic analysis of the transcripts of the focus groups.
Results: In total, 13 Emergency Medicine PGY4 and above doctors partook in the focus groups with an overall view that frailty identification was part of their role within the Emergency Department; however there was agreement they have limited insight into the core principles of frailty identification and management. There was also an overall desire for future formal education on frailty to be provided. Three themes in the form of frailty recognition and assessment, education on frailty, and the role of the multidisciplinary team were identified as well as a number of subthemes for further exploration.
Conclusion: The consequences of frailty often lead to presentation to the Emergency Department. There is an increased awareness of its presentation but the core providers of emergency care feel there is a lack of the education required for them to manage the consequences of frailty which they encounter on daily basis and they have a clear desire to increase the knowledge base and skill set.

52 AUDIT CYCLE EXAMINING QUALITY IMPROVEMENT POST EMERGENCY DEPARTMENT MULTI-DISCIPLINARY SIMULATION BASED MEDICAL EDUCATION TRAINING ON HIP FRACTURE CARE

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Background: The care of patients with hip fractures is a surrogate marker of trauma care. Irish hip Fracture Standard 1 involves patients with a hip fracture being admitted to an orthopaedic ward bed within 4 hours of attending the ED. We wanted to audit our current practice and introduce a quality improvement project to improve the timeliness and efficiency of care of our hip fracture patients compared with the gold standard IHFS 1.
We introduced a 90 minute multidisciplinary simulation training programme on the hip fracture pathway to our ED in February 2021. All key stakeholders were represented; from Emergency Medicine, Orthopaedics, Nursing (EM and Orthopaedic), Radiology, Radiography, Porters (32 people overall). Because of COVID-19, the training was available in person and online via Zoom.
Methods: We performed a retrospective audit of patients presenting to TUH ED with a proximal third of femur fracture between 4th February and 31st March inclusive in 2020 and 2021, pre and post introduction of multidisciplinary simulation based medical education on the hip fracture pathway.
Data was collected from the electronic record database (Symphony). We recorded the following data;
Results: 2020 n = 31.
Average time to ward—8 hrs 29 mins.
26% patients reached ward <4 hours. (8/31).
2021 n = 25.
Average time to ward—5 hrs 58 mins (32% reduction vs 2020).
72% patients reached ward <4 hours. (18/25) (46% increase vs 2020).
Conclusion: Simulation based medical education is a successful intervention to improve compliance with our hip fracture pathway, time from presentation to transfer to an orthopaedic ward bed and achieve IHFS 1.

53 HEALTHCARE PROVISION FOR OLDER PEOPLE IN KILKENNY THROUGH THE IMPLEMENTATION OF THE INTEGRATED CARE PROGRAMME FOR OLDER PEOPLE

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Background: An increase in the cost of healthcare provision is directly related to an ageing demographic nationally and internationally. It is, therefore, imperative that the system of health and social care provision for the older person is reformed. The Integrated Care Programme for Older People (ICPOP) envisages moving the locus of care from the acute system to primary and community health and social care. This research looks at the implementation and benefits of ICPOP from a clinicians and third sector organisations perspective.
Methods: Semi-structured interviews were conducted with six clinicians within the acute and community healthcare systems and, with two representatives from older persons third sector organisations. The interviews were held online through conferencing software and recorded. They were transcribed manually to gain a greater understanding of what was said and the context. Using a grounded theory approach, quotes were extracted, clustered together into categories or themes and, through theoretical sampling and comparison an in-depth understanding was gained, and theory developed.
Results: An organisational culture of innovative and collaborative practice is essential to the delivery of ICPOP as it leads to the empowerment of staff to develop integrated healthcare across disciplines and services. It is vital that funding for home support packages that provide both health and social care assistance with an adequate number of carers evenly distributed nationwide be provided. In addition, the 'Living Well at Home' piece of ICPOP with its important local community and social connectedness emphasis, needs to be sufficiently funded.
Conclusion: A culture of collaborative and innovated practice of healthcare provision exists in Kilkenny. Implementation of ICPOP is commiserate with appropriate funding for, and even distribution of, home care support packages and carers, as well as support for services that combat loneliness and social isolation enabling older people to age well at home.

54 EXWELL: OUTCOMES FROM A SIX-WEEK COMMUNITY EXERCISE REHABILITATION PROGRAM FOR PEOPLE LIVING WITH CHRONIC ILLNESS

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Background: Chronic diseases (CD) are long-term conditions, which often require ongoing medical treatment and have the potential to limit the quality of life of the people who live with them. Exercise rehabilitation has been shown to improve physical functioning and health related quality of life (HRQoL) in this cohort.
ExWell is a community-based exercise rehabilitation (CBER) program that offers group exercise rehabilitation classes to individuals with a range of CD. The purpose of this study was to investigate the impact of 6 weeks of participation in the ExWell Medical program on physical functioning and HRQoL in a diverse CD population.
Methods: Participants with a range of CD were referred by healthcare practitioners to the HSE-funded ExWell Medical program based in a community setting. Outcome variables included measurements of body composition, functional capacity and health related quality of life. Assessments were taken at baseline and 6 weeks. Participants were encouraged to attend ExWell Medical classes twice weekly for the duration of the study. Each forty-five minute class included a warm up, aerobic, resistance, core and balance exercises and a cool-down.
Results: Three hundred and ten people (mean age 70.7 ± 7.7 years, 48.3% Female) participated. Statistically and clinically significant improvements were found in cardiorespiratory fitness, lower body strength, balance, co-ordination, body composition and health related quality of life. The greatest improvements were observed in those with the lowest levels of fitness at baseline, and the oldest participants. Improvements in cardiorespiratory fitness and lower body strength matched the recognized clinically meaningful differences in the entire group sample and greatly exceeded them in those in the lowest tertile of fitness at baseline.
Conclusion: The ExWell mixed CD CBER program is an effective approach to rehabilitation delivery in clinical practice. Clinically meaningful improvements can be achieved within 6 weeks of participation, and older and frail participants show greatest improvements overall.

55 APPLYING MACHINE LEARNING TO DIFFERENTIATE PREDICTORS OF SYNCOPE, SIMPLE AND COMPLEX FALLS IN THE IRISH LONGITUDINAL STUDY ON AGEING (TILDA)

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