In New Zealand it is estimated there will be a 124% increase in the population over 70 years of age by the year 2050 (Asia Pacific Audit, 2013). It follows then, there will be more falls and fragility fractures. In 2013 the total cost of osteoporotic fractures in NZ was estimated at over \$400 million of which \$145 million is spent on hip fracture care alone (Osteoporosis New Zealand, 2016).

The International Osteoporosis Foundation [IOF] states by missing the opportunity to respond to the first fracture, health care systems around the world are failing to prevent the second and subsequent fractures.

This led to the search question does the fracture liaison service in New Zealand reduce secondary fragility/osteoporotic fractures?



The international literature says for secondary fragility fracture intervention to be successful the following conditions are required; an overall co-ordinator (Marsh et al., 2011), a fracture liaison service (Walters, Khan, Ong & Sahota, 2017), and sufficient funding to implement evidence based strategies and interventions (Brown, McNeil, Radivan & Willingale, 2007), (Osteoporosis New Zealand, 2012). A dedicated coordinator is necessary to ensure fragility fracture patients do not fall through a treatment gap but receive appropriate and timely care (Marsh et al., 2011). A comprehensive fracture liaison service (as described in the Best Practice Framework for Fracture Liaison Service) results in fewer fractures, improved quality of life and health system cost savings (Akesson & Mitchell, 2013). In New Zealand sufficient, targeted and ongoing funding needs to occur to allow FLS to be established and meet best practice framework standards. Evidence to date suggests adequate resourcing would be cost effective for the national health care budget, a commitment now and ongoing is imperative (Walters et al., 2017).

## What can Nurses do?

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Participate in Falls Prevention practices in the workplace.

Become a FLS champion with an aim to educate colleagues of the service

Educate the patient and family on FLS to promote attendance and facilitate compliance to FLS with interventions

Promote active living for general wellbeing and bone health.

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	Information	Explanation
Population	Women in New Zealand over 65 years	This is the demographic that are at risk
	who have had a previous fracture	of a second fracture which would be
		detrimental to their functional capacity,
		their physical and mental health,
		resulting in financial burden for the
4		public health system and general
Intonvention		society.
Intervention	Fracture Liaison Service (FLS) to	There appears to be a non-standard
	provide wrap-around service for the	approach for this group with education
	above at risk population	and information targeted at the older
		'most-at-risk' group. I will be looking
		for articles that have current
		quantitative research data of the above
		demographic, that evaluates the FLS in
		NZ compared to before the FLS was
		available, and similar data from
Comparison	How were seen damy frontings do-14	Australia and the UK will be examined.
Comparison	How were secondary fractures dealt	Looking at standardising and reliably
Outcome	with prior to the FLS availability?	delivering interventions for this group.
	Reliable delivery of interventions and services to this target group	Aiming for a reduction in secondary
	services to this target group	fractures in women in New Zealand
Time	NOT APPLICABLE	over 65 years.
111110	NOT AFFLICABLE	NOT APPLICABLE

## Poster Rationale Summary

Presenting educational information in a poster presentation has some advantages over an oral presentation. An appealing poster will captivate visual learners; seeing the information rather than hearing it is preferable for this groups learning style. Pictures, diagrams and colour are more likely to be retained (Study and Learning Centre, 2007). A poster gives an opportunity for learning in a standing position. Not only is prolonged periods of sitting detrimental to one's health, early studies suggest learning in a standing position boosts engagement with material delivered. According to the Management Study Guide, 2017, information overload is a known problem in the current social climate. The constant barrage of information makes it difficult for learners to sort the essential information from nonsense. A poster presentation summarises the topic for the learner and offers key points and or actions to implement. A poster has potential to reach larger numbers of people including those casually walking by (Deakin University, 2016). Poster presentations are a common form of presenting health information at conferences and in the community and evidence indicates that health information framed in a poster presentation may be an effective method of knowledge transfer (Ilic, D., Rowe, N, 2013).

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