



RESEARCH BRIEF

Health Research Board (HRB) Applied Partnership Award

Overview and findings of research on the implementation and sustainability of the Cork Integrated Falls Prevention Pathway

WHAT'S THE STUDY ABOUT?

The aim of this project was to investigate the implementation and sustainability of the Cork Integrated Falls Prevention Pathway, established in 2015 in Cork-Kerry Community Healthcare Organisation (CHO4). The pathway consists of a continuum of falls-related services across primary and secondary care, including falls risk assessment clinics in primary care, specialist assessment and treatment, community exercise classes and home rehabilitation, with a single point of referral to the service managed by a falls coordinator.

This research project (2018–2021) was led by **Dr Sheena McHugh** at the School of Public Health at University College Cork (UCC). The project was funded by a **HRB Applied Partnership Award (APA)**.

WHAT DID WE DO?

Three separate studies were conducted:

- **Study 1** investigated the **delivery** of falls prevention interventions and services in the pathway using 'process mapping';
- **Study 2** assessed the **scalability** (suitability for scaling up) of the falls prevention pathway through interviews and an online survey with senior health service stakeholders involved in the service;
- **Study 3** examined factors influencing the **perceived acceptability, appropriateness and feasibility** of implementing the falls risk assessment clinics among primary healthcare professionals.

For more information about the project and results see our [website](#)

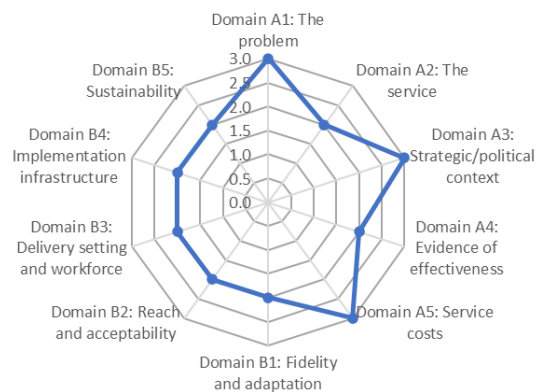
WHAT DID WE FIND?

STUDY 1

- In total, 85 assessments were completed across five clinics during the evaluation (2018-2020), with an average of 5/10 risk factors identified.
- Following assessment, clients received an average of 3 onward referrals, managed through both formal and informal pathways.
- Data on intervention receipt was only available for a third of referrals, indicating variation and gaps in systems for recording activity/tracking referrals across sites and disciplines.
- Barriers to service delivery included perceived inappropriate referrals to the falls risk assessment clinics, insufficient client information to inform assessments, and lack of an integrated IT system.

STUDY 2

The graph below shows the results of the **scalability assessment** for the pathway. Points on the outer part are areas that received a higher score and as such would facilitate scale up. Points closer to the centre indicate weaker areas requiring further consideration.



STUDY 2 (Contd.)

Aspects in support of scale-up:

- Strong perceived need for falls prevention services
- Alignment with the health policy context, including increased emphasis on integrated care for older adults and falls prevention
- Perception that benefits of the pathway could potentially outweigh costs given the significant costs related to falls (e.g. fractures)

Aspects to address prior to scale up:

- Perceived need for better resourcing (e.g. healthcare professionals for clinics, room space for assessments, parking for service users)
- Lack of an integrated electronic patient management system linking primary/secondary care
- Gap in data on effectiveness of the pathway as it is currently operationalised

The study concluded that **function rather than form** should be the focus at scale-up and that **evidence was limited** to support the scalability of this service in its current form.

STUDY 3

- This qualitative study, involving interviews with healthcare professionals, found that their perceptions of the **acceptability, appropriateness and feasibility** of implementing the falls risk assessment clinics were influenced by a range of factors.
- Factors most influential related to the inner setting (e.g. available resources, co-location of HCPs); implementation process (engaging key stakeholders such as GPs and service users); and service characteristics (e.g. complexity of the intervention, compatibility with existing workflows and services).
- Healthcare professionals perceived clear benefits of multidisciplinary working once sufficient supports were put in place, including ongoing training.



KEY LEARNING

Based on the findings from this research project, a number of key learning points were identified:

- **Need for pre-implementation planning and preparation** – designating sufficient resources early on is crucial, including healthcare professionals with protected time to deliver the service and adequate/appropriate room space for assessment clinics. Provision of administrative support and appointing a dedicated falls coordinator are elements worth maintaining in future iterations.
- **Importance of developing integrated IT infrastructure** – establishing an integrated electronic patient management system linking primary and secondary care services is critical to facilitate the service and to avoid duplication of services.
- **Need for proactive and ongoing engagement with key stakeholders** – engagement with GPs and service users is paramount to ensure referrals to the service and attendance. This includes raising awareness of the service and explaining the rationale for and benefits of the service.
- **Importance of fostering team-building strategies to support multidisciplinary teams** – ensuring a greater focus on team-building skills in training provision is also important to support multidisciplinary working and encourage buy-in among healthcare professionals.



Further information

Further information on this research project and a list of published studies can be found at:

<https://www.ucc.ie/en/implementation-research/projects/fallspreventionproject/>

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