

Strategies for implementation of a transmural fall-prevention care pathway for older adults with fall-related injuries at the emergency department

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Abstract

Background: Although indicated, referrals for multifactorial fall risk assessments in older adults with fall related injuries presenting at the emergency department (ED) are not standard. The implementation of a transmural fall-prevention care pathway (TFCP) could bridge this gap by guiding patients to multifactorial fall risk assessments and personalised multidomain interventions in primary care. This study aims to develop and evaluate implementation strategies for a transmural fall-prevention care pathway (TFCP).

Methods: In this mixed-methods implementation study, strategies were developed using the Consolidated Framework for Implementation Research Expert Recommendations for Implementing Change Matching Tool. These were evaluated with patients, involved healthcare professionals, and other stakeholders using the Reach, Adoption, Implementation, and Maintenance of the RE-AIM framework in two cycles. Patients of the TFCP consisted of frail community dwelling individuals aged 65 and over presenting at the ED with fall related injuries.

Results: During the first implementation phase, strategies were focussed on assessing readiness, adaptability, local champions, incentives and education for all involved healthcare professions in the TFCP. Only 34.4% of eligible patients were informed of the TFCP at the ED, 30.6% agreed to a fall risk assessment and 8.3% patients received the fall risk assessment. In the second phase, this improved to 67.1%, 64.6%, and 35.4%, respectively. Strategies in this phase focussed on adaptability, obtaining sustainable financial resources, local champions, assessing readiness, and education. The implementation was facilitated by strategies related to awareness, champion recruitment, educational meetings, adaptability of TFCP elements and evaluations of facilitators and barriers.

Conclusion: The study outlined strategies for implementing TFCPs in EDs. Strategies included increasing awareness, utilising local champions, educational initiatives, adaptability of the TFCP, and continuous monitoring of facilitators and barriers. These insights can serve as a blueprint for enhancing fall prevention efforts for older adults in emergency department settings.

Keywords: Implementation, Older adults, Fall Prevention, Transmural Care, Emergency Department