

Tailored Falls Prevention Education for Older People Discharged from Hospital

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Protocol for a Process Evaluation

AGEING:
THE GOLDEN
OPPORTUNITY

50th
AAG
CONFERENCE

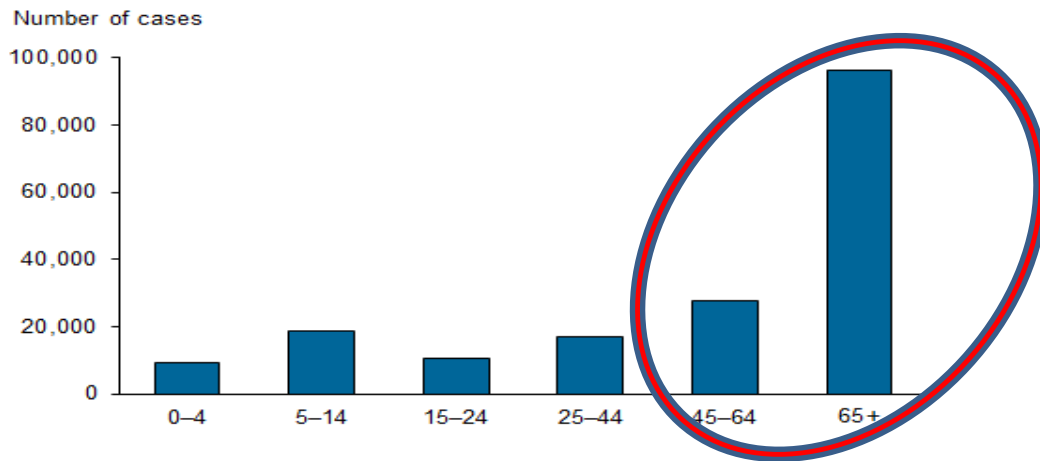
08 - 10 NOVEMBER 2017
CROWN PERTH, WESTERN AUSTRALIA



AAG
Australian
Association of
Gerontology

National Falls Incidence

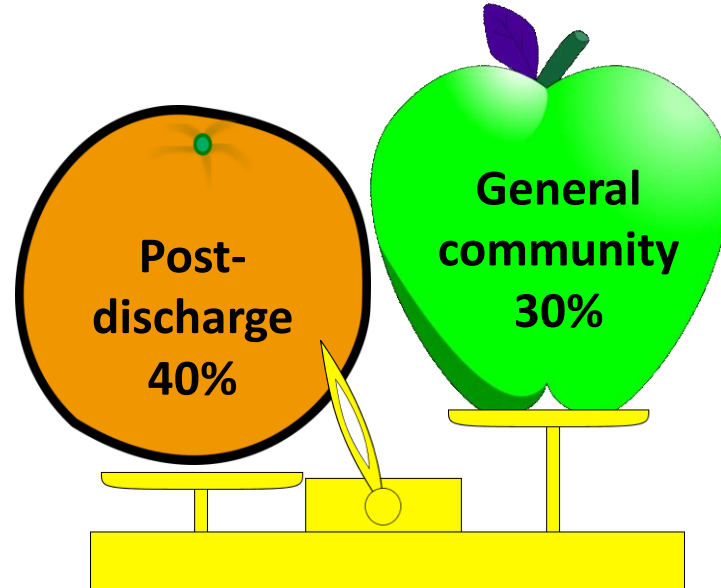
Falls-related hospitalisations by age



Source: AIHW National Hospital Morbidity Database (Bradley, 2013)

Falls Incidence in Older People

54%
Injuries

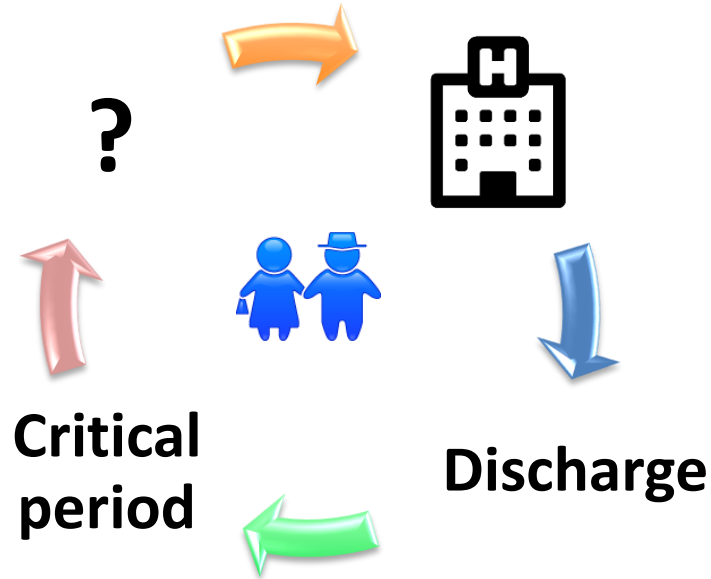


10%
Injuries

Hill et al, 2011
Mahoney et al, 2000

Campbell et al, 1990
Carpenter et al, 2009

Cycle of Discharge Care



Naseri et al, 2016
Naseri et al, 2017 (submitted data)

Primary Aim

The aim of the study is to evaluate how providing **tailored falls prevention education** to older patients who are **at the point of hospital discharge** affects **engagement in falls prevention strategies** in the six months post-discharge period, compared to providing usual care alone.

Secondary Aims

- Perceived levels of capability (knowledge and awareness) about falls prevention after discharge
- Motivation, believes in benefits and has confidence to engage in falls prevention strategies
- Opportunity: barriers and enablers to engagement in falls prevention strategies

Participants and Setting

Patients (n=390) discharged from aged care rehabilitation and stroke units at:

- St John of God Midland public hospital
- Bentley hospital
- Armadale hospital

Observed for 6 months post discharge.

Enrolled as part of RCT (Hill AM et al, 2017) evaluating rates of falls.

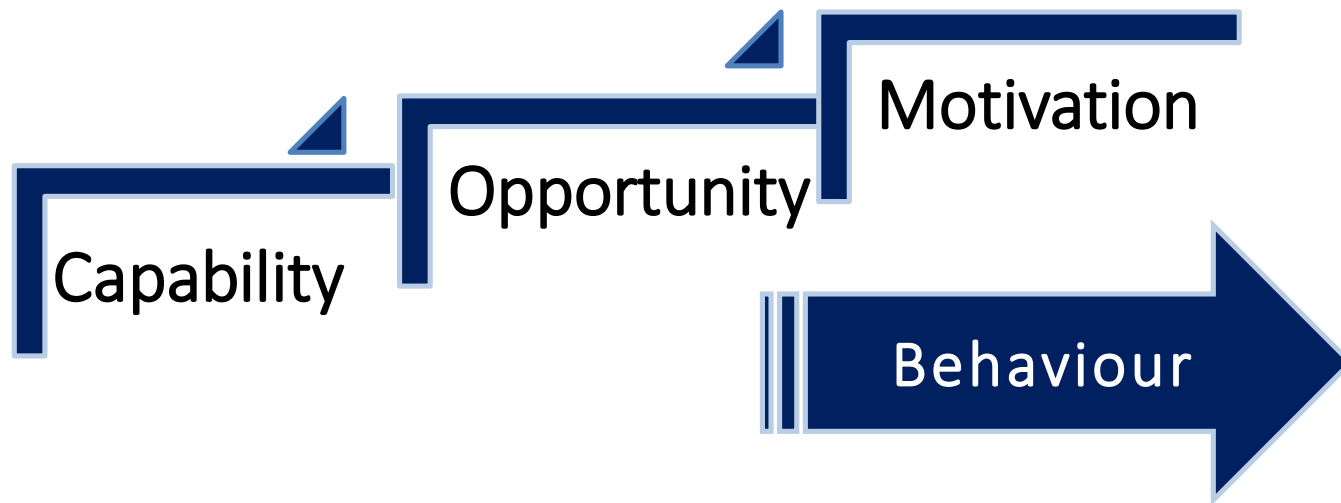
Inclusion Criteria

- ≥ 60 years of age
- $> 7/10$ in Abbreviated Mental Test Score (AMTS)

Exclusion Criteria

- Unstable medical condition
- Discharged to a Transitional Care Facility or Residential Care
- Requires palliative care

Theoretical framework: COM-B



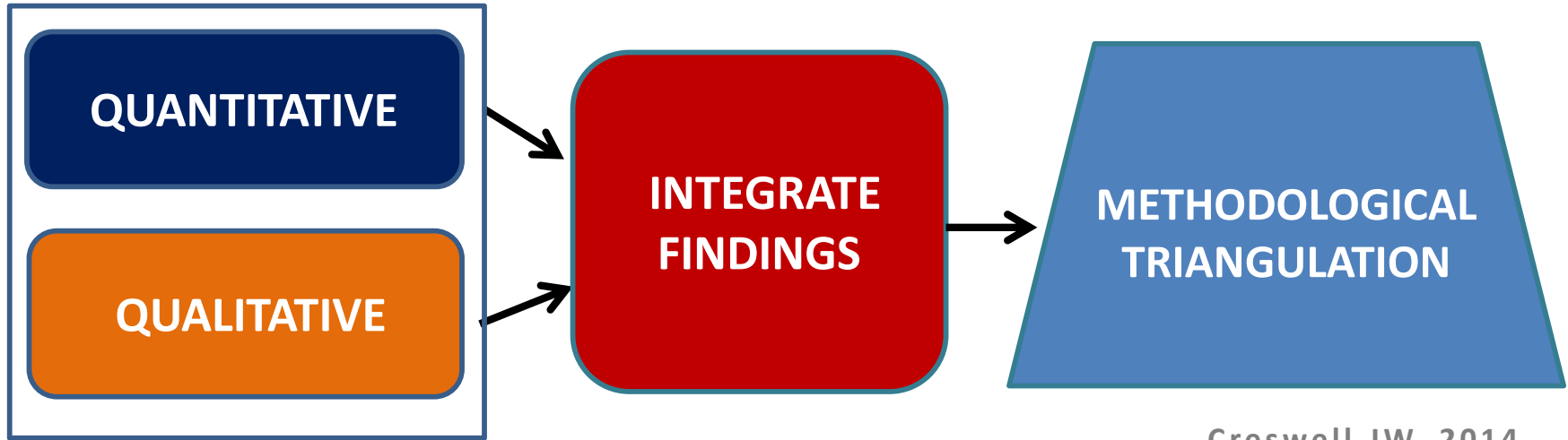
→ Accepts social supports

→ Accepts equipment

→ Engages in exercise

→ Gradually returns to normal activities

Design: Process Evaluation using Embedded Mixed Method Design



Creswell JW, 2014

Procedure

Enrol in Hospital
N=390

Intervention n= 195

Control n=195

FOLLOW-UP BY PHONE AT 6 MONTHS
n=390

Quantitative outcomes:

Engagement Capability and Motivation

Qualitative outcome n= Purposive sampling
Opportunity (social & environmental)
barriers to engagement

INTERPRETATION AND SYNTHESIS

Research and clinical recommendations

ANALYSIS

Quantitative: Regression modelling

Qualitative: Interpretative
Phenomenological Analysis

**MERGE QUANTITATIVE AND
QUALITATIVE DATA**

Discussion – The How & Why

The RCT has delivered a health behaviour change intervention, measuring falls rates. **This study will :**

- ✓ measure engagement in falls prevention strategies
? ↑ Engagement ↓ Falls
- ✓ explore influence of capability, motivation & opportunity on health behaviour
- ✓ triangulate data to allow rich interpretation and explain why the intervention did or did not reduce falls rates

Significance of this Study

- **Mixed method → rich analysis and interpretation**
- **Robust evidence of impact of tailored falls education**
- **Examine health behaviour change (engagement)**

- **↑ falls prevention guidelines**
- **↑ discharge care**
- **↑ complex case management**



AG
TH
OP

Research

Clinical



Reference List

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