

# Evaluating a falls reduction intervention in older persons' inpatient rehabilitation: does it work in a new context?

## Volunteers as patient peers can provide effective falls risk reduction education as part of goal-directed conversations with older adults undergoing rehabilitation.

### WHAT WE DID

#### Background and Objectives:

- The Safe Recovery Programme (SRP) is an evidence-based patient education intervention shown to reduce falls in Australian rehabilitation settings (Hill et al., 2015).
- In contrast to the original intervention, in this pilot volunteers worked alongside healthcare professionals to deliver the intervention.

#### Aim:

- To evaluate the effectiveness of the SRP in reducing the number of falls within four older person rehabilitation wards in Christchurch, New Zealand.

#### Method:

- Realist methods informed the development of an evaluation study exploring to what extent, and how, the SRP intervention works.
- We analysed process and outcome audit data, staff and patient surveys, and qualitative interviews and focus groups exploring the views of patients, staff and volunteers on their experience of SRP
- We used context-mechanism-outcome configurations as a heuristic device to support explanations for how SRP works (Pawson & Tilley, 1997).

### WHAT WE FOUND

Key mechanisms of intervention effect:

**1 Giving patients permission to ask and wait for help**

**2 Personalised information & goal-setting conversations**

**3 Environmental cues provide reminders to patients**

**4 Empowerment in line with evolving self-identity**

**5 Falls prevention messaging prioritised within wards**

#### Results:

An overall evaluative account has been developed suggesting that:

- Volunteers, acting as patient peers, can be effective in providing falls risk reduction information as part of goal-directed conversations within SRP delivery.
- SRP intervention effectiveness may be increased by targeting different aspects of the intervention to specific patient groupings.
- Pre-implementation staff training is required to ensure consistency and coherence of SRP messaging and integration with existing ward falls prevention strategies.

**Emphasising different types of learning depending on the patient characteristics, may lead to patients being more willing to ask for help and being less likely to engage in behaviours which increase their risk of falling.**

### RECOMMENDATIONS

**Clinicians** should use specific education to empower cognitively intact patients to keep themselves safe while being rehabilitated as inpatients.

**Service managers** should consider the role peer education could have in providing support for their patient populations.

**Researchers & clinicians** can use refined programme theory developed as a result of this evaluation study to further refine the ongoing implementation of SRP.

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#### References

Hill, A.-M., McPhail, S. M., Waldron, N., et al. (2015). Fall rates in hospital rehabilitation units after individualised patient and staff education programmes: a pragmatic, stepped-wedge, cluster-randomised controlled trial. *Lancet*, 385(9987), 2592–2599.

Pawson, R., & Tilley, N. (1997). *Realistic Evaluation*. London: SAGE.