Research Into Practice
A Reality Check

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Overview of the talk

- Research
- The Vision / Ambition
- Policy and Politics
- Data
- Engagement and Leadership
- Practical problems
- The person perspective
Research
Falls Research

- Tells us what works or might work
- Sometimes tells us what doesn’t work
- Usually population specific
- Doesn’t usually tell us how much it costs
- Doesn’t have an instruction manual at the end on how to do it
Absence of evidence ≠ Evidence of absence
Reality check

Comment made in respect to best practice being implemented for CACP clients.

When I came to xxxx, I’m ashamed to say some of our own geriatricians and community physiotherapists criticised them because it wasn’t an RCT or proper research.
Reality check

As Community based Physios we see patients in their home - it can be a challenge to do the "Best Practice" Falls risk assessment as the standardised clinic equipment isn't always portable, we adapt our assessment to still assess the same domains (as determined by the research) - e.g. a manual muscle test for quads may replace the spring gauge test. Unfortunately we cannot then plug this into a data set and print out falls risk profile, but we can still intervene and measure change.
Reality check

Getting evidence into practice with staff
……. It needs to have a ring of truth to their situation. Evidence from a project undertaken in a teaching hospital in the USA may not have that ring of truth to a District hospital in Dubbo. Knowing what that evidence is, then looking at your situation to see what your local issues are, i think is more likely to have compliance
Falls Research Cont

• Lots of good work out there on interventions
• Financial support for research but not in implementation work
• Implementation is a recognised science
• Collation and accurate interpretation of the research is key to application in the real world
The Vision
Results of 5 audit cycles over 15 month period on evidence based prescribing in older people

Individual Prescribing Indicators

Composite measure of all 5 indicators

Diabetes: 98%
IHD: 94%
Benza: 91%
AF: 82%
Steroid: 98%
Total: 98%
The Ambition - Evidence Based Prescribing for all Older People

- 98% % Adherence to Evidence Based Prescribing in June 03
- 61% Adherence in March 03
- To be audited in April-June 03
- Yet to be audited, no immediate plan
- 73% Adherence in September 03
- Yet to be audited, at discussion stage
- Yet to be audited, starting to 2 practices in April-June 03

50,000 people aged 65+ among the target population
What are we aiming to achieve

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• eg. All older people in NSW will be assessed for falls risk factors and those identified as at risk will be offered evidence based interventions to reduce risk
Policy, Politics and politics
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- Drivers for changes
- But who do they drive
- Gets turned into performance targets for managers
- Why not give the clinicians ownership of the targets
- Set credible targets
NSW Target – Jun 07

Falls in Hospital
- Zero deaths from falls in hospital
- Zero fractures / closed head injuries from falls

Wrong patient, site procedures
- Zero incorrect procedures in OT
- Zero incorrect site procedures in radiology, oncology and nuclear medicine
NSW target

- Falls are a random event
- Not all are preventable
- Not all are staff error
- Don’t know how to differentiate between injurious and non-injurious falls
- There is always a risk associated with improving mobility – home and hospital
- Target could have negative effect on progress
Reality check

Use of economic modelling to look at the opportunity costs and benefits; and to provide a costed implementation strategy would better equip introduction of new policies
Reality check

Critical components and barriers

- executive support and buy-in,
- lack of appreciation of the relevance of falls and the implications if we don’t manage well,
- usual poor regards for the well being of older people,
- cost restraint that prohibits exploration of doing things differently,
- lack of people with expertise
- those making cost related decisions removed from the clinicians and don’t see relevance
- re-organisation fatigue
Data
Importance of Data

• Organisations are often data rich
• Key to highlighting an issue
• Essential when trying to understand problem
• Has to be shared in a usable format
• Essential to evaluate the impact of any change
• Can be a motivator to change
Results of 5 audit cycles over 15 month period on evidence based prescribing in older people

- Diabetes: 98%
- IHD: 98%
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- Total: 98%

Composite measure of all 5 indicators
Engagement and Leadership
Human dimensions of change
Reality check

Sub-acute and residential aged care setting

The general consensus of opinion by the staff was that falls were inevitable and that nothing could be done to prevent them.

The key to culture change for us was a concerted program of awareness raising that continued for the first year of the program. I visited the units at least monthly and every time we introduced a new aspect of the program I went and did in-services on all the units.

Now three years down the track we have a culture of falls awareness in the units and we have reduced our falls rates and injury rates.
Creating an environment for change

Panic!!!

Comfort zone  Discomfort zone
Reality check

Bankstown-Lidcombe
From our experience some essential features seem to be:

- Involvement of interested parties in the review of the evidence to establish group commitment/cohesion/agreement
- Regular official meetings (i.e. dates, specific agendas, written minutes, specific jobs to do with names attached to them etc)
- A commitment to persist
- Choosing strategies over which the people involved have control (i.e. don’t choose to do things which involve others who are not committed)
- Regular review of the implementation (we still meet every 3 weeks) – we are currently undergoing an audit of our patient records.
New ways of working
Reality check

Trying to convince people that change is not about adding to workload - but working differently to get results

People get defensive if they think you know more than them - so you need to acknowledge what they know first and praise them for this and then add just bits and pieces of what the evidence suggests to their current practice.

Give them the control of the situation by treating them as the expert of the workplace and practices.

If you use the introduction of evidence based knowledge to empower a clinician they then can become a great ally.
Falls Clinic New: Follow-up %

- New appointments (% new appts)
- Old appointments (% old appts)

Segmenting discharge
One size doesn’t fit all

Planning for those at greatest risk

FUNCTION – Physical & Cognitive

SUPPORT & MOTIVATION
Low
High
1
2
3
4

Good

Poor
Practicalities
Reality check

- not enough hands to do the work
- poor understanding of the benefits of community initiatives and commitment to implement
- big system to influence,
- too many people wanting to do their own thing and unwilling to embrace new ideas!
Reality check

We had the Stepping On program written up in JAGS 2004 as best practice and I thought this would be implemented in my workplace.

When confronting the workplace with this they felt it was a good idea but not important and even told me that Falls aren't Core practice!

Having moved to another job, I have found the manager so supportive and allowed me to run the program. I have found by this support other Stepping Programs have started in this health area.
Reality check

There is no older people friendly calcium or vitamin D so most older people wind up not taking the medication
Person Centred Care

- Essential to develop services in conjunction with the intended recipients
- Key to maximising uptake and compliance
Reality check

I must say I took quite a bit of note from the Yardley et al (2006) qualitative study. I very rarely talk about Falls Prevention because very few of my patients recognise the fact that they continue to fall. I talk about what they think they can do to avoid the problem that caused that fall. If poor balance was a contributing factor I talk about exercising for "balance" as well as "strength". They seem to understand that.
Conclusion

- Vision – have one
- Research – unbiased interpretation for those expected to implement the findings
- Policy – align with guidelines and economic modelling
- Data – data, data, data
- Identify leaders and free their time
- Don’t dismiss support service issues
- Develop services in conjunction with intended recipients