Evaluating the impact of a falls prevention community of practice in a residential aged care organisation

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Chapter 1:

Thesis Introduction and Outline

1.1 Introduction

Falls are a significant concern across the residential aged care (RAC) sector with half its older population falling annually (Burland, Martens, Brownell, Doupe, & Fuchs, 2013; Haralambous et al., 2010; Kerse, Butler, Robinson, & Todd, 2004; Nyman & Victor, 2011; Ray et al., 2005). Preventing falls by older people in RAC may enable them to maintain their independence, enhance their wellbeing and sustain their quality of life. This research partnered staff and residents of a RAC organisation with a university research team. The collaboration aligned with the Australian Government’s national initiative of preventing falls among older people (Lord, Sherrington, Cameron, & Close, 2011; National Public Health Partnership, 2004) and international recommendations for embedding research in RAC settings (Verbeek, Zwakhalen, Schols & Hamers 2013).

For an older person the consequences of falling can result in an increased risk of mortality, physical injury, functional decline, depression and anxiety (Morley, 2007; Oliver et al., 2007; Rubenstein, 2006). For older people (residents) who live in RAC facilities the sequela of falling can be devastating with a loss of independence and reduction in their quality of life (Barker, Nitz, Low Choy, & Haines, 2012; Bonner, MacCulloch, Gardner, & Chase, 2007; Oliver et al., 2007). The characteristics of this population are complex and place them in a high falls risk category, as they present with combinations of multiple co-morbidities, age-related systems decline and cognitive impairment. Addressing this complexity is a challenge for care providers and researchers when implementing and evaluating falls prevention interventions (Craig et al., 2008).

Recommendations for effective evidence-based falls prevention interventions in RAC settings include the supplementation of vitamin D and medication review by a pharmacist (Cameron et al., 2012; Flicker et al., 2005; Nazir et al., 2013, Zermansky et
Multifactorial interventions delivered by a multidisciplinary team incorporating staff education, resident exercise programs and environmental modification show inconclusive outcomes in reducing falls rates indicating a problem exists (Cameron et al., 2012; Quigley et al., 2010). Despite this, adopting a multifactorial approach to falls prevention is still considered as industry best practice in the absence of further specific evidence (Australian Commission on Safety and Quality in Healthcare, 2009). The RAC population is known to have high levels of activities of daily living disability (83%) and cognitive impairment (68%) (Onder et al., 2012) suggesting that in terms of falls prevention, this population may have difficulty adopting falls prevention strategies independently. Therefore staff and health care systems providing care to this population may need to play a significant proxy role in providing falls prevention interventions for those at risk.

At a site or organisational level the occurrence of falls can also lead to complaints and in some cases litigation, thus careful guidance in the adoption of evidence-based falls prevention interventions is necessary (Oliver et al., 2007). This in turn requires access to evidence-based falls prevention knowledge, followed by systematic inquiry, synthesis and adaptation. This tailoring of evidence-based falls prevention knowledge underpins its translation into relevant practice (Graham et al., 2006; Haines & Waldron, 2011; Tetroe, Graham, & Scott, 2011). However undertaking this translation process in its entirety requires collaboration, research expertise and clinical and managerial skills, all of which may not be present within the RAC workforce expected to undertake this process (Haines & Waldron, 2011). This is confirmed by studies describing the RAC workforce as one of diminishing expertise due to lower levels of recruitment, retention of professional staff and limited workplace learning opportunities (Grealish, Bail, & Ranse, 2010; O’Connell, Ostaszkiewicz, Sukkar, & Plymat, 2008). Therefore finding ways that partner research expertise regarding falls prevention, with authentic expertise in RAC may be an effective way to approach the translation of research evidence into practice. This “translation to action change” process has been proposed to improve resident care outcomes (Fixsen, Scott, Blase, Naoom, & Wagar, 2011; Tolson, Lowndes, Booth, Schofield, & Wales, 2011).

An innovation that is yet to be applied to the problem of falls prevention in the RAC sector that may address these issues is the formation of a community of practice
A CoP is a group of like-minded people with a mutual interest in a topic who get together to share their expertise, and then innovate and facilitate change in pursuit of a common goal (Conklin et al., 2011; Li et al., 2009; Ranmuthugala, Cunningham, et al., 2011; Wenger, 1998), in this case falls prevention. CoPs have emerged across the healthcare sector as a potential means of improving knowledge, learning, clinical practice and patient care, however, there is a lack of empirical evidence to support these claims (Li et al., 2009; Ranmuthugala, Plumb, et al., 2011; Tolson et al., 2011). Whilst a variety of descriptive guidelines for establishing and operating CoPs are documented in the literature, there has been limited robust research regarding their impact and whether they achieved improved outcomes for patients. Therefore more studies measuring CoP outcomes and impact are required (Li et al., 2009; Ranmuthugala, Plumb, et al., 2011).

The purpose of this research was to evaluate the impact of a falls prevention CoP on falls outcomes in a RAC setting. The research was, to our knowledge, unique. Firstly it evaluated whether a CoP, as an intervention at organisational level, could address falls prevention within a RAC setting. Secondly, it conducted a comprehensive evaluation of CoP impact at three levels: individual member level, site level and organisation level. A mixed methods design (Creswell & Plano Clark, 2007; Onwuegbuzie & Leech, 2005) framed by a realist approach (Hewitt, Sims & Harris, 2012; Pawson & Tilley, 1997; Schierhout et al., 2013) was undertaken to gain a better understanding of how CoP interventions were influenced by current conditions (contexts) in triggering (mechanisms) the observed outcomes. These “context-mechanism-outcome” (CMO) configurations served as a framework for identifying what worked, for whom, how and under what conditions.

1.2 Organisation of Chapters

Chapter 2

Chapter 2 reports a systematic review and meta-analysis of studies that investigated the effect of complex falls prevention interventions delivered at two or three levels in a RAC population on falls outcomes.
This chapter is based on two manuscripts; a published systematic review protocol and a systematic review and meta-analysis prepared for submission to a peer reviewed journal.


**Chapter 3**

Chapter 3 describes the methodology selected to address the research aims in the form of a study protocol. The mixed methods design of the research program is described in detail.

This chapter is based on a published manuscript:


**Chapter 4**

Chapter 4 describes and evaluates the establishment and operation of a falls prevention CoP across 13 geographically diverse sites of the RAC organisation.

This chapter is based on a published manuscript:

**Chapter 5**

Chapter 5 describes the preparation and conduction of a falls prevention activity audit led by the CoP members across the 13 participating RAC sites. This audit benchmarked the organisation’s current falls prevention practices against evidence-based guidelines, with the CoP identifying gaps in practice to be addressed at resident, site and organisational levels.

This chapter is based on a published manuscript:


**Chapter 6**

Chapter 6 describes the evaluation of CoP activities using a realist approach. Results are presented that explain how the CoP facilitated the translation of falls prevention evidence into practice, for whom, and under what conditions.

This chapter is based on a manuscript submitted for publication:


A further co-authored published manuscript from a supervised student, awarded first class honours, contributes to this chapter:

Chapter 7

Chapter 7 describes the evaluation of the impact of operating a falls prevention CoP on falls outcomes across the RAC organisation.

This chapter is based on a manuscript accepted for publication:


Chapter 8

Chapter 8 synthesises the findings from this research and discusses these findings in relation to the research aims. The research findings are positioned in context of relevant studies. Strengths and limitations of the research and implications for practice and future research are also presented.
1.3 References


