Evidence-based Practice Improvement Projects

A good introduction to defining "Evidence-based Programs can be found here http://www.aging.unc.edu/ncgc/ce/it/ The practice improvement projects are designed to measure change in a practitioner's skill set in relationship to falls risk screening, assessment and interventions. All practice improvement products must focus on incorporating evidence-based screening, assessment, and intervention. The basis of all CGEC falls projects are the AGS/BGS Clinical Guidelines http://www.medcats.com/FALLS/frameset.htm A handy flow chart of the process is found on a subsite page here http://www.medcats.com/FALLS/frameset.htm

Evidence-based screening, assessment, and interventions are all processes which have been studied, tested, and proven effective in the literature. The evidence around falls prevention is still in its infancy, however there are validated clinical tools which we are trying to disseminate with this project.

Practice improvement projects all incorporate similar elements, but can be tailored to the target audience's needs. For example, a physician office will only be able to dedicate a 45 minute training period, whereas a community provider can attend a 4-hour training session.

All practice improvement projects must be approved first by Dr. Shubert and then the CGEC team. Each project must include a pre assessment, a post assessment to measure mastery of material, and then a post implementation assessment to measure the amount of practice change. Some practice improvement projects will assess change in individual provider behavior, and these projects will require IRB approval from UNC or other accrediting body in order to access provider and/or patient information.

The definition of practitioner for the CGEC projects is anyone who comes in contact with older adults and can have an impact on their falls risk. Practitioners for the CGEC projects include community providers (senior center employees, congregate meal site employees, fitness professionals, etc.) physical therapists, occupational therapists, recreational therapists, exercise physiologists, nurses, CNAs, physician assistants, physicians, and other health care providers.

The goals of the practice improvement projects are to provide participants with the most current evidence in falls prevention management, for the participants to critically assess their own practices around falls, to identify an aspect of falls management (i.e., screening procedures in a physician's office, discharge planning in an outpatient facility) that they want to implement evidence-based practices, and to assess the change in practice.

Conducting Evidence Based Research

As we move into years 2-5, it is expected that each AHEC will propose a research project designed in such a way to document an impact on practice as a result of the educational process. HRSA requirements ask us to measure some element of practice BEFORE an

educational intervention, provide the instruction and then measure the same group AGAIN to document an impact on practice.

In Year 1 Mountain AHEC and Wake AHEC conducted pilots with three populations. 3 physician practices, 29 community screeners and 27 direct care providers at CCRCs. Anecdotal results show improvement in the percentage of patients screened for falls as a result of the research project.

Reporting requirements for next year ask us to respond to the following questions

- Did the Participant Report that this Course Increased their Teaching Competency?
- 2. Did the Participant Report that they will Implement at Least One New Teaching Skill as a Result of this Training?
- 3. Did the Participant Report that they will Implement at Least One New Teaching/ Practice Improvement Identified During training?
- 4. Did the Participant Apply this Course to their Board Certification or Certificate of Added Qualification Requirements?

Therefore, at the end of each CGEC training event we must ask for this information in our evaluations in order to document practice change.

Research Ethics

All research projects must be process through the UNC Institutional Review Board_s or other appropriate IRB. AHECs are expected as subcontractors to abide by good research practices which include informed consent disclosures, subject debriefing, confidentiality and HIPPA procedures.

Any questions that you have about research projects should be directed to Tiffany Shubert, PT Ph.D. <u>tshubert@med.unc.edu</u>

As part of the contractual relationship with UNC, AHECs are required to abide by the federal requirements of assurance for the protection of human subjects and to have documentation to this effect on file with the US Department of Health and Human Services. Appropriate training must be provided to AHEC staff who are involved in research projects.

Reporting on evidenced based projects

All participant based reporting will occur via Dashboard's automated systems although from time to time the CGEC may send out surveys or require additional documentation such as medical records abstracting. This reporting includes demographics, pre test and post test along with follow up surveys, course evaluations and certificate generation.