

CONFERENCE ABSTRACT

Implementing new ways of working to reduce the risk of falls among older people: an evaluation of community-based falls risk assessment clinics

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Introduction: Numerous interventions have been shown to effectively reduce the rate and risk of falling among older people. In Ireland, our national falls strategy recommends the use of evidence-based interventions that are equitable and sustainable. However, there are practical, cultural, and professional challenges to implementing service changes that require input from multiple professionals across settings. Our aim is to investigate the acceptability, feasibility and sustainability of community-based falls risk assessment clinics (FRAC), designed to deliver timely access to standardised assessment conducted by existing staff in the appropriate setting with onward referral for treatment as necessary. The clinics are part of a wider integrated falls pathway, accessible via a single point of referral, which links emergency, specialist, primary care and community services, coordinated by a dedicated pathway coordinator.

Methods: Using a mixed methods design, semi-structured interviews are being conducted pre-implementation and at 6 months with a purposive sample of primary care staff delivering the clinics (occupational therapists, physiotherapists, nurses) (n=18). Thematic analysis using implementation theory will identify the barriers and facilitators, and elicit perceptions of the appropriateness, acceptability, feasibility, and sustainability. Referral rates, attendance, and onward referrals for treatment are being extracted from administrative databases and analysed descriptively as indicators of adoption, uptake and sustainability. Data are reported for two of the six clinics established between June and August 2016.

Results: Pre-implementation interviews suggest staff were comfortable conducting risk assessments given the expertise available within the multidisciplinary team and the tailored training and support provided by a dedicated coordinator and administrator. However, physical resources and space required to operate a multidisciplinary service are constrained.

Of the 165 referrals to the falls pathway, 42 were triaged for assessment at a FRAC (25%). The uptake rate was 74% (n=31). Non-attendance was highlighted as a particular challenge at one site while all staff expressed concern about the impact of assessments on waiting lists for intervention at community services. Over half of those assessed at a FRAC were referred on to the GP, physiotherapist and/or public health nurse.

Discussion: The implementation of the clinics is dependent on changes in ways of working among existing primary care staff, together with new resources to provide training, coordination and administrative support. The introduction of the clinics appears to be acceptable to those delivering the service and feasible in the primary care setting. However, its initial implementation success and sustainability are dependent on investment at multiple levels.

Lessons learned: Formative evaluations conducted in collaboration with health service managers, healthcare professionals and service users ensures that results are useful and used to inform ongoing service development.

Limitations: This study does not assess the effectiveness of the individual components of the pathway or the various strategies used to integrate care.

Future research: postal survey and interviews are being conducted among service users, and interviews are being conducted among healthcare professionals with referral access to the falls pathway. Understanding the challenges for those adopting, implementing and attended services on the pathway will increase the likelihood of its success, spread and sustainability.

Keywords: implementation; evaluation; ageing; care pathways
