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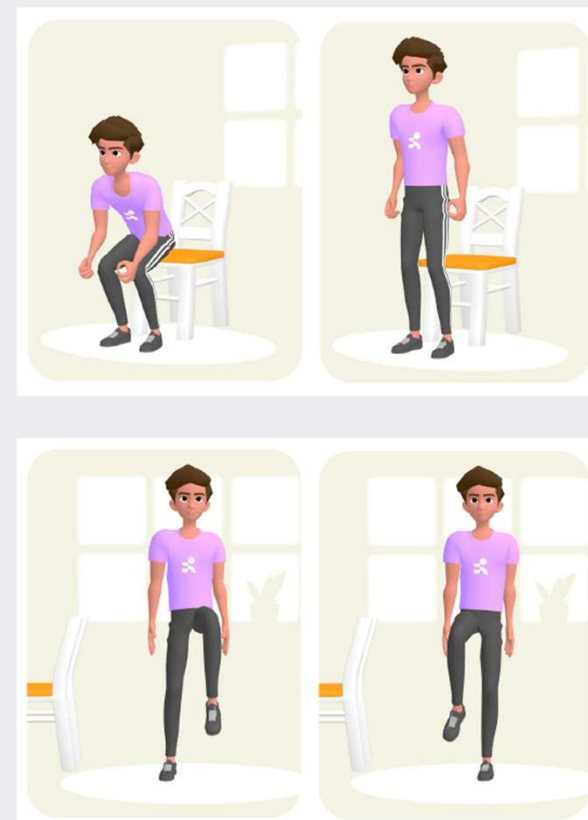
# Co-creating an optimal implementation model for digital health solutions into community age care

**The implementation of an eHealth fall prevention program**

Dr Meghan Ambrens



# Background



## Methodology

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### Aim

Co-design an optimal implementation model for digital health solutions into community aged care

- Understand the barriers and facilitators associated with implementing a digital fall prevention solution into community aged care
- Select targeted strategies to address these barriers and develop an optimal implementation model to support the delivery of digital health programs in community aged care.

### Outcome




the development of an optimal implementation model for implementing a digital health program into community aged care.

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# StandingTall





## Hello 🙋 Steveo!


Welcome to StandingTall. Your tool to improving your balance, mobility and overall well-being.




**You're so close!**  
You're more than half way to reach your target today.

20 min left

your progress





**Time to get Stronger**  
You're so close! Only another 1 exercises this week until you!





Last session  
3 days ago  
20 min




Let's start exercising




 Assessment

 Progress

 Education




## Standing on Right Leg



In progress

Duration


**15s**




Exercise

**1/20**

20 exercises

 About

 Pause Exercise

## Well done Steveo!

Let's review your exercise session completed



**10.00**  
Subsession time

**Balance**  
No brain training



**10.00**  
Subsession time

**Strength**  
No brain training



**11.00**  
Subsession time

**Heart Health**  
+ Aerobics 2



**Your session**

**10.00 min**  
Balance Total

**10.00**  
Strength Total

**11.00**  
Heart health Total



**31**  
min. Total



**Balance Goal**

**90.00 min**  
Your weekly goal

**55.00**  
Minutes complete

**25.00**  
Minutes remaining



**25**  
min. left



**Your progress** >



Balance

07



Strength

06

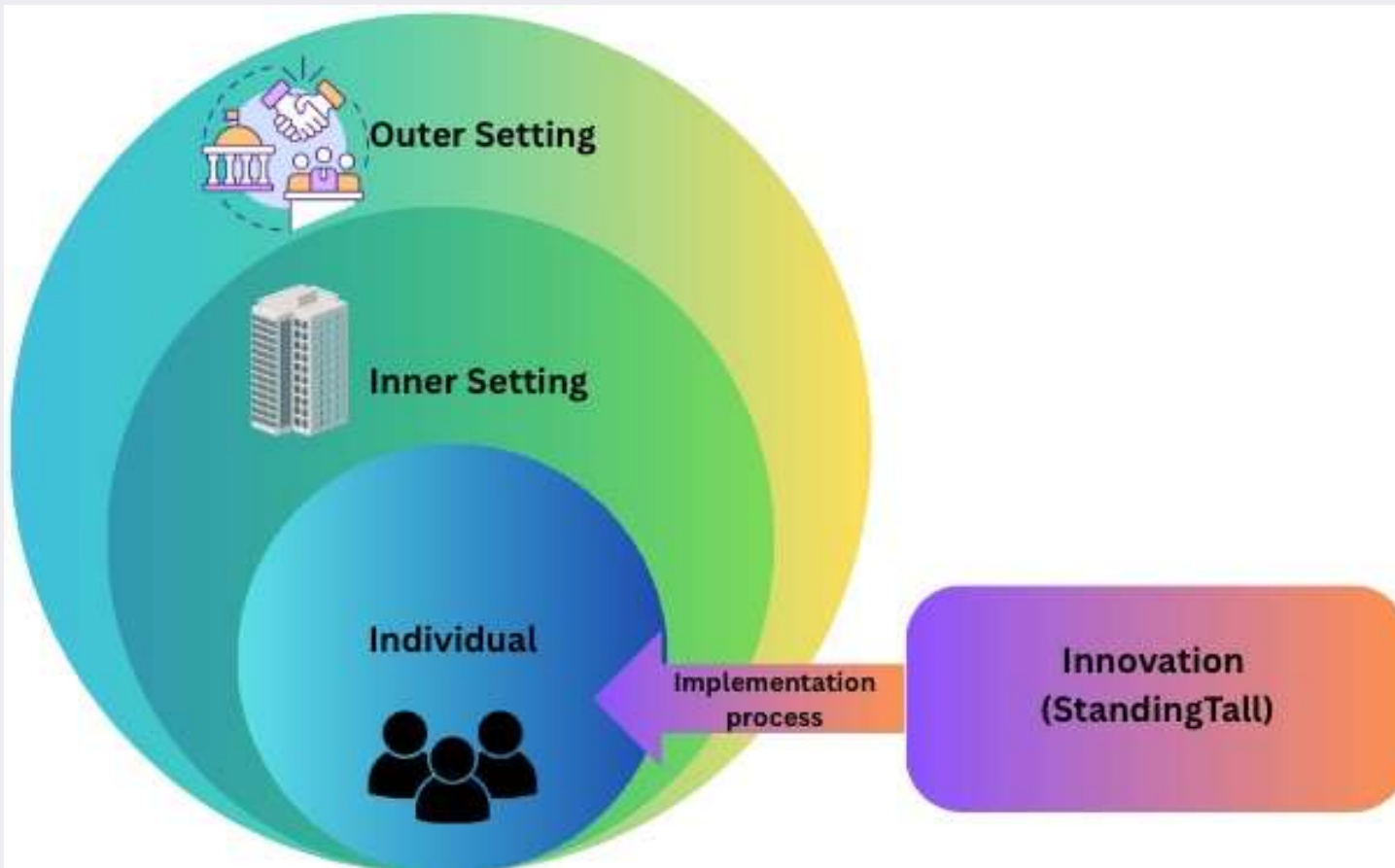


Heart Health

06

 Continue

## Relevant CFIR Domains





## Inner Setting Domain

*"The device itself, having access to it. Most of our clients, I mean a lot, don't barely [sic] have a phone"*

Physical infrastructure

*"One of my bugbears is that you take up a lot of time to do documentation, so if that can be built into it, if it helps with our documentation. To be able to write a comment in the StandingTall app and have it move into our EMR"*

Information technology and Work infrastructure

*"That's definitely of use, I think for some. But for other's, they barely have a budget for a walker, and so I think that's great if you've got an unlimited budget"*

Funding

*"A new thing comes along and you're like, where do I have time for this? How do I learn about this properly? Like a lot of our team is part time"*



## Inner Setting Domain

*"I don't think it is the best tool for that program ... the person is overwhelmed, particularly at the start, but introducing it later is too late. You need us to actually introduce it at something like week four but I've got too many other things to do with them"*

Tension for change and compatibility

*"I have to go back to the client's care manager and say this is what I found. These are the issues. This is what I recommend. And they go, okay, budget will allow A, B, C but not 1, 2, 3"*

Relative Priority

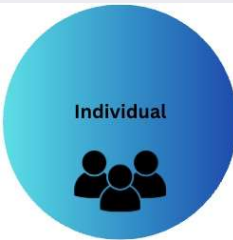
*"They don't have time and don't want to know about projects or anything. They've got so much, like hundreds of clients"*

*"The issue around home care package clients is funding and getting permission to go in there. I don't really think the clinical care managers are going to go straight to StandingTall unfortunately"*



# Individual Domain

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*"I think with the clientele that we've got, most are 75, 80 plus, and while some are tech savvy, most well, I feel like that was a bit of a barrier for them"*

Innovation Deliverer

*"I don't think that the clients would need a huge amount, to be fair. Not nearly as much as me, who sets it up would"*

*"That's another issue we're dealing with, how to best present exercises. There's the classic sketched two-dimensional picture. We've tried taking photos, but they're not professionally done, so they look kind of, you can't tell where the legs are, they blend into the background. We do the best we can "*



## Implementation strategies: CFIR-ERIC matching tool

### Identify & Prepare Champions

Resident Experts will be identified and trained, local support, leadership, successful program use and reassurance to peers.

### Promote Adaptability

The program should be offered as a flexible intervention, with options for delivery at different stages of care. Healthcare professionals should be able to tailor the program as needed.

### Develop Educational Materials

Providing step-by-step guidance and troubleshooting resources. Accessible quick reference guides, instructional videos and FAQs. Materials should be co-designed.

### Build a Coalition

Secure organisational buy-in through involving Clinical Care Managers in planning decisions early, offer information sessions.

### Conduct Ongoing Training

Practical, hands-on small group training sessions will be offered to healthcare professionals. Refresher webinars and short on-demand video modules to support healthcare professionals.

### Develop a Formal Implementation Blueprint

Guidance on when to introduce the program, how to assess client readiness, how to document in the EMR. Addresses funding pathways.

## Implications and the next steps

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### Contributions to the literature

Digital fall prevention programs provide urgently needed benefits for community aged care, addressing the major preventable health burden - mobility impairment and falls

A co-designed structured, theory-informed approach to developing an implementation model

The model supports older people to improve mobility and safety at home

### Policy

Need to formally recognise & fund digital health interventions

Embed support for technology access and training within home care package funding guidelines

Recommend ongoing evaluation of program outcomes (falls, mobility) to inform funding decisions and continuous improvement

Next Steps: Validate and refine the model via a six-month pilot study

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## Investigators

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<https://standingtall.net.au/>