



THE JOANNA BRIGGS INSTITUTE

Joanna Briggs Institute Clinical Fellowship Program

Proposed Protocols 2018
Protocolos Propuestos 2018



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Project Title: Comprehensive Geriatric Assessment in elderly people in a Convalescence Unit: a project to implement best practices.

Participant names: Mònica Sianes-Gallén

Organisation: Consorci Corporació Parc Taulí de Sabadell

Background



- The nursing evaluation is a necessary and fundamental practice for the correct planning of the care of patients admitted to health centers (1).
- Literature review highlights the importance of collecting nursing evaluations on patients admission (2).
- Theoretical Framework of Comprehensive Geriatric Assessment (CGA) that is defined as a process of diagnosis and multidisciplinary treatment that identifies the medical, psychological and functional conditions in an elderly and / or frail person, aims to design and develop a coordinated plan to maximize the general state of health in a context of aging (3,4).

Audit Question



- Will an implementation project improve patients assessment related to their frailty in a Convalescence Unit upon admission?

Main Aim



Audit the usual implement evidence-based practice to improve el the assessment of patients, and implement strategies to improve evidence-based practice using the JBI methodology.



Specific objectives



- Improve the accomplishment of registers for CGA
- Create an active multidisciplinary team as a promoter of change.
- Perform a baseline audit to detect barriers to change
- Implement strategies to overcome barriers
- Conduct follow-up audits at 3 and 6 months of the baseline audit
- Publicize the JBI evidence to the professionals of the Hospitalization Unit

Audit Criteria



1. Older patients admitted to hospital for acute care or inpatient rehabilitation receive a comprehensive geriatric assessment.
2. Older patients receive individually tailored treatment plans as part of or informed by the comprehensive geriatric assessment.
3. The comprehensive geriatric assessment involves multidisciplinary team meetings.
4. Members of the multidisciplinary team are knowledgeable in comprehensive geriatric assessment.
5. Members of the multidisciplinary team are competent in comprehensive geriatric assessment.
6. The comprehensive geriatric assessment is performed under the leadership of an experienced clinician (e.g. geriatrician).
7. Older patients (and/or their carers) undergoing a comprehensive geriatric assessment participate in goal setting.

Setting

- Convalescence Unit (38 beds) of CCSPT (3rd urban level)
- Elderly patients who are in recovery process in Convalescence Unit.
- This unit is located in SSC, which is a long-term care center, which houses patients derived from the main acute care center.



Setting

- Convalescence Unit (38 beds) of CCSPT (3rd urban level)
- Elderly patients who are in recovery process in Convalescence Unit.
- This unit is located in SSC, which is a long-term care center, which houses patients derived from the main acute care center.



Sample



- N = 34 patients > 65 years admitted to A1 consecutively (collected 1 month prior to each moment of data collection)
- Patients who are not trained to complete the surveys will be excluded.



Methods



- The Project will use a 6-month pre-post-implementation clinical audit, using the JBI Practical Application System of Clinical Evidence System (PACES), and the Getting Research into Practice (GRIP) tool, as well as feedback. The PACES and GRIP frameworks based on evidence-based health care promotion involve an activity based on 3 stages

Methods



Stage 1:

- 1. Establish a multidisciplinary implementation team (attracting interested parties)
- 2. Specify the roles and functions of each member of the team
- 3. Conducting the baseline audit

Methods



Stage 2:

1. Detect barriers in team meetings (using techniques such as focus groups, brainstorming and in case of controversy the scope of the agreement)

Strategies for GRIP



- The format of the GRIP matrix will be used to analyze barriers, strategies, resources and results.

Barrrier	Strategies	Resources	Results

Methods



Stage 2:

2. Design strategies to overcome the barriers (formative, organizational, continuous support, etc.)
3. Start implementation

Methods



Stage 3:

1. Post implementation audit (intermediate evaluation)
2. Evaluation and publication of results

Conclusion



- It is expected the PBE confirms the positive impact of the implementation of the Project on the patient, and offer security in the healthcare practice of health professionals

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Acknowledgements





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Project Title: Nutritional screening implementation to improve malnutrition risk evaluation in hospitalized patients.

Participant names: Ana Izco Larrañeta; M^a José Lasheras Martínez; Nerea Elizondo Rodriguez; Arantza Ruiz de las Heras de la Era. Amaia Mendoza Redondo, Marta Ballesteros Gracia.

Organisation: Complejo Hospitalario de Navarra



Background

- Malnutrition is a growing global health problem. People who are hospitalized have an increased malnutrition risk.
- According to data from the PREDYCES study, which evaluates the prevalence and costs of hospital malnutrition in Spain, 1 in 4 patients hospitalized in Spain (23.7%) is at risk of malnutrition and 37% are among those over 70 years of age.
- There is a major problem that it is associated with complications such as higher rates of infection, increased length of hospital stay and increased morbidity and mortality.

Audit Question

Does the nutritional screening tool implementation assess malnutrition risk on admission?



Main Aim

Identify the risk of malnutrition in patients in a hospitalization unit and implement strategies to improve evidence-based practice using the JBI methodology.





Specific objectives

- Implement nutritional screening to evaluate the nutritional status of hospitalized patients.
- Form a multidisciplinary team based on evidence.
- Introduce the JBI evidence to professionals in the center's units
- Evaluate compliance with evidence-based criteria

Audit criteria

1. On admission, patients are screened for malnutrition using a validated screening tool.
2. Screening for malnutrition is carried out by healthcare professionals with appropriate skills and training.
3. Patients identified to be at nutrition risk (as determined by screening) undergo nutrition assessment
4. Patients identified by screening and assessment as at risk for malnutrition or malnourished receive nutrition support interventions.



Setting and Sample



40-bed hospitalization unit specialized in oncology, hematology and digestive medicine, belonging to a tertiary university specialized care center, named Complejo Hospitalario de Navarra, which was created in April 2010.



Setting and Sample

- Sample:

- The sample is 40 patients
- We will collect the data to the income of consecutive form until reaching the sample size.
- Data collection will be made twice. The process will be made 15 days before the baseline audit or final audit respectively takes place. With the recollected information, we will elaborate the post-intervention.



Methods

This project will use the pre-post implementation clinical audit, during six month period, using the JBI Practical Application of Clinical Evidence System (PACES) and Getting Research into Practice (GRIP) audit and feedback tool.



Methods II

The PACES and GRIP framework for promoting evidence-based health care involves three stages of activity.

- ✓ Phase 1: Training of the multidisciplinary team and definition of roles of each member for the project and development of the basal audit, evaluating the PACES evidence criteria (definition of evaluation indicators)
- ✓ Phase 2: Evaluate the results of the baseline audit using methods such as brainstorming, focus groups, discussion or consensus and design and implement strategies (development of the GRIP framework)
- ✓ Phase 3: Carry out a follow-up audit after six months to evaluate the results of the interventions implemented to improve the practice and identify future practice problems that will be addressed in the subsequent audits.

Strategies for GRIP



- In a meeting with the members of the team after the baseline audit, the existing barriers to the implementation will be identified through discussion, consensus or using tools such as focus groups or expert groups using delphi tecnic and the corresponding strategies will be established to be able to overcome them.
- The GRIP matrix will be use as a registration tool.

Conclusion

- The implantation of scientific evidence in a hospitalized patient with risk of malnutrition will improve the healthcare practice of the health professionals involved in the process.



Acknowledgements

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- To the Spanish Center for Evidence-Based Health Care, specially Laura Albornos and Esther González for their support in this project.
- To my institution, Complejo Hospitalario de Navarra, and all my colleagues who are part of the project.







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Project Title: Signs of a correct positioning and good attachment during breastfeeding in mother-child dyads of University Hospital "La Fe" of Valencia: a best practice implementation project.

Participants Name: Saus-Ortega, Carlos.

Organisation: University and Polytechnic Hospital "La Fe" of Valencia, Spain

Background

- Correct positioning and attachment play a crucial role in the effective establishment and maintenance of breastfeeding, ensuring adequate milk transfer, and preventing breastfeeding problems Brimdyr, K. 2003; Neifert, M. R. 2004.
- A review of randomized trials on breastfeeding technique showed that poor positioning and attachment at the first and early feeds were associated with low supply, nipple trauma, breast engorgement, and early weaning Renfrew, M. 1999.

Background

- However, positioning and attaching a newborn at the breast is a learned and mostly manual skill that is acquired through education, observation, and practice Matthews, M. K. 1993.
- That is why, the health professionals should have the skill to enable women to achieve effective positioning and attachment for themselves consistently and reliably, and should also be able to correct a painful or ineffective technique during the first postpartum days Renfrew, M.



Audit Question

- Does an implementation project based on evidence-based practice in puerperal women on the maternity unit improve patient breastfeeding outcomes and the used resources?



Main Aim

- The aim of this evidence implementation project is to make a contribution to promote evidence-based practice in puerperal women of the maternity unit hospital and thereby improve patient breastfeeding outcomes and resources utilization.



Specific Objectives

- To identify and engage a multidisciplinary team important for promoting evidence based practice in the breastfeeding and assess compliance with best practice in breastfeeding using a baseline audit and an audit tool developed by the JBI.
- To reflect on the results from the baseline audit and design and implement strategies to address areas of non-compliance with best practice in the breastfeeding.
- To undertake a follow up audit, assess the extent and nature of increased compliance with evidence based best practice and identifies areas and strategies to sustain and enhance care in delivery of breastfeeding to puerperal women of the maternity unit.

Audit Criteria (PACES)

1. Skin-to-skin contact and postnatal support is facilitated by a midwife in the early period after birth.
2. The midwife provides guidance to women to position and attach their baby, rather than taking a physically hands-on approach.
3. Women who have given birth by cesarean section, or received a narcotic or general anesthetic have been provided with additional breastfeeding support.
4. Midwives have been provided with training programs in breastfeeding techniques, to encourage correct positioning and attachment.
5. Families (e.g. partner, grandparent) are encouraged to provide support to women postpartum to facilitate breastfeeding practices.



Audit Criteria (Additional)

6. Assessment of breastfeeding correct positioning and attachment is carried out by the midwife during each shift, as necessary
7. Rates of exclusive breastfeeding on discharge
8. Women's satisfaction with the care/help they have received during breastfeeding.



Setting and Sample

- For this project, the sample will be women and newborns together who are breastfeeding throughout their whole hospitalization time in the maternity ward. Women separated from their babies or who did not breastfeed will be excluded.
- The sample also will comprise nursing staff (nurses, midwives and technical nurses) from the maternity ward. Nurses, midwives or technicians nurses on holiday from work or on sick leave will be excluded.



Methods

- The JBI-PACES and GRiP framework for promoting evidence-based health care involves three phases of activity, over a period of six months, from October 2018 to May 2019:
 - Establishing a team for the project and undertaking a baseline audit based on criteria informed by the evidence.
 - Reflecting on the results of the baseline audit and designing and implementing strategies to address non-compliance found in the baseline audit informed by the JBI GRiP framework.
 - Conducting a follow-up audit to assess the outcomes of the interventions implemented to improve practice, and identify future practice issues to be addressed in subsequent audits.

Strategies for GRIP

- The gaps between current practice and best practice were discussed with the project team, and barriers to compliance were identified.
- The Getting Research into Practice (GRIP) framework was used to document barriers, strategies and resources required to address these barriers in order to improve compliance. The strategies and resources to overcome each barrier were discussed with the project team, and an action plan was formulated and interventions for improving compliance implemented.

Strategies for GRIP

- This discussion allowed identification of barriers related to the implementation of the project which was documented in the GRIP:
 - Habits and difficulty in changing these habits
 - Lack of knowledge
 - Lack of confidence in EBP
 - Absence of knowledge and skills if women don't positioning or attachment correctly their infant during breastfeeding.
 - Perceptions of an work overload
 - Lack of human resources



Conclusion/Acknowledgements

- This implementation project will have great impact on both nursing staff as well as lactating women's knowledge of signs of correct positioning and attachment during breastfeeding.
- It also will enhance women's satisfaction with breastfeeding and exclusive breastfeeding rates.
- The implementation of best practice will only be possible with the support of all hospital professionals..





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Project Title: Strategies to reduce bloodstream infections associated with care a peripheral intravenous catheter (PIVC) in adult patient in a hospitalization unit: A best practice implementation evidence.

Participant names: M^a José Rodríguez,, Yolanda Lladó, Magdalena Berga, Veronica Lluch, M^aDolores Garcia, Ana M^a Pérez

Organisation: Hospital Universitario Son Llàtzer.Palma De Mallorca

Background

- The use of peripheral intravenous catheters (PIVC) for diagnostic and therapeutic purposes is part of the usual hospital practice.
- Research studies show that bloodstream infections (BACP) are associated with high morbidity, mortality, prolongation of hospital stays and an increase in healthcare costs.¹
- Scientific literature tells us that > 50% of BACP are preventable.²



Audit Question

Have an implementation project based on best-evidence available in adult patient carrying a PIVC an effect on the increasing of nursing EBP and a reduction of bloodstream infections?



Main Aim

The aim of this project is to make a contribution to promoting evidence based practice regarding to care the adult patient carrying a PIVC through the implementation of recommendations based in the best available evidence and reduce bloodstream infections taxed.



Specific Objectives

- Implement evidence based recommendation (review of the procedures for the insertion and maintenance of PIVC evidence-based using the JBI systematic reviews).
- Identify barriers and develop strategies using JBI GRIP model through the analysis of baseline audit outcomes.
- Disseminate the outcomes of the evidence-based practice.



Audit Criteria (PACES)

1. The insertion site is cleaned with antiseptic prior to cannula insertion.
2. Aseptic handwashing is adhered to during insertion and care of the catheter.
3. A sterile gauze or transparent semipermeable dressing is used to cover the catheter site.
4. A gauze dressing is applied for catheter sites that are bleeding or oozing.
5. Dressings are replaced when damp, loosened or visibly soiled.



Audit Criteria (PACES)

1. Removal of cannula is due to one of the following reasons: no longer clinically indicated, showing signs of phlebitis or infection or has malfunctioned.
2. Firm pressure is applied to the site after removal of the cannula until hemostasis is achieved.
3. Peripheral intravenous catheter is examined for integrity after removal.
4. Peripheral intravenous catheter removal is documented in the appropriate patient notes/charts (including duration of time cannula was in situ, assessment of site and reason for removal).

Audit Criteria

1. Health professional's knowledge of PIVC guidelines is assessed periodically.
2. Health professional's adherence to PIVC guidelines in practice is assessed periodically.
3. Health professionals who care for patients with PIVC demonstrate competence.

- Additional criteria for outcomes:
- Bloodstream infections taxed associated with care PIVC .





Setting and Sample

Setting:

Internal Medicine ward in a medium stay University Hospital Son Llàtzer.

Sample:

- 30 randomized adult hospitalized patients in an internal medicine 4C unit.
- Patients with PIVC.

Methods

This evidence implementation project will use JBI of Clinical Evidence System(PACES) and Getting into Practice(GRIP)audit and feedback .

The implementation project will last and will be divided into three phases:

- **Phase 1:** training of the team for the baseline audit, evaluating the PACES evidence criteria (definition of indicators).
- **Phase 2:** Reflecting on the results of the baseline audit and design and implementing strategies to address non compliance found in the baseline audit informed by the JBIGRIP framework.
- **Phase 3:** Conducting a follow up audit to assess the outcomes of the interventions implemented to improve practice, and identify future practice issues to be addressed in subsequent audits.

Strategies for el GRIP

The members of the group will meet to evaluate the results of the baseline audit and through discussion and consensus will identify. The barriers and design strategies to improve the practice.

The following items will be registered on a **GRIP matrix**

Barriers	Strategies	Resources	Results

Conclusion



The implantation of the evidence will improve the healthcare practice of the health professionals in care a peripheral intravenous catheter(PIVC) in adult patient and will reduce bloodstream infections.

Acknowledgements

A photograph of a sailboat with its sail partially deployed, sailing on a calm blue sea. In the background, a large, historic city with a prominent cathedral and other buildings is visible across the water, with mountains in the far distance under a clear sky.

Joanna Briggs Institute for support and training.

Evidence based health care Spanish Centre.

Hospital Managers and professionals that have participated.

References

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THE JOANNA BRIGGS INSTITUTE

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Project Title: Basic Life Support: training requirements for health professionals in emergency ward: a best practice implementation project.

Participant Names: José Antonio Jiménez Hernández, Fuensanta Ros Sánchez, Emilio Gomaríz Vicente, Juan Antonio Sánchez, Jesús Pérez Morote

Organisation: Hospital Clínico Universitario Virgen de la Arrixaca (Murcia)

Background

- Cardiorespiratory arrest (CRP) is sudden respiratory and cardiac arrest that causes lack of tissue oxygen and ultimately death.
- To increase survival and good prognosis is essential quality chest compressions.
- The CPR quality criteria are (AHA, ERC):
 - Frequency: 100-120 comp / min
 - Depth: 5-6cm
 - Compression-decompression: 50%
 - Time without compressions
- It is fundamental to update, train and re-list the nurses in order to perform quality CPR.

Audit Question

Will the implementation of periodic skills training in basic CPR improve the evidence-based practice regarding the knowledge and skills in the application of quality CPR by nurses in the emergency department?



Main Aim

Contribute to the optimization of quality in basic CPR performed by nurses through regular training sessions.



Specific Objectives

- Improve the skills of the nurses with respect to the quality parameters of CPR.
- Update knowledge of nurses based on current scientific evidence regarding the quality of CPR.
- Determine current compliance with quality recommendations for CPR in nurses.



Audit Criteria

PACES criteria	1. <i>Education and training includes time to practice skills.</i>
	2. <i>A manikin is used during training.</i>
	3. <i>Cardiopulmonary resuscitation (CPR) feedback device is used in training.</i>
	4. <i>Retraining health professionals in basic life support occurs more frequently than yearly.</i>
	5. <i>Competency to perform CPR is assessed at the end of the training.</i>
	6. <i>Feedback y debriefing is incorporated in the training.</i>
	7. <i>The manikin device selected for training has features that align with the learning objectives.</i>
Additional criteria	8. <i>Frequency values in optimal chest compressions by professionals.</i>
	9. <i>Optimal depth values during chest compressions by professionals</i>
	10. <i>Professional achievement of an optimum quality of CPR</i>

Setting and Sample

- Ward: Emergency ward of Hospital Clínico Universitario Virgen de la Arrixaca.
- Sample:
 - Nurses who work in the Emergency ward (all components)



Methods

- This project will use the evidence-based audit, after the implementation of good practices for 6 months using the audit and feedback tool of the practical application of the PACES clinical testing system of the JBI and the development of GRIP strategies.
- Pretest-posttest clinical audit.



Methods

- PHASE 1: Team creation and baseline audit (PACES indicators + own indicators)
- PHASE 2: Evaluate baseline audit results, design and implementation of non-compliance strategies (GRIP).
- PHASE 3: Final audit after 6 months to evaluate implementation of practice improvement



Strategies for GRIP

BARRIERS	STRATEGIES	RESOURCES	RESULTS
Dedicated training time in staff members	<p>Identify the best time to deliver the training.</p> <p>Provide training during working hours.</p> <p>Time compensation for attending after work hours</p> <p>Meeting with the nurse's supervisor of the service.</p>	<p>Distribution of personal resources to facilitate attendance at sessions during working hours.</p> <p>Consensus with the supervisor to compensate hours of training for working hours.</p>	<p>Increase nursing staff attendance to training sessions.</p> <p>Increase interest in CPR training through feedback systems.</p>
Material resources	<p>CPR mannequin update with feedback system.</p> <p>Request new updated mannequin with evaluation system with feedback.</p>	<p>Economic resources of the unit.</p> <p>Meeting with emergency supervisor.</p>	<p>The nurses can practice CPR and their practice can be objective through feedback systems incorporated in the manikin.</p>
Subjects participation	<p>Establish formal and informal communication strategies for publicizing training sessions</p> <p>Request the computer equipment of the hospital to establish notices of the training offer through the computers of the service.</p>	<p>Information provided through different means of communication: bulletin board, screen savers on computers, whatsapp, email, etc.</p>	<p>Nurses' access to information on the organization of training sessions in CPR</p>

Conclusion

The implementation of periodic training in basic CPR will improve the quality parameters in CPR that nurses of the Emergency ward.



Acknowledgements

- Spanish Center for Evidence-Based Health Care.
- Project team.
- Emergency department personnel of the Hospital Clínico Universitario Virgen de la Arrixaca.



THE JOANNA BRIGGS INSTITUTE

Joanna Briggs Institute Clinical Fellowship Program

Project Title: Falls prevention among older people in community: a best practice implementation project.

Participant Names: Amada Pellico-Lopez, RN, MSN.
Organisation: Área VI, Asturias (Spain).

Background

- People ≥ 65 years have the highest risk of falling, with a third of older people living in the community falling at least once per year.
 - Consequences: injuries, lost of confidence and quality of live.
- Health/environmental risk factor screening and intervention programs tailored by professionals are recommended to prevent falls in the elderly.
- Healthcare professionals perceived a gap between the systematic embedded practice and the evidence.



Audit Question

- What effect will have the implementation of the best available evidence regarding the assessment and prevention of falls in community-dwelling older people?



Main Aim

The aim of this project is to assess if an implementation based on the best available evidence related to assessment and prevention will improve effects regarding falls in community-dwelling older people.



Specific Objectives

The specific aims are:

- To determine current compliance with evidence-based criteria regarding the utilisation of the falls risk management process
- To reflect on the results from the baseline audit and develop a plan of action based on findings of the audit
- To improve knowledge regarding best practice regarding falls prevention amongst older people
- To improve compliance with evidence-based criteria regarding the utilisation of the falls risk management process
- To improve outcomes regarding falls prevention amongst older people

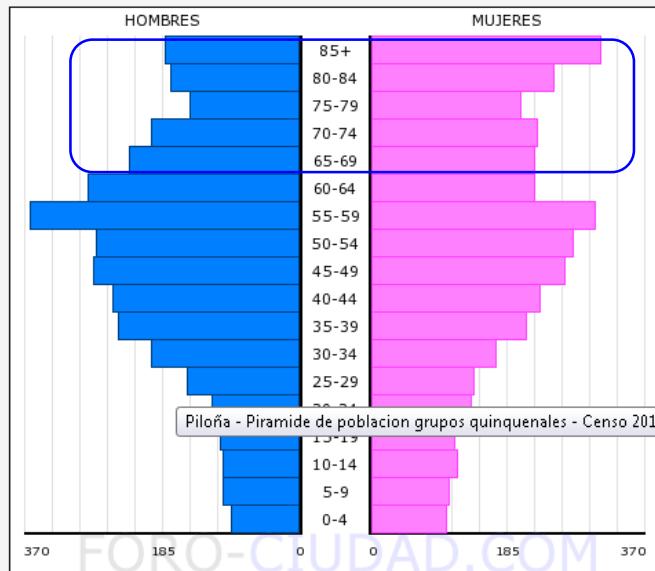
Audit Criteria

1. All falls are documented clearly in the client's healthcare record.
2. Falls risk assessment is completed using a falls assessment tool validated for use in the community setting
3. The nurse, occupational therapist, physiotherapist or other health worker conducting the risk assessment received training on how to use the risk assessment tool
4. Falls interventions tailored to the individual's need are implemented and documented in the client's health record

Setting and Sample



POBLACION - PILONA - 2017



Poblacion Total en el Municipio: 7.178

Poblacion Hombres: 3.546

Poblacion Mujeres: 3.632

N= 2,165 people \geq 65 years of both sexes
(INE, 2017)

Methods

This evidence implementation project will use the JBI Practical Application of Clinical Evidence System (PACES) and Getting Research into Practice (GRiP) audit and feedback tool. The PACES and GRiP framework for promoting evidence based health care involves three phases of activity:

- Establishing a team for the project and undertaking a baseline audit based on criteria informed by the evidence;
- Reflecting on the results of the baseline audit and designing and implementing strategies to address non-compliance found in the baseline audit informed by the JBI GRiP framework;
- Conducting a follow up audit to assess the outcomes of the interventions implemented to improve practice, and identify future practice issues to be addressed in subsequent audits.

Methods

The first phase of the project will involve identifying relevant team participants for the project and engaging them.

Team (member)	Position organization	Role
Audit managers	Scientific coordinators and research staff (Spanish Centre for Evidence-Based Nursing and Healthcare: a JBI Centre of Excellence)	Audit management, outlining and monitoring the clinical audit Project, training coordinators, methodological support and data analysis and reporting
Coordinator	Registered nurse (RN) of quality unit (primary health care provider)	Auditing strategic and operational planning at the institution level; liaising between the managerial board and implementation team; outlining dissemination plan; Getting Research into Practice (GRiP) and reporting; training organization of leaders and champions
Coordinator	Responsible of information system (health care provider)	Data collection for initial and final audit Development of fall risk record in electronic clinical history
Leader	Head nurses of primary health care center	Auditing operational planning the center, dissemination, training staff on the center, team management and GRiP
Nurse team-champions (6)	Registered nurses (RN) of primary health care center	Clinical facilitator (champion), collaborating in training staff, supporting staff with regard to Implementation, GRiP

Methods

Second phase: reflecting on the results of the baseline audit and designing and implementing strategies to address non-compliance found in the baseline audit informed by the JBI GRiP framework.



1. All falls are documented clearly in the client's healthcare record.	Patients (≥ 65 years) who were assisted from the center one month pre-implementation
2. Falls risk assessment is completed using a falls assessment tool validated for use in the community setting	Patients (≥ 65 years) who were assisted from the center one month pre-implementation
3. Nurses conducting the risk assessment received training on how to use the risk assessment tool	Nurses who were received training on how to use the risk assessment tool pre-implementation
4. Falls interventions tailored to the individual's need are implemented and documented in the client's health record	Patients (≥ 65 years) who were assisted from the center one month pre-implementation

Strategies for GRIP

GRIP MATRIX			
Barrier	Strategy	Resources	Outcomes
Lack of formation	Delivering educational sessions	Own staff	Improve formation
High workload	Schedule management	Electronical clinical data system	Improve assistant quality
Lack of specific register	Create register	Own staff-information system	Measure opportunity
Lack of information for patients	Development of pamphlets	Own staff-information system	Improve perceived quality

Third phase: conducting a follow up audit to assess the outcomes of the interventions implemented to improve practice, and identify future practice issues to be addressed in subsequent audits.

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Conclusion

Quality cycles may improve adherence to evidence-based recommendations and consequently improve patient outcomes. This project will demonstrate the relevance of evaluating and improving fall prevention and management.

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