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## #7 - Creating an Implementation Enhancement Plan for a Digital Fall Prevention Platform Using the CFIR-ERIC Approach

### Presenting Author(s)\*

Dr Alana Delaforce<sup>1</sup>

### Affiliation

<sup>1</sup>Commonwealth Scientific and Industrial Research Organisation (CSIRO)

### Country of residence

Australia

### Objectives/aims

Falls are a major cause of Hospital Acquired Complications (HAC) and inpatient harm. Interventions to prevent falls exist, but it is unclear which are most effective and what implementation strategies best support their use. This study uses the CFIR-ERIC approach to develop an implementation enhancement plan to improve the uptake of a digital fall prevention workflow.

### Methods

A qualitative approach using focus groups/interview included 12 participants across 4 inpatient wards, from a newly built, 300-bed rural -referral hospital. Interviews were coded to the Consolidated Framework for Implementation Research (CFIR) and then converted to barrier and enabler statements using consensus agreement. Barriers and enablers are mapped to the Expert Recommendations for Implementing Change (ERIC) tool to develop an implementation enhancement plan.

### Main findings

Common enablers and barriers were revealed and mapped to the ERIC tool. Following this, six clusters of interventions were revealed: Train and educate stakeholders, Utilize Financial Strategies, Adapt and tailor to context, Engage consumers, Use evaluative and iterative strategies, and Develop stakeholder interrelations. Enablers and barriers identified are similar to those described in the literature. Given there is close agreement between the ERIC consensus framework recommendations and evidence, this approach will likely assist in enhancing the implementation of the Responder 5 digital falls prevention workflow system and other



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similar technological applications which have the potential to disrupt team and organisational routine. The results of this study will provide a blueprint to enhance implementation that will be tested for effectiveness at a later stage.

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