**CONFERENCE SPEECH**

**FOR**

**IRIS BERRYHILL**

**SAMPLE**

Hello everyone and thank you for giving me the opportunity to share the abstract I have written regarding senior citizens, patient safety, and most importantly, in hospital fall prevention. (**If there is anyone in particular you would like to acknowledge, do that here**). I’d like to take a moment to acknowledge \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for recognizing the importance of this study and for suggesting that I relate my research and findings with you. There are a few key factors we must keep in mind.... the senior population is growing. According to reports, in 2015, the estimated population 65 years and older accounted for 14.9%. That proportion is expected to swell to **OVER** **22%** by 2050. While our aging population, for the most part, is better informed, is younger in spirit (in general), and can be more independent for longer, once an aging patient needs to be admitted to a hospital... for any reason, the “**fall factor**”... by that I mean the chance for accidents and injuries from patient falls is **WAY** too common. We have to find a way to educate the staff and to instill unprecedented levels of safety in order to minimize these unnecessary burdens. To take a line from Freud and adapt it, “Sometimes a fall is **NOT** just a fall.” It can wreak havoc on already stressed staff, it can cause premature deterioration of patient health and morale... and it can create stress both financially and administratively. I know.... it’s happened to someone very close to me. Positive and preventative action must be established and instituted. It’s been said that “Every accident is a notice that something is wrong with methods, materials, procedures. Investigate... then **ACT**.” Today our mission is to discuss that action.