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Using a community of practice to evaluate falls prevention activity in a residential aged care organisation: a clinical audit

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Table S1. Evaluation of the falls prevention CoP in meeting criteria for an effective clinical audit

CoP, Community of Practice; RAC, Residential Aged Care

Stages of Audit Cycle	Summary of elements of effective clinical audit (Benjamin, 2008)	Audit by falls prevention community of practice (CoP)
1	Clinical audit should assess **structure**, **process**, or **outcomes** of care	This audit measured **falls and falls injury prevention activity** across all 13 sites of a RAC organisation (n=779 beds)
	The audit should be part of a **structured programme** and should have a **local lead**	Audit formed **part of a project** investigating the impact of a falls prevention CoP on falls outcomes across 13 RAC sites.
		Audit training was provided.
		Researcher-designed **planning template** used to identify barriers and facilitators to conducting site audits.
		Falls prevention action led by **1 or 2 CoP members** at **each site**.
	Audit should ideally be **multidisciplinary**	**CoP** members led audit assisted by site **Nurses**, **Care Managers** and **Allied Health** Professionals.
	Patients should ideally be part of the audit	**Residents** were **surveyed** in a separate study

2	Choose audit **topics** based on **high risk**, **high volume**, or **high cost** problems or on national clinical audits, **national** service frameworks, or NICE guidelines	**One in two older people** in RAC **fall annually**; preventing falls for older people is a national priority. Cost of falls annually **$648.2 million AUD** A ‘Falls and falls injury prevention activity audit for residential aged care facilities’ developed by the **National Ageing Research Institute** and modified for the RAC setting was selected.
3	Derive standards of measurement from **good quality guidelines**	Audit tool aligns with: **Australian Commission on Safety and Quality in Healthcare**. Preventing falls and harm from falls in older people. Best Practice Guidelines for Australian Residential Care Facilities 2009.
4	Use **action plans** to overcome the local barriers to change, and **identify** those responsible for **service improvement**	Falls prevention CoP formulated **action plan** post audit (**Table 3**) CoP members used a **researcher-designed template** to identify staff on site who may assist with audit improvements. **CoP members leading** practice **change** at sites.

5	**Repeat audit** to find out whether improvements in care have been implemented as a result of clinical audit	**CoP** planning **repeat audit** following implementation of action plans
	Develop **specific mechanisms** and **systems** to monitor and **sustain** service **improvements** once the audit cycle has been completed	**Falls prevention CoP established** with intention of being a sustainable model for falls prevention action and evaluation across the RAC organisation.

Table S2. CoP identified barriers, facilitators and actions to adoption of falls prevention activities at sites.

CoP, Community of Practice; RAC, Residential Aged Care; Ax, Assessment; NP, Nursing Practitioner; PBS, Pharmaceutical Benefits Scheme

CoP plan	Barriers	Facilitators	CoP Actions
Increase number of residents supplemented with Vitamin D	Not universally prescribed. Individual residents have different GPs with varied opinions on prescribing	Engaging support from Geriatricians in targeting GPs	Engaged geriatricians to assist with preparation of a letter to GPs incorporating evidence based information and benefits of vitamin D supplementation. Letter e-mailed to all RAC site visiting GPs Two Nurse Practitioners who visit 10 RAC sites and have prescribing rights for Vitamin D are providing additional support.

			Raising staff awareness at sites through CoP newsletter
	Cost to resident (not on PBS)	Investigate bulk buying of supplements to reduce cost	Provide information on vitamin D supplementation, including cost versus benefit in the RAC admission package
	Residents with swallowing difficulties may not manage supplement table	Investigate alternate delivery formats through pharmacist	Information provided to all site care managers that supplements are available in liquid drops and by injection
Design mandatory staff falls prevention education	Lack of relevant educational resources	Develop CoP newsletter to disseminate falls prevention information	CoP newsletter "CoPTales" produced providing feedback and information on CoP falls prevention activities. Three issues published.
	Electronic training media cannot be used on staff computers at some sites due to lack of infrastructure.	Engage IT support.	Discussed with IT, audio accessibility has been enabled on site computers.

	Some staff will not attend training out of their rostered shifts.	Use multimedia so staff across all shifts can access training.	Exploring multimedia training options. Reviewing current freely available resources versus producing RAC organisation's own tailored resources.
	Cost of providing education across multiple days / shifts.	Survey care staff to find out what they know and think about falls and falls prevention. Break down falls prevention training into modules that could be presented on site at the end of staff meetings or handovers.	Developing interactive and experiential training focussing on intrinsic (resident) and extrinsic (environmental) risk factors and staffs role regarding both. Pilot study of Care staff indicates staff would like falls prevention reminders such as checklist. Survey of care staff has been extended across eight RAC sites to further inform education design. Mandatory falls prevention training is being incorporated into the two day new RAC staff orientation package.
Adopt standardised fall definition	Many definitions in existence Clinical	Engaging support from research academics to assist with interpretation	Implemented fall definition by Lamb et al 2005. Writing clinical explanations for falls reporting.

	interpretation can impact reliability of reporting		
Write falls prevention policy for implementation	Unco-ordinated approach to falls prevention due to lack of clear guidelines.	Engaging support from research academics for policy writing. Updated RAC software will allow easier review of falls incidents	Developing written processes for falls prevention activities including regular standardised falls monitoring feedback to site staff. Using new software at four RAC sites to display monthly falls incident trends in a graph displayed in staff handover room
	Policy has to incorporate the organisations other care provision domains for community dwelling elderly and younger people with disabilities.	Engaging assistance from Document Controller (recently employed by the RAC organisation to assist with policy writing)	Writing new falls management policy that focusses on prevention in conjunction with all stakeholder groups

Improve falls risk Ax process	Many falls risk assessment tools exist resulting in confusion as to selection of most appropriate.	Engaging support from research academics via CoP in finding suitable tools for consideration.	5 falls risk assessment tools designed for RAC settings were reviewed. The Queensland falls assessment and management plan (FAMP) has been selected and tailored for adoption based on their RAC site requirements.
	Staff confusion regarding responsibility for completing the Ax tool. Review of residents post fall is challenging for allied health staff employed part time	Discussing at RAC site staff meetings	Discipline specific responsibilities for completing items within the Ax tool have been negotiated so tasks are shared. Process guidelines for falls risk Ax tool item completion are being written. All residents will receive a falls risk Ax on admission. The times for repeating the falls risk Ax tool is being negotiated.

Improve delivery of balance exercise programs provided	Low contact hours by professional staff to supervise therapy assistants implementing exercises.	Discuss with physiotherapists at all RAC sites re-review of balance exercise programs for residents with capability of completing balance exercises of sufficient challenge.	Met with RAC site physiotherapists regarding use of supervised individual or group balance exercises to challenge the resident' s limit of stability aiming for two hours per week cumulatively. RAC site physiotherapists are educating therapy assistants regarding how to challenge a resident's limits of stability when assisting with balance exercises.
	Time demands by other tasks limit ability to provide optimal therapeutic dosage.		Alert government agencies to therapy staffing levels as they do not have the opportunity to provide balance exercises to eligible individuals at the therapeutic dosage for improvement.
Design resident falls prevention education	Many residents are cognitively impaired which is a challenge to educating and adopting	Engage staff to assist residents to prevent falls through reminders and setting up a safe environment.	Addressed through staff education actions above.

falls prevention actions independently.		
Lack of resident compliance with falls prevention activities.	Survey residents with better levels of cognition to find out what they know and think about falls and falls prevention to further inform resource design.	Surveying residents across six participating RAC sites.
Lack of educational resources.	Make resources available through site CoP members Information should be pictorial and written not just verbal.	Developing educational resources in appropriate formats for older learners. Therapy assistants to assist with delivery.