



Australian e-Health
Research Centre

Australia's National Science Agency

Kick starting digital health intervention uptake: How implementation science can help improve engagement

Presenters:

Dr Alana Delaforce, Associate Professor Joy Parkinson





Workshop aims

Participants will learn:

- The value and purpose of investing in and developing theory driven implementation enhancement plans
- The participatory co-design approach and processes involved in developing such plans
- Lessons learned including considerations and pitfalls to avoid



Workshop overview

- Short presentation – case study with method outline (7 mins)
- Activity –engage in the strategy selection process (25 mins)
- Reflection on how this was operationalised in a hospital (8 mins)



Background

- Falls associated with increased morbidity and mortality
- 2020-2021 Australian hospitals reported more than 47,000 falls
- Unclear what interventions best help prevent them
- Unclear which implementation strategies best support falls prevention interventions



About the falls prevention platform

- Speech enabled nurse call communication system
- Location services engine
- Digital dashboards (falls risk and workload allocation)
- Integration with chair alarms, mats, and clip on movement alarms

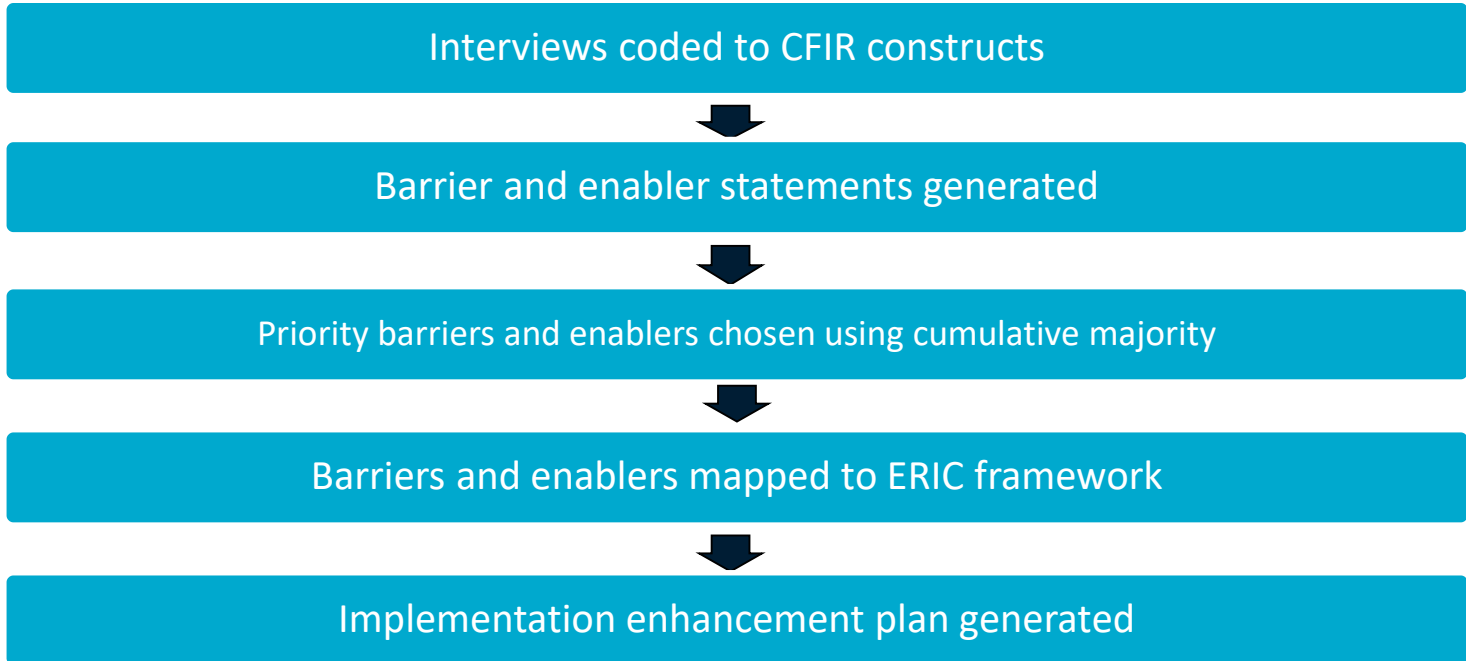


Project research approach

- Mixed-methods design (qualitative and quantitative data)
- Implementation theory (Consolidated Framework for Implementation Research – CFIR) informed approach
- Before and after type-two hybrid effectiveness design (a way to test if something works AND if implementation supports are helping)



Co-design Phase One – Qualitative Methods





Activity

- Groups of 4-5 (one materials pack each group)
- Try to complete the template – match the quote to the CFIR barrier construct
- Once you have the CFIR barrier, look it up on the ERIC tool to find out what strategy you should use



What we came up with

Quote	CFIR Barriers	ERIC Strategies
<p>“I moved on the first day . . . it was kind of teach as you go, I found . . . I don’t know if I’ve just missed something or if I’ve missed a training day, but I only recently was shown how to use the falls alert, like how to properly do that. I don’t know if that was just me missing something.”</p>	Access to knowledge and information	Conduct educational meetings
<p>“We have had an increase in falls recently, but I don’t think that’s anything to do with the Responder system I think that’s more to do with staffing levels.”</p>	Available resources	Access new funding
<p>“The old system where we sat you could see up and down your corridors and you could see your buzzers. So, it’s not just about the Rauland itself, it’s also about the way the hospital itself is set up to fit in with these systems that are getting put in place for us to use.”</p>	Compatibility	Promote adaptability
<p>“Not so much the phones but definitely the alarms, the amount of noise that it makes. Something else with the phones too is that there’s just so much noise. You know you’re getting tired of the bleeping; you’re getting tired of the you kind of get worn out listening to it and then you start ignoring it.”</p>	Design quality and packaging	Promote adaptability



Co-design Phase 2: Workshop

What did this exercise look like for the hospital?

- Select what can and cannot be achieved
- Tailor to the local context
- Develop action items and timeframes



Implementation enhancement plan



Train and educate stakeholders

Include in mandatory training using simulation
Online training modifications



Engage consumers

Information integrated into admissions pack
Care board conversations, use of stickers
Refresh staff on patient education need and create audit trail using paperwork



Adapt and tailor to context

Innovation to be adapted – alarms tweaked
Integrate discussion of falls into huddle
Audit + policy and procedure awareness



Implementation enhancement plan



Use evaluative and iterative strategies

Monitoring and reporting – progress and audits
Integrate into leader rounding



Utilise financial strategies

Additional equipment purchased



Develop stakeholder interrelations

Integrate falls metrics and strategies into developing clinical nurse leadership program



Conclusion/Future Directions

- Approach helps develop tailored implementation enhancement plan – co-design is key.
- Regular meetings to track progress of agreed plan of action
- Close agreement between the ERIC consensus framework recommendations and the evidence.
- Likely to assist in enhancing the implementation of Rauland Australia's Concentric Care fall prevention platform and other similar workflow technologies.



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Thank you

Health System Analytics

Team members

Dr Rajiv Jayasena

Mr Norm Good

Ms Pippa Niven

Dr Jane Li

Dr Alana Delaforce

Associate Professor Joy

Parkinson

Maitland Hospital

Ms Melisa Grujovski

Ms Paula Richards

Mr Michael Fahey

All the nursing team and
quality and safety personnel

Rauland Australia

Vickie Knight