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Fall Prevention Education for Staff in a Long-Term Care Facility

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This is to certify that the doctoral study by

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has been found to be complete and satisfactory in all respects,
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Walden University
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Abstract

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MS, Walden University, 2019

BS, Stratford University, 2012

Project Submitted in Partial Fulfillment

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Abstract

Older individuals living in long-term care facilities (LTCFs) are more prone to falling compared to those living in the community outside of such facilities. The consequences of falls, including severe injuries, impact not only the patients but also their families and health care costs. The primary purpose of this project was to address the need to reduce and prevent falls in LTCFs. The practice gap was the lack of a comprehensive fall prevention program and education for facility staff about this subject. This staff education project was focused on determining if educating RNs and LPNs about fall risk and prevention would improve their knowledge and intent to follow evidence-based fall prevention guidelines in a LTCF. Watson's theory of caring informed this project with its requirement that nurses orient their practice to ensure patient satisfaction, which is impacted by safety and quality. Lewin's change model was also used to guide this project. Twelve RNs and eight LPNs completed education program and pre- and postsurveys. Pre- and postsurveys were used to evaluate the nurses' improvement in knowledge and their intent to follow evidence-based fall prevention guidelines. The results showed an improvement in knowledge from 60% to 95% on the surveys. The nurses reported 100% intent to follow the guidelines after the education was completed. The implications for positive social change include improving safety for patients by increasing the knowledge of nurses, which will result in improved LTCF outcomes and reputation for safety.

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Dedication

This DNP project is dedicated to the Almighty God, the Alpha and the Omega who does not have any abandoned project but held my hands to the finished line even when discouragement was almost setting in. My project is also dedicated to my loving family for their encouragement, prayers, and support throughout my nursing career. And to my loving daughter Toluwani Bolu Roberts, I owe you a depth of gratitude for inspiring me. You always tell me “I believe in you; you can do it.”

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Table of Contents

Section 1: Nature of the Project 1

Background 1

Problem Statement 2

Purpose Statement 3

Nature of the Doctoral Project 5

Significance 6

Stakeholders 7

Nursing Practice 7

Potential Implications for Positive Social Change 8

Summary 10

Section 2: Background and Context 11

Concepts, Models, and Theories 11

Relevance to Nursing Practice 12

Local Background and Context 14

Role of the DNP Student 15

Role of the Project Team 16

Summary 17

Section 3: Collection and Analysis of Evidence 18

Practice-Focused Question 18

Sources of Evidence 19

Participants 21

Procedures 22
Protections 23
Analysis and Synthesis 24
Summary 24
Section 4: Findings and Recommendations 25
Findings and Implications 25
Recommendations 28
Contribution of the Doctoral Project Team 30
Strengths and Limitations of the DNP Project 30
Section 5: Dissemination Plan 33
Analysis of Self 34
Summary 36
References 38
Appendix A: Presurvey 11-Items Self-Efficacy for Preventing Falls-Nurse (SEPF-N) 44
Appendix B: Postsurvey 47
Appendix C: Fall Prevention Education for Nurses in a LTCF 49

Section 1: Nature of the Project

Hospitalization in long-term care facilities (LTCFs) is associated with the risk of patient falls due to treatments, environmental unfamiliarity, and underlying conditions. Reports of patient falls, especially among older patients, are recorded in most of these facilities due to acute illnesses, poor placement of medical devices, and unfamiliar environments among patients (Khalifa, 2019). Fall prevention measures employed by the health care providers in LTCF are considered insufficient due to inadequate skills and experiences of preventing falls among the staff (Cameron et al., 2018). Lack of proper risk management processes in these facilities is linked to patient falls. According to Khalifa (2019), patient falls' resultant effects include injuries, death, and high management costs. Establishing risk management programs in LTCFs is required due to the knowledge gap nurses have regarding fall prevention measures.

Background

Falls among the older population living in LTCFs have become a health care issue in these facilities. In 2014, 2.8 million elders were treated in emergency rooms globally due to injuries caused by falls, and between 0.85% and 1.5% of total annual health care expenditure worldwide is spent on caring for the consequences of falls (Taylor et al., 2020). In the United States, 700,000–1,000,000 people are likely to experience a fall while in health care facilities, and about 50% of these cases will end up with injuries (Agency for Healthcare Research and Quality, AHRQ; 2020). Nurses in LTCF play a key role in helping the residents prevent falls and in assisting patients during their recovery from injuries caused by falls. The nurses' functions in LTCFs include health care

planning, assessment of risk factors, and postfall assessment (Taylor et al., 2020). An increase in the rate of falls and consequent death among the older population necessitates establishing an effective mechanism that can boost the nurses' efforts in LTCFs (AHRQ, 2020). The most pivotal means of improving the competence of the LTCF staff in fall prevention is to provide them with relevant education that focuses on implementing approaches for timely care, paying attention to the most vulnerable residents, scrutinizing the mobility chart, encouraging self-care, and monitoring mobility equipment.

Problem Statement

Older adults in long-term care (LTC) can fall while sitting, walking, or standing. There is a need to prevent falls because of the associated complications, which include pain, disability, serious injuries, functional impairment, or even death (Mouhamed et al., 2018). Due to the complications of falls and the increasing aging population, it is essential to evaluate fall risks and develop effective prevention processes. Implementation of an appropriate fall prevention initiative for older people in LTCFs guided by experienced health providers would help prevent morbidity, mortality, and the potentially high costs of caring for the patient due to injury (Balneaves et al., 2018). I conducted this project to determine how a staff education about fall risk and prevention could help decrease and prevent falls in LTCFs. In this DNP, I provided a staff education session informed by evidence-based practice (EBP) about preventing falls to RNs and LPNs in a LTCF.

Purpose Statement

A better understanding of the impact of falls and the prevention of falls among the LTCF staff can prevent other interrelated complications. In a study of a LTCF based in Riyadh, Saudi Arabia, Palace & Reingold (2019) found that 57.7% of 357 patients had suffered from falls. Among the individuals in their study who had experienced falls, 20% had critical injuries resulting from the fall, The authors concluded that falls correlated with environmental factors, including age and gender.

The practice setting for this staff education project was a LTC facility in the District of Columbia that had at least 60% of the residents' fall, with 5% sustaining an injury from 2016 to 2019. In 2020, 50% of the residents fell, with 6% sustaining an injury. Nationally, about 50% of nursing home residents in the United States fall yearly, with 10% sustaining an injury (Patient Safety Network, 2019). This data indicates that the rate of falls is not only high in the project site LTCF but also throughout the entire United States. The cases of falls in the facilities are ever rising, necessitating the need for staff education on the topic, which this Doctor of Nursing Practice (DNP) project addressed. This fact was corroborated by my discussion with the director of nursing (DON) at the project site who stressed that there was a dire need for this staff education project.

Falls are predisposed by factors, such as age, escalating the incidence of death. The risk score varies with age. For example, in the District of Columbia, the risk of death because of falls was 22.7% for those between 0–24 years old, and individuals between 25–45 years old had a risk score of 32.8 % (Palace & Reingold, 2019). Among older adults in Canada (i.e., those 65 years old and older), 30% of those living in the

community and 50% of residents living in care facilities will fall each year (Cameron et al., 2018). The death rate from falls among persons aged ≥ 45 years old increased by 41% from 2008 to 2016 (Centers for Disease Control and Prevention, 2019).

Several pieces of research have proposed solutions to the issue of falls in LTCFs. Guirguis-Blake et al. (2018) asserted that exercise and multifactorial interventions effectively prevent falls amongst the older population by strengthening their muscles and enhancing their balance. Multifactorial interventions include treatment interventions, such as cognitive behavioral therapy, medication management, modification of the environment, urinary incontinence management, nutritional therapy, and referral to pertinent older patient care services (Guirguis-Blake et al., 2018). The exercise, which could be categorized as therapy intervention, differs depending on its nature, time duration, and components. For instance, exercising for three sessions per week for 1 year can minimize cases of falls in LTCFs (Guirguis-Blake et al., 2018). (Mileski et al., 2019) stated that the effective use of alerting devices can also reduce falls in LTCFs among the older population. The fall alert device contains an alarm system stationed at the chair or bedside to help staff identify if a patient is getting up and at risk of falling.

The practice-focused question for this staff education project was: Will the education of RNs and LPNs about fall risk and prevention improve their knowledge and intent to follow evidence-based fall prevention guidelines in a LTCF? According to Balneaves et al. (2018), the effectiveness of fall prevention education is not clearly known. Prevention interventions have not yet been assessed comprehensively among health care providers in LTCFs. Further research is recommended to examine whether a

gain in knowledge and self-efficacy translates to improved nursing practice and resident quality of health in LTC (Aguwa, 2019). Heng et al. (2020) and Aguwa (2019) indicated that the effectiveness of fall prevention education on the staff is an area that is yet to be studied. Educating the nurses in the project site LTCF and getting their commitment of intent to follow the evidence-based fall prevention guidelines will go above and beyond just education and will have a positive social impact by improving patient safety in this facility.

Nature of the Doctoral Project

For this staff education project, I utilized EBP to educate health care providers in a LTCF about preventing falls. A literature review was conducted using peer-reviewed journals addressing fall prevention in LTCFs. According to Cameron et al. (2018), residents' falls in most LTC facilities are linked to inadequate staff education and experience regarding management interventions after treatment. Residents' environments related to obstacles around the facility environment and communication failures regarding fall risks among residents and nurses need to be addressed. Addressing injury prevention through informed intervention is crucial in managing patient falls and improving quality and clinical outcomes (Cameron et al., 2018).

I developed the educational program for this project with the help of an expert panel to review the program's content and validity. The expert panel was comprised of two individuals with DNP degrees and an individual with a master's degree in health care administration. I analyzed the results of this project using inferential and descriptive statistics to explain the data obtained from the surveys administered to the class

participants. The analysis showed staff nurses' knowledge on the topic and their intent to follow the fall prevention guidelines.

Significance

This project is significant because it addressed the need to prevent and decrease falls in LTCFs. My goal was to bridge the gap that existed regarding the fall prevention education of the project site LTCF nurses. The practice gap identified was the lack of a comprehensive fall prevention program for nurses in the project site LTCF; therefore, I conducted this DNP project to educate RNs and LPNs about fall risk and implementation of a formal fall prevention program so that they could gain knowledge about fall prevention to improve safety for the residents of the LTCF. An 11-item questionnaire about self-efficacy was included in the pretest. By gaining knowledge in fall prevention, the nurses will be able to take appropriate measures to prevent falls among residents in the facility.

In this project, I focused on providing targeted education in a LTCF. The project positively impacts social change because the findings obtained can be shared with other LTCFs with the aim of improving their quality of care provided to residents. The educational content can also be shared so other LTCFs can educate their nurses and consequently improve their fall prevention (see Balneaves et al., 2018). Increasing the knowledge among the health care staff about fall prevention will create a foundation to improve patient outcomes and prevent injury.

Stakeholders

This project involved multiple stakeholders. According to (Norris et al., 2017), health care stakeholders have a significant role because they serve as data sources to enhance making informed recommendations. Nurses (i.e., RNs and LPNs) from the project site LTCF represent the highest number of stakeholders in this project. Because the aim of this project was to address the education of RNs and LPNs in this LTCF, the nurses were significant in potentiating the project's success (see Norris et al., 2017). Patients are stakeholders because they will benefit from the staff having education about fall prevention. The facility leadership is also a stakeholder because their goal is to provide safe care to the patients in the facility.

Nursing Practice

Providing fall prevention education to nurses will improve their ability to prevent falls in LTCFs (Cho & Jang, 2020). Nurses are expected to provide quality care guided by positive patient experiences and clinical outcomes (Poorchangizi et al., 2019). According to Pajnkihar et al. (2017), Watson's theory of caring requires nurses to orient their practice to ensure patient satisfaction. Nursing differs from medicine because nurses are expected to provide adequate care in all aspects other than curing patients (Pajnkihar et al., 2017). In this context, preventing falls is an informed intervention to improve residents' experiences and the quality of care in the LTCF. By improving the nurses' knowledge regarding fall prevention and interventions to keep patients safe, nurses will advance their interventions by applying the learned skills to assess and screen the risks of falls among patients (Cameron et al., 2018).

Additionally, improving fall prevention knowledge will help nurses identify and document appropriate prevention practices. This knowledge can be shared with other health care staff in LTCFs and other health institutions, thus improving patient experience and reducing fall incidences (Cho & Jang, 2020). With adequate knowledge about fall prevention, nurses in LTCFs will monitor patient conditions and identify the potential risks predisposing them to falls. According to Cameron et al. (2018), communication between nurses and patients in LTCFs is essential in preventing falls based on providers' instructions. Through good communication, nurses share the recommendations for various interventions to facilitate self-care among patients in the absence of a health care provider (Cameron et al., 2018). This allows the patient to participate in keeping themselves safe. In this context, educating the nurses about interventions that can be shared with patients will have a significant impact in reducing and preventing falls in LTCFs.

Potential Implications for Positive Social Change

Social change refers to the improved interrelationships and conduct standards by involving modifications to existing patterns characterizing a form of conduct (Cho & Jang, 2020). In this context, there is a potential for positive social change after educating the nurses about fall prevention in LTCFs (see Cho & Jang, 2020). Positive social change is established by developing new ideas and putting actions in place that have real and better implications than the existing ones (Thornton & Persaud, 2018). Empowering nurses through knowledge about interventions to prevent falls will provide them with data and new knowledge about patients' falls. This knowledge will improve their model

of assessing fall risk and monitoring patients who are at risk of falling based on their conditions. According to Thornton and Persaud (2018), most challenges found in health care facilities that negatively impact clinical outcomes and patient experience cannot be resolved by focusing on nursing professionals only. Once the nurses are educated, they can share their knowledge with others in the setting to help improve patient safety.

Educating the nurses about preventing falls will serve as an advanced model of preventing falls in addition to the professional role of providing nursing care (see Cho & Jang, 2020). Providing more educational programs addressing the assessment of patients at risk of falling will advance knowledge among the nurses in identifying the correct interventions to employ based on the patient's condition. Thornton and Persaud (2018) asserted that preparing nurses to practice in different settings other than acute care settings is an informed implication of positive social change. For such a model of advancing the nursing profession, it is necessary to translate the experiences gained from acute care settings to other facilities where nursing care is also in demand in a different model (Cho & Jang, 2020). Education results in a social change based on interactions created when exchanging ideas (Poorchangizi et al., 2019). Providing nurses with a fall prevention education program will improve their interprofessional practice and knowledge about preventing falls in different settings.

Patients will also benefit from this staff education project because the staff will be better prepared to identify patients who are at risk and will therefore be able to keep them safer. A safe hospital stay benefits the patient, their families, and the organization. The organization will benefit from the nurses having this education because the residents will

be safer. Therefore, there are multiple implications of positive social change when nurses and other health care staff are educated about ways to improve patient care, especially fall prevention.

Summary

In this section, I addressed the problem of falls in a LTCF and the purpose of this DNP project, which was to provide staff education to reduce and prevent falls. Education about falls and fall prevention is critical to improve patient safety. This project has implications for positive social change related to nurses, patients, the project site organization, and possibly other LTCFs by identifying evidence-based ways to reduce and prevent falls as well as improve patient outcomes.

Section 2 will include more details about the background of and context for this project. In this section, I will provide details on the concepts, models, and theories that guided the project and discuss the project's relevance to the practice of nursing. I will also outline my role as the DNP student and the role of the project team.

Section 2: Background and Context

More than 50% of LTCF residents fall every year, which is double the fall rate among older adults living in the community, and more than 20% of those falls result in death (World Health Organization 2018). The project site LTCF in the District of Colombia continues to experience a high rate of patient falls, which precipitated this project. Between 2016 and 2019, this facility had at least 60% of the residents fall, with 5% sustaining injury. In 2020, 50% of the residents fell, with 6% sustaining an injury. The project site LTCF lacks a formal fall prevention program, which creates a gap in practice, and the number of falls at this LTCF necessitated the need for staff education.

The purpose of this project was to educate RNs and LPNs about fall risk and the implementation of a formal fall prevention program so that they can gain knowledge and commit to implement fall prevention practices. The practice-focused question was: Will the education of RNs and LPNs about fall risk and prevention improve their knowledge and intent to follow evidence-based fall prevention guidelines in a LTCF?

Concepts, Models, and Theories

This DNP project was guided by Lewin's change model. Lewin developed a change model that involves three steps: unfreezing, changing, and refreezing (Schweikert, 2018). This model represents a practical and simple way to understand the process of change and has served as the basis for several modern change models. Considering the importance of unfreezing to change, the practice that the nurses followed before the staff education class will be discussed. Teaching them the new information in the education session will be important for the change process. The last phase, refreezing,

will occur after the education session. I asked the nurses at the end of the education session if they intended to follow the guidelines that were introduced in the class. Their intent signifies that they will refreeze the new practices to prevent patient falls. This model was also beneficial to the project because its three steps can be used to create the perception that a change is required, then allows for a move towards a desired and new behavior level that eventually solidifies the desired new behavior as the new norm.

Moreover, the change model allows medical professionals to use the common patterns of provider-patient discussions during every process and suggests some responses to frequently asked questions that could be easily reconstructed to match culturally diverse clients (Schweikert, 2018). A toolkit that was developed based on the change model breaks down the fall risk assessment and management protocol into specific actions that can be used in a variety of clinical environments, such as LTC (Schweikert 2018). I provided this resource for the class participants to use after the class as they care for their patients. According to Schweikert (2018), the Lewin's three-stage change model offers a fundamental and intuitive understanding of the occurrence of change in the social behavior context observed by the individual RNs and LPNs and collectively as health care providers within the facility.

Relevance to Nursing Practice

Various research findings have indicated that most patient falls are preventable. (Hopewell et al., 2018) asserted that the number of people who fall may be decreased significantly in the health care arena by evaluating, identifying, resolving, and managing symptoms of chronic illnesses in older people. (Moyer, 2012) established that

interventions administered via primary care, such as physical therapy and exercise, can reduce falls in older adults. When implemented in a LTCF, these interventions could help prevent falls. Although the American Geriatrics Society/British Geriatrics Society has recommended an individualized approach to minimizing falls among older people and given an outline of ways of preventing falls among this population, primary care general practitioners have been reluctant to integrate these recommendations into their practice (Stevens & Phelan, 2012). According to (Stevens, 2013), the new Medicare annual wellness visit program provides payment benefits to health care providers to promote the inclusion of fall risk evaluation and treatment in annual wellness visits for older adults.

Furthermore, in both acute and LTC environments, the American Medical Directors Association's (AMDA; 2018) fall-prevention practice guideline has been successful in reducing falls. In acute care environments, Lewin's model of change has been integrated in guiding the implementation of health care projects (Schweikert, 2018). (Leverenz & Lape, 2018) established that fall prevention education by a licensed professional can be effective in increasing the self-efficacy of nurses for the implementation of fall-prevention approaches and prevention of patient falls in LTCFs. This is an indication that educating nurses in LTCFs on the use of integrated, multifactorial, fall prevention guidelines can increase their knowledge to reduce resident falls in the LTCFs.

Through applying the evidence that when a nursing staff's trust is improved, preventable falls in the LTC setting are minimized, the staff will make quality clinical decisions that will boost patient and the general public's health outcomes (Leverenz &

Lape 2018. Mabbott (2013) noted that the nursing staff confidence in their capacity is strongly related to the degree of their performance levels and that their performance is linked to the facility's overall performance. The aspect of self-efficacy and improved knowledge is helpful in putting the information gained from education into effect, and education is a factor in fall prevention. In the LTC environment, improving the knowledge of nursing personnel would minimize resident falls and eliminate all collateral losses that come with them.

Local Background and Context

The LTCF where this staff education project was completed is a large facility located in the District of Columbia with a staff of approximately 350 including RNs, LPNs, and certified nursing assistants.. Falls in LTCFs are a continuous problem, not only for the residents of those facilities, but also for their families and the public at large. A strong emphasis on quality improvement in patient safety is lowering the fall rate. Approximately 5% of adults who are 65 years and older reside in LTCFs, and they account for 10% of deaths among adults due to falls. Between 2016 and 2019, the project site facility had at least 60% of the residents fall, with 5% sustaining an injury. In 2020, 50% of the residents fell, with 6% sustaining an injury. These high numbers of falls at this LTCF necessitated the need for staff education. Nationally, the rate of falls in U.S. hospitals ranges from 3.3–11.5 falls in every 1,000 patient days (Bouldin et al., 2015). This necessitates developing a system of safety because residents who fall have a high chance of falling again (Isaranuwatchai et al. 2017). According to Isaranuwatchai et al.

(2017), a multifactorial fall prevention strategy by way of education can be effective in minimizing the rate of falls in health care facilities.

Intrinsic factors increasing the risk of falls can be managed, and environmental factors increasing the risk of falls in a LTCF can be modified. Accomplishing this would require direct care professionals in the LTCF to have the knowledge required to implement a multifactor fall prevention intervention to minimize the incidence of falls among residents.

Using an interprofessional strategy to establish a safety culture is essential for the LTC setting. RNs and LPNs in LTCFs are best placed to notice changes in residents' behaviors, gait, and mobility that signify a risk for falling. These nurses can evaluate the risk of falling on a regular basis and introduce an evidence-based multifactorial intervention to prevent falls and reduce the impact of unavoidable falls in LTC residents. The benefits of improving the nursing staff's effectiveness in adopting fall prevention techniques outweigh the time and cost because use of the techniques would result in a beneficial outcome of reducing the number of falls. Educating the RNs and LPNs is an effective way of minimizing the rate of falls in the facility.

Role of the DNP Student

My role in this project was as a transformational clinician who led the development and delivery of this educational project. I am not employed at the LTCF where the educational project was carried out. My primary role was to search for the best evidence with which to create an educational intervention that advances nurses' knowledge about falls and fall prevention. I developed the program based on the science

developed by other nurse researchers, such as other research-oriented nursing doctorates. I focused on translational research based on nursing knowledge, translating EBP as well as adopting and advancing nursing scholarship. In addition, I established collaboration with the project team.

I am well-acquainted with ethical, confidentiality, and privacy issues in project procedures; therefore, data and information were gathered without bias. According to American Association of Colleges of Nursing (2016), scholarship refers to those systematic activities that methodically advance nursing teaching, study, and practice through rigorous inquiry that is creative; important to the profession; and can be recorded, repeated/elaborated, and peer reviewed using various methods. As the DNP student, it was my job to provide education to the nurses to bridge the gap between EBP and patient care in the facility to improve nursing knowledge to prevent falls in the facility.

Role of the Project Team

The project team included nurse managers, the DON, and the quality assurance director. These leaders were the expert panel that collaborated with me to ensure that the objectives of the project enhance performance and solve an existing problem. Situation, background, assessment, and recommendation scenarios were created to enhance the education and staff interactions during the class. The team reviewed and established the educational program's content validity as well as validated the pre- and posttests. I made revisions to the educational program's content based on their feedback.

The DON and quality assurance director have the primary responsibility of ensuring that the team's work successfully meets the expectations of service to the student as well as service to the academic discipline(s) and professional field(s) of practice involved.

Summary

The project site LTCF has experienced a high rate of resident falls over the past few years. The gap in practice was the lack of a formal fall prevention program in the LTCF. I developed a staff education program to address this gap. The purpose of this project was to educate RNs and LPNs about fall risk and on the implementation of a formal fall prevention program so that they can gain knowledge about fall prevention for residents of a LTCF. I developed this educational session using Lewin's model of change and the AMDA's fall prevention guidelines.

In this section, I addressed the concepts, models, and theories that guided this project as well as their relevance to nursing practice. The role of the DNP student and the project team were also discussed. In Section 3, I will address the collection and analysis of the evidence of the project.

Section 3: Collection and Analysis of Evidence

Falls in LTCFs are widespread and pressing problems that negatively impact the older residents. The World Health Organization (2018) reported that every year, more than half of the patients in LTCFs fall, and about 1,800 people die because of such falls, the figures which are more than double the rate of falls among adults living in the community outside of such facilities. The project site LTCF in the District of Colombia continues to experience a high rate of patient falls. Despite this high number of falls, the project site facility still lacks a formal fall prevention program, resulting in a gap in practice. To address this gap, I conducted this project to educate RNs and LPNs about fall risk and the implementation of a formal fall prevention program so that they can gain knowledge about fall prevention in residents of LTCFs. I developed the educational session using the Lewin's model of change and the AMDA's fall prevention guidelines.

In this section, I provide details on the sources of evidence, with an emphasis on the practice-focused question and analysis and synthesis of evidence. The section concludes with a summary.

Practice-Focused Question

The project site LTCF is experiencing a high prevalence of resident falls, which are associated with such complications as pain, disability, serious injuries, functional impairment, or even death (see Mouhamed et al., 2018). The facility lacks a formal fall prevention program, which creates a gap in practice. The practice-focused question was: Will the education of RNs and LPNs about fall risk and prevention improve their knowledge and intent to follow evidence-based fall prevention guidelines in a LTCF?

The purpose of this project was to educate RNs and LPNs about fall risk and the implementation of a formal fall prevention program so that they can gain knowledge of fall prevention for residents of a LTCF. This project aligns with the *Walden Staff Education Manual* to meet the mission of Walden University. It addressed fall prevention in a LTCF, which is an important issue impacting the morbidity and mortality of the older population.

Sources of Evidence

For the literature review, I accessed current, evidence-based journals published between 2015–2021 through databases, such as EBSCO, CINAHL, MEDLINE, and Cochrane Nursing Database of Systematic Reviews. The following keyword phrases and terms were used in the search for peer-reviewed articles addressing fall prevention in older adults: *fall risk factors, fall prevention in nursing homes, multi-factorial fall-prevention, a meta-analysis of fall prevention strategies, systematic reviews of fall prevention, falls with injury,* and *falls resulting in death*. I analyzed several review papers to determine if they could be used to promote the use of multifactor fall prevention strategies. Additionally, fall evaluation, fall risk assessment, and a multifactorial implementation framework were all part of the search for fall prevention methods. After reviewing several review papers, I determined that most of them focused on the practice of fall risk assessment and evaluation tools as the initial step towards assessing the risk of fall.

Leverenz and Lape (2018) noted that the evaluation methods that are tailored to various care environments are beneficial to the fall intervention process in each setting

and that the sum of falls in older adults can be reduced significantly by concentrating on complex risk dynamics. Several studies have supported the use of multifactorial approaches aimed at specific risk factors. According to Cameron et al. (2018), a laser-like focus on risk-reduction strategies could aid in the prevention of falls in clinical settings. Multifactorial approaches aimed at fall avoidance were also found to help minimize the number of falls in a facility.

The population samples used in the literature search criteria were mainly people aged 65 years and older, who were living in LTCF, acute care, assisted living, or community settings. Gait and balance assessments, exercise, drug regimen assessment, vitamin D supplementation, vision assessment, and environmental impact were all evaluated as part of a multifactorial intervention (Aguwa, 2019). Synthesizing the data descriptively and combining the outcomes of the results of various types of literature examined are two analytical techniques for answering the practice-focused project question.

The AMDA (2018) clinical practice guideline was developed to provide LTC staff with a detailed guide for recognizing extrinsic and intrinsic risk factors for falls as well as a structured approach to patient evaluation and how to select the best treatments for each patient. The AMDA went through a systematic process that included having 450 AMDA members review the guidance first and then having other organizations, including the American Geriatric Society, update and vet the instructions further. The AMDA used the Appraisal of Guidelines for Research and Evaluation instrument to objectively

evaluate the clinical practice guideline to ensure that it is standardized for use in LTC settings (White, 2019).

The guidelines were created to assist facilities in developing procedures for assessing, handling, and avoiding falls. The clinical practice guidelines were designed to teach LTC workers how to recognize the signs that a resident is at risk for falling as well as how to conduct a thorough fall assessment and incorporate the required, individualized, multifactorial fall interventions. AMDA (2018) recommendations emphasized required treatment practices and are systematized for integration into an institution's policies and procedures to include high-quality, EBP to avoid falls in the LTC setting.

The AMDA (2018) aspired for the guideline to help increase residents' autonomy, self-esteem, and quality of life by lowering their risk of falling and injuring themselves. In fall prevention guideline, the AMDA emphasized important health-care procedures and used a multifaceted, interdisciplinary team approach to direct the evaluation, intervention, and implementation process. According to (Murad, 2017), the clinical practice guideline covers the stages of detection, evaluation, treatment, and follow up. The AMDA fall prevention guideline has improved residents' living conditions and improved facility tracking and benchmarking of falls to national levels. I used this guideline in the class content of the educational session for the project.

Participants

The participants for this staff education project are the 60 RNs and 41 LPNs that work in this LTCF. Although all the RNs and LPNs were invited to participate, only 12

RNs and eight LPNs participated in the education session or one-to-one education and turned in the pre- and posteducation surveys.

Procedures

This scholarly project was guided by the Lewin's model of change, comprising three phases: unfreezing, changing, and refreezing (see Schweikert, 2018). Providing new information to the nurses in the education session was important for the change process. The last phase of refreezing will occur after the education session. The nurses were asked at the end of the education session if they intend to follow the guidelines that were introduced in the class. Their intent signifies that they will refreeze the new practices to prevent patient falls.

I invited 60 RNs and 41 LPNs to attend the class by posting a flyer and notice in the facility that briefed prospective participants about the DNP project's purpose and goals. This education project was approved by the DON for RNs and LPNs, and she encouraged the staff to attend the education session. I obtained guidance from the facility's management to ensure that the project was conducted ethically and according to the policies and procedures of the facility and had a site agreement form signed. An expert panel of three reviewed and approved the education content and surveys before I conducted the project. Edits were made to both the content and the surveys based on the expert panel's recommendations and feedback. I submitted the project to the Walden University Institutional Review Board (IRB) for approval, and after receiving IRB approval, the 1-hour class was held at the project site.

I aimed to integrate the contents from the AMDA (2018) evidence-based clinical practice guidelines in the DNP project to educate RNs and LPNs for a multifactorial fall prevention program. At the beginning of the class, the participants completed a presurvey that included demographic data and questions about their self-efficacy and knowledge about implementing fall prevention measures to prevent residents' falls. I asked participants to create a unique identifier that was placed on their pre- and post-survey so the results could be compared. The preassessment included an 11-item Self-Efficacy for Preventing Falls-Nurse (SEPF-N) scale. I chose this scale based on the findings of Leverenz and Lape (2018) who demonstrated reliability and validity in terms of each item and scale totals. The scale was used to measure nursing staff's self-efficacy and knowledge in fall prevention before the education session took place. The postsurvey included the same knowledge questions as the presurvey along with a question about their intent to follow the guideline in the future. I used descriptive and inferential statistics via a statistical software to analyze the data from the surveys.

Protections

A project site agreement was completed prior to starting the project. I followed all ethical standards throughout the project after receiving approval from the Walden University IRB with approval number 11-10-21-0737717. The project site staff were guaranteed the confidentiality of their responses and data. The name of the facility, the community where it is located, and any information that could be used to identify the participants was kept secured and confidential. I kept all documentation in a secured cabinet and on a password-protected computer that were both only accessible to me.

Analysis and Synthesis

I gave both a pre- and postsurvey to the class participants to measure for improvement in knowledge. There was also a question on the postsurvey about their intent to follow the guideline in the future. The pre- and postsurvey data were analyzed using statistical software to determine if there was an improvement in knowledge and intent to follow the guideline, which answered the practice focused question for this staff education project. I also analyzed and reported the demographic data to describe the sample.

Summary

Falls in LTCFs are widespread and pressing problems that face the older population. In the project site LTCF, the rate of falls among older adult residents is double that of older adults living in the community outside of the facility. Despite the high number of falls, the project site LTCF still lacked a formal fall prevention program, which created an urgent need to address the issue and support the interdisciplinary team of health care providers in the facility. The aim of this project was to provide RNs and LPNs with an educational session about how to incorporate a multifactorial fall prevention strategy using the Lewin's model of change and AMDA's (2018) fall prevention guidelines so that they can gain awareness and knowledge about preventing falls in LTC residents.

In this section, I addressed the problem at the project LTCF and the purpose of this staff education project. The collection and analysis of evidence was also discussed. In Section 4, I will present the findings of the project and provide recommendations.

Section 4: Findings and Recommendations

Patient falls in LTCFs remain a continuous problem, not only for the residents, their families, and the facilities, but also for the general public. The World Health Organization (2018) asserted that residents of LTCFs are more prone to falls as compared to those living in the community, with 20% of all deaths resulting from falls occurring with residents of LTCFs. In the project site LTCF, falls are a common and prevalent issue, with more than 50% of the residents falling in 2020, over 6% of whom sustained serious injury. The gap in practice gap was the lack of a comprehensive fall prevention program in the LTCF; therefore, in this project I sought to educate RNs and LPNs about fall risk and the implementation of a formal fall prevention program so that they can gain knowledge on fall prevention in residents of a LTCF. I collected data for the project through via pre- and posteducation surveys of the nurses. Data analysis was completed with inferential statistics via Statistical Package for Social Sciences software and descriptive statistical methods.

The practice-focused question was: Will the education of RNs and LPNs about fall risk and prevention improve their knowledge and intent to follow evidence-based fall prevention guidelines in a LTCF?

Findings and Implications

I administered pre- and postsurveys to the RNs and LPNs to measure the knowledge gained and their intent to implement the fall prevention guidelines. Twelve RNs and eight LPNs attended the education session or one-to-one education and completed the surveys. The 11-item SEPF-N tool was used in the presurvey. The

demographics of the participants included 20 nurses comprising 12 RNs and eight LPNs. Sixteen of the participants were female and four were male. This sample size had a diverse population of Black nurses (n = 16), White nurses (n = 2), and Asian nurses (n = 2). The sample population also spanned across various age groups: 50% were middle-aged nurses between 36 and 45 years old, 20% were between 22 and 35 and 46 and 55 years old, while 10% of the participants were in the 56 to 65 age group. The levels of nursing degree differed with eight LPN, 10 associate degree in nursing, and two bachelors of science in nursing.

Review of participant responses showed 100% of the RNs and LPNs who participated in the pretest self-efficacy section indicated that they received a verbal briefing about their patient's risk of falling, and nurses from the previous shift advised them on what to do to keep their patients from falling. Thirty percent did not believe they had easy access to information on why their patients were at risk of falling. In the posteducation evaluation, 100% of the nurses reported that they would enhance communication on patient risk factors through shift reports and documentation in the health care record fall risk report status. In the preeducation assessment, 26% of RNs reported not receiving adequate information about their patients' fall risk. Forty-one percent of LPNs indicated they did not obtain a face-to-face report regarding their patients' fall risk. After attending the education session, the nurses verbally shared that they better understood the importance of having this information and would seek it if not readily offered in a report.

To measure the nurses' change in knowledge, I compared the pre- and post-scores. There was significant improvement in the nurses' knowledge posteducation. For example, Questions 1, 2, 3, and 4 had a pretest score of 60%, while the posttest score for these questions was 95%. For Questions 5 and 6, the average pretest score was 50%; however, the posttest score was 100%. The pretest score for Questions 7, 8, 9, and 10 was 60%, while posttest score was 100%. This shows a significant improvement in the knowledge acquired from the education session.

On the posteducation survey, 100% of the RNs and LPNs who participated in the staff education indicated that going forward, they would include information about how to prevent patient falls in the communication process. In addition, 100% reported their intent to follow the evidence-based guidelines to prevent falls. They indicated that they would work collaboratively as a team to prevent falls.

The results of this project answered the practice-focused question and showed improvement from 60% to 95% in knowledge and 100% intent to follow the guidelines going forward. Overall, the knowledge of the RN and LPN participants about fall prevention strategies as well as their intent to implement fall prevention interventions was significantly enhanced at the end of the staff education session. Studies have found that educating nurses practicing in LTCFs about the utilization of integrated multifactorial fall prevention guidelines can lead to improved knowledge to prevent falls (Stevens, 2013). Increased nurse confidence and expertise in the implementation of fall prevention guidelines will boost their clinical and professional practice behaviors to enable them to exercise self-influence to shape their social systems.

The residents will benefit from the quality care they receive as well as the forestalling of other comorbidities and severe cases caused by falls. Consequently, forestalling patient falls has a significant impact on positive social change. For this project, the anticipated positive social change is decreased fall rates and an enhanced life quality among the LTCF residents. In turn, the residents will have more confidence in participating in social and community activities, and this has the potential to enhance the quality of their lives and that of their families and community in general.

In terms of the institution, the implication of the findings is that the utilization of best practice guidelines by the RNs and LPNs will improve fall risk assessment and should decrease the number of falls and fall-related injuries in the LTCF. This will improve care and can have a positive impact on organizational reputation and reimbursement rates.

Recommendations

One of the key recommendations to the facility is to perform a 2-month pilot surveillance of use of the fall prevention measures and the number of falls in the LTCF to see if there is an improvement in practice after attending the education and implementing the practices to improve fall prevention. This would determine if the final phase of Lewin's change model, refreezing, was effective. This surveillance could be carried out by the quality department. I also recommended that the fall prevention tactics presented in the class, based on the AMDA (2018) guidelines, be added to the facility's fall prevention policy.

Another recommendation is that the project site requires RNs and LPNs to receive fall prevention education at orientation and then every 6–12 months from then on to strengthen the nurses' self-efficacy and knowledge in preventing resident falls. Separating these professionals based on the levels of their educational needs to be considered would allow for the education to be delivered in such a way that the professionals can learn best. I recommend that there is one class for RNs and one for LPNs due to the levels of educational exposure between the RNs and LPNs possibly being different. It is important that the instructional contents and the methodology be more detailed for the LPNs than the RNS.

I also recommend that patient care assistants are educated. They are a valuable part of the care team and can help support fall prevention measures to improve patient safety.

There is also the need to set up a quality improvement monitoring committee in the facility. It is recommended that they meet weekly to review falls until they see improvement and then the meetings could occur less frequently. The quality improvement monitoring committee should discuss trends that will help inform what type of ongoing education is needed to continue to address the fall issue at this facility. In addition, the staff should receive feedback about their performance in terms of safeguarding residents from falls. A decrease in patient falls should be recognized, shared, and celebrated.

Additional research is required to provide a better understanding of the long-term connection between the self-efficacy of RNs and LPNs and their knowledge in preventing

falls, practice improvement, and patient outcomes. Patient outcomes include the number of falls and their health consequences and the effect of fall prevention participation on their activity and confidence.

Contribution of the Doctoral Project Team

The project team, which included me, two clinical nurse managers, the DON, and the quality assurance manager, worked to ensure that the objectives of the project were achieved. The team worked collaboratively to ensure that the project enhanced performance in the facility, stayed focused on solving the problem of continued resident falls, and added value to the facility. The DON and quality assurance manager worked closely with me to ensure that the team's work successfully met the expectations of this DNP project.

One of the clinical nurse managers was tasked with contacting the unit manager and informing the facility of the time and date for the education program. The other clinical nurse manager compiled the names of every intended participant for the project. As a team, these individuals worked collaboratively to assemble the multifactorial, evidence-based, fall prevention program; analyze the pre- and postsurvey findings; and make the final recommendations. All team members worked effectively and made significant contributions to ensure the successful implementation of the DNP staff education project.

Strengths and Limitations of the DNP Project

A key strength of the project is that it offered evidence of best practices in a well-organized and well-formulated educational format to enhance the self-efficacy and

knowledge of LTCF nursing staff about fall prevention. Aguwa (2019) noted that there is a general understanding that the confidence of nurses in their skills and capability is linked to the degree of their actions and that a relationship exists between their activities and the organization's overall success. The outcomes of this doctoral project will serve as a foundation for future projects and research.

According to (Vlaeyen et al., 2017), several research studies have been conducted on this topic, with most of them focusing on acute care. There is little research to be found about LTCFs and fall prevention. Therefore, another strength of this DNP project is that the findings can add to the nursing literature about patient falls in LTC.

One of the key limitations of the doctoral project was the failure of some of the participants to attend the education session due to Coronavirus disease – 19 because some of them had to quarantine at home after exposure to the virus. Some of the participants thought that there could be adverse repercussions for their survey responses; thus, they were reluctant to participate in the surveys. However, after explaining to them that the survey was anonymous, they became cooperative and took part as class participants. In addition, at the time of delivering the education, some of the RNs and LPNs were providing care to the residents and could not get away to attend the class, so I did one-on-one presentations of the educational sessions for them. This change in format could potentially have caused adverse effects, including increasing the risk of bias that could negatively affect the validity of the results (see Blitzer et al. 2020). In addition, the small sample of RNs and LPNs posed a key limitation of the project because it could have affected the validity of generalizing the findings to other LTCFs.

I conducted the posteducation survey at the end of the staff education session, which could have impacted the results. There was an immediate improvement in knowledge; however, it would be beneficial to monitor the nurses' retention of knowledge and measure if their intent to follow the guidelines actually resulted in practice change. The findings could have been different if the posteducation survey was conducted after an extended period, like a 60 days posteducation. Therefore, I recommend that a similar project should be carried out in the future to provide a longer interval before the posteducation survey is conducted to allow the RNs and LPNs enough time to put what they have learned into practice. This would be a better measure to determine if there is sustained knowledge and practice improvement.

Section 5: Dissemination Plan

With this DNP project, I aimed to educate RNs and LPNs about fall risk and fall prevention based on evidence-based guidelines so they can gain knowledge in fall prevention for residents of a LTCF. The ultimate goal was to improve the knowledge of RNs and LPNs and garner their commitment for following guidelines for preventing falls in the future. Following these guidelines would lead to a practice improvement and enhance patient outcomes in the LTCF. I conducted a pre- and postsurvey to assess the extent to which the education project achieved its objectives. This project required a well-outlined plan to collaborate with the leadership to deliver the education to the staff. The next step will be to disseminate the project findings to the LTCF leadership.

The findings of the doctoral project will be presented to the facility management, after which they will determine whether the education content will become the standard for the facility, not only for orientation purposes, but also for competency assessment and continuing education. For adequate and quality resident care to occur, the project site LTCF will be encouraged to require nurses to attend fall prevention education sessions on a regular basis (every 2 months) especially during orientation and then every 6–12 months from then on to strengthen the nurses' self-efficacy and knowledge in preventing resident falls. I will also provide leadership with recommendations about policy changes and monitoring.

I will continue to disseminate this project and its outcomes by presenting to some of the other LTCFs in the District of Columbia by way of group meetings, PowerPoint presentations, and handbills. Furthermore, the outcome of the project will be submitted

for publication to a nursing journal, such as the *Journal of Nursing Continuing Education*. According to (Yoder-Wise, 1999), the *Journal of Continuing Education in Nursing*'s mission is to promote continued professional competency in nurses through professional development, continuing education, advocacy, and policy. Through this dissemination, those working in the LTC sector would be able to access information to help prevent resident falls in their individual settings. This dissemination will also add to the nursing literature about preventing resident falls in LTCFs and addressing the needs of those residents.

Analysis of Self

Based on the definition of the American Association of Colleges of Nursing, scholarship entails activities that seek to systematically advance the research, teaching, and practice of nursing via a rigorous inquiry that can be documented; is creative; can be peer reviewed, elaborated, or replicated; and is significant to the nursing profession (Fang, 2018). I experienced some barriers in this project, including difficulty with getting the RNs and LPNs to attend the class and take the pre- and posttest surveys. I had to be flexible in the delivery of my educational content and provided one-on-one education to some of the participants who were not able to break away from patient care to attend the class.

As a DNP scholar, my review of the extant literature and best practices facilitated being able to present a comprehensive fall prevention guideline in the educational session. This experience required me to continue learning to bridge the gap between EBP and patient care. The project results showed an increase in the knowledge of RNs and

LPNs about preventing resident falls in the LTCF. This reinforced my belief that using an incorporated, multifactorial fall prevention guideline could improve LTCF staff's knowledge in preventing falls among residents. In all health care environments, I will continue to work to improve my expertise in establishing and applying EBP at the aggregate, clinical, and organizational levels.

I have grown as a visionary, innovative reform maker, dispute resolution expert, and strong advocate for EBP as I have continued to progress through the DNP program. As a practitioner, through my journey in the DNP program, I have advocated for the nursing profession and nurses at all levels, including leadership and management, clinical practice, health policy, nursing research, and nursing education. In this journey, I have developed the requisite knowledge base for implementing EBP and become a facilitator and resource concerning EBP for nurses. Through this experience, I have learned how to locate EBP and research literature. I will continue to use these skills in promoting the use of guidelines and EBP to ensure that patient care is not based on trial and error but rather on the best available evidence. According to Cullen & Sigma Theta Tau International (2018), patient care should be based not only on the clinical expertise of the provider and the preferences of the patient but also on the best available evidence to improve the effectiveness of care and patient outcomes.

The role of project manager put me in a position to identify a gap in practice and to develop staff education content. Through developing this educational session, I was able to positively impact patients, staff, and the organization by providing education to prevent falls. I can now use quality management techniques to make long-term

improvements at the organizational and policy levels. I am also skilled at incorporating education, application, integration, and research at all organizational levels. I am now able to create content and will make it available for replication, critique, peer reviews, and utilization by other professionals.

In my capacity as a DNP student, I strived to extend my expertise in developing and applying EBP at the organizational, aggregate, and clinical levels in every health care setting. According to (Shawa, 2020), the definition of scholarship needs to go beyond research versus teaching to include application and integration. I gained all the requisite knowledge and skills to enable me to become a facilitator of EBP and a resource for other nurses.

Summary

In this nursing staff education project, I focused on the use of integrated, multifactorial fall prevention guidelines with the aim of increasing the knowledge of LTCF RNs and LPNs in preventing and reducing resident falls. This study has revealed that how nurses view their capabilities is directly related to the extent to which they are exposed to education; hence, the need for constant education. The actions of the nurses have a correlation to the overall achievement of the facility. Based on the results of the self-efficacy pre- and posttest assessment, it was evident that educating RNs and LPNs on the use of multifactorial fall prevention guidelines improved their knowledge in fall prevention. They also committed to follow the evidence-based guidelines for fall prevention going forward. Therefore, in this LTCF setting, the implementation of a

multifactorial fall prevention intervention enhanced the knowledge of the staff and their intent to follow evidence-based guidelines for fall prevention.

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Appendix A: Presurvey 11-Items Self-Efficacy for Preventing Falls-Nurse (SEPF-N)

Sex: Female: ☐ **Male:** ☐

Race: Black: ☐ **White:** ☐ **Asian:** ☐

Age: 22-35: ☐ **36-45:** ☐ **46-55:** ☐ **56-65:** ☐

Highest level of Nursing Degree: LPN: ☐ **ADN:** ☐ **BSN:** ☐

Number of Years as a Nurse: 1-4: ☐ **5-10:** ☐ **11-15:** ☐

Years in this Unit: 1-4: ☐ **5-10:** ☐ **11-15:** ☐

[For the questions provided, please circle that response that is reflective of your practice]

Response Format 1-5 - please select one for each question

1- Strongly disagree 2 – Disagree 3 - Neither agree/disagree 4 - Somewhat agree 5 - Strongly agree.

I believe in my capacity to prevent resident falls because:

1. I obtain an oral report about my patients' fall risk and prevention 1 2 3 4 5
2. I am informed by the nurse from the outgoing shift of what to do 1 2 3 4 5
3. Information is easily open to me regarding reasons for patients' fall risk 1 2 3 4 5
4. Fall prevention information is easily accessible to me 1 2 3 4 5
5. I complete fall risk evaluation on my shift 1 2 3 4 5

6. I collaborate with family members to do the fall-prevention care plan 1 2 3 4 5
7. I provide other nurses with one-on-one information about their residents fall risks/prevention 1 2 3 4 5
8. I provide other nurses with face-to-face report about their patients' fall risk 1 2 3 4 5
9. I provide fall risk report to oncoming shift 1 2 3 4 5
10. I educate the oncoming shift nurse on ways to prevent patient fall 1 2 3 4 5
11. We work together as a team 1 2 3 4 5

Questions about fall prevention knowledge (Please circle true or false for each question)

1) A fall is an event resulting in a resident coming to rest on a lower level, such as floor/ground. True False
2) In the United States (US), 700,000-1,000,000 people are likely to experience a fall while in healthcare facilities, and about 50% of these cases will end up with injuries (AHRQ, 2020). True False
3) At least 75% of nursing home residents fall every year. True False
4) In 2020 50% of nursing home residents fell with 6% sustaining an injury. True False
5) It is important to review medications that increase fall risk or fall injury. True False
6) It is important to monitor resident's medical condition. True False
7) Training on Universal Fall Precautions is essential for nurses in LTCF. True False
8) Nurses should educate residents on how to use call lights. True False
9) It is important to orient residents to their environment. True False

10) It is important to keep the floor clean and dry to prevent falls. True False

Appendix B: Postsurvey

Questions about fall prevention knowledge (Please select true or false for each question)

1) A fall is an event resulting in a resident coming to rest on a lower level, such as floor/ground.

   True False

2) In the United States (US), 700,000-1,000,000 people are likely to experience a fall while in healthcare facilities, and about 50% of these cases will end up with injuries (AHRQ, 2020).

   True False

3) At least 75% of nursing home residents fall every year.

   True False

4) In 2020 50% of nursing home residents fell with 6% sustaining an injury.

   True False

5) It is important to review medications that increase fall risk or fall injury.

   True False

6) It is important to monitor resident's medical condition.

   True False

7) Training on Universal Fall Precautions is essential for nurses in LTCF.

   True False

8) Nurses should educate residents on how to use call lights.

   True False

9) It is important to orient residents to their environment.

True False

10) It is important to keep the floor clean and dry to prevent falls.

True False

After completing the education, do you intend to follow the evidence based fall prevention guidelines?

Yes ☐ No ☐

Appendix C: Fall Prevention Education for Nurses in a LTCF

FALL PREVENTION EDUCATION FOR NURSES IN A LTCF

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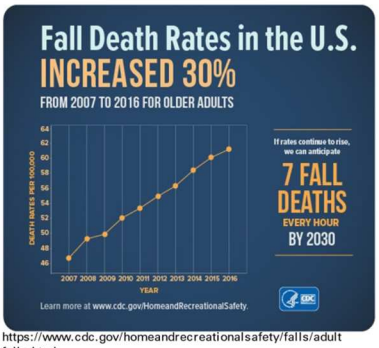
08/21/21

Epidemiological Rationale for the Topic

- Falls among older adults are a serious health issue in the U.S
- At least 50% of U.S nursing facility residents fall every year
- Resident falls are associated with;
  - Functional impairment
  - Pain
  - Disability
  - Death
- About 30-40% of seniors in the U.S have experienced serious fall -related injuries (Cameron et al., 2018)
- In this facility, there is an increase in fall rate. 60% of the residents fell, with 5% sustaining an injury from 2016 to 2019.
- In 2020, 50% of the residents fell, with 6% sustaining an injury.



https://www.cdc.gov/homeandrecreationalsafety/falls/adultfalls.html

Definition of Terms

- ***Fall*** – An event resulting in a resident coming to rest on a lower level, such as floor/ground
- Unanticipated fall – a fall that occurs when its cause is not reflected in the resident's risk factor for fall
- ***Anticipated fall*** – a fall that occurs when a resident whose score on fall risk tool indicates he/she at risk of falling
- ***Accidental fall*** – a fall that occurs when a resident falls unintentionally, often as a result of slipping/tripping
- ***Risk assessment tool*** – A tool/technique used for analyzing risk components and making risk determinations

- Accidental
- Anticipated physiological
- Unanticipated physiological
- Planned

https://www.youtube.com/watch?v=MhiPB1wOEys

Nurses' Role in Fall Prevention Programs

STANDARD PREVENTION

- Orient patient to surroundings as condition warrants
- Tell patient to wear non-skid slippers or treaded socks
- Keep bed in low position and raise bedrails with extreme caution. When possible, use alternative pillows and positioning devices to avoid the use of bedrails.
- Check that wheels on all wheelchairs, beds and stretchers are locked
- Implement toileting programs to decrease urgency and incontinence
- Keep nurse call system, phone, personal items and personal assistive devices accessible
- Review medications that increase fall risk or fall injury
- Educate patient and family ; tailor fit educational needs with patient conditions and risks

HIGH RISK FALL PREVENTION

Standard protocol plus:

- **Assurance of 24-hour** supervision and assistance with toileting, transfer and ambulation activities.
- Placing patient in a room close to nurses station if possible
- Visual alert signage on the patient's door.
- communicating to Attending Physician or designee that patient is high risk for falls by:
  - Documenting in the patient's Nursing Assessment and/or Progress Note
  - .Discussing and initiating a plan of care which addresses: Medications, cognitive function, gait and balance, and other conditions that may contribute to falls.
  - Recommend /suggest initiation of referrals or consults to address individually assessed problems (ie. PT, OT, KT, Dietary, SWS, Pharmacy).

https://slideplayer.com/slide/10258385/

- Complete and document resident fall risk assessment and screening
- Document resident-specific fall-prevention practices
- Monitor the medical condition of patients
- Obtain the supplies required to prevent resident falls
- Report falls

Fall Risk Assessment

- **Purpose:** To see how likely it is for a resident to Fall
- The Assessment includes the following;
  - Initial screening to assess resident's overall health, history of fall, and problems with standing, walking, balance
  - A set of fall assessment tools to test resident's gait, balance, strength
- **Interpretation of Result**
  - Resident having a high/moderate/low risk of falling
  - Indicative of areas that need to be addressed

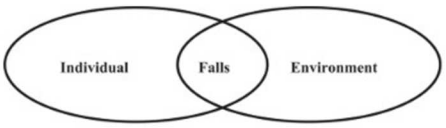
Step 1: Fall Risk Screening/Assessment

- Use a reliable, prospectively validated scale.
  - Helps identify patients at risk for anticipated physiological falls
  - Provides basis for tailored or personalized care planning

https://www.ahrq.gov/patient- safety/settings/hospital/fall-prevention/workshop/module -3/guide.html

What Should be Accomplished During Fall Risk Assessment

- Obtaining falls history
- Conducting medication review
- Performing physical exam
- Conducting environmental and functional assessments



Age-related changes	Medications[a]
Cognitive deficits	Footwear[a]
Gait, strength, or balance deficits[a]	Assistive devices[a]
Sensory deficits[a]	Home/neighborhood features[a]
Chronic conditions	Alcohol/drugs[a]
Acute illnesses	Supports from caregivers[a]
Behaviors/choices[a]	

https://www.medical.theclinics.com/article/S0025-7125(14)00194-1/fulltext

Resident Fall Risk Factors Nurses Need to Know

EACH RISK FACTOR CHECKED	ASSESSMENT (TRAINED ASSESSOR) Q = Exploratory Questions	TREATMENT / ACTION
1. Falls history	Q Any falls in last year? Ask about: context, consider potential causes & consequences.	Continue with full MFFP assessment.
2. Red flags	Q Refer to manual. Fainting / loss of consciousness? Any dizziness? Any tongue biting or facial injury?	Consider referral to consultant led-falls service or secondary care if red flags present.
3. Gait and balance	Conduct Timed Up and Go Test. Observe for balance problems whilst walking or turning. Observe gait: any shuffling or postural sway? Was TUGT completed within 14 seconds?	If problems with gait or balance, refer to physiotherapy for Otago strength & balance retraining programme.
4. Postural hypotension	Q Any dizziness on rising from bed? Check radial pulse rate & rhythm. Take lying & standing BP (within 3 minutes of standing). Conduct ECG if irregular pulse or brady/tachycardia.	Advice about postural change if symptomatic. Conduct medication review. GP to assess CCGs. Refer to other services if underlying disease suspected.
5. Medication review	Q Taking any meds to help you sleep or lift your mood? Check for any of the following: hypnotics, anxiolytics, anti-psychotics, anti-depressants, Aloec BP, arrhythmia, angina, Parkinson's or prostate drugs.	Conduct full face-to-face medication review. Modify, reduce or stop culprit medications if indicated. Provide non-pharmaceutical advice for treatment of chronic conditions.
6. Vision	Q Explore last time eyes checked. Conduct Snellen chart test on all patients. Record acuity for both eyes.	Refer to optician for eye test if no test in last 12 months. If eye disease suspected, refer to optician or ophthalmology services.
7. Foot & footwear Podiatry	Visual inspection of feet on all patients. Check for corns, ingrowing toenails etc. Q Any problems with feet e.g. pain, numbness, any history of diabetes?	Conduct test for numbness & proprioception if indicated (numbness suspected). Refer to podiatry if indicated. Give AgeUK advice leaflet if not already received.
8. Environment hazards	Q Any use of furniture for support when walking? Difficulty getting out of a chair or using stairs/or steps at home? Any use of walking aids?	Give safety at home Tip Sheet. Raise awareness of potential home hazards (eg. rugs, wires etc.). Remind to use lights if rising in middle of night. Refer to OT if indicated.

https://www.researchgate.net/figure/PreFIT -Falls- Risk-Assessment-Quick-Reference-Guide_fig2_317389835

- The risk factors that can be part of fall risk assessment include;
  - Altered mental status
  - Resident care equipment
  - Medication
  - Urinary incontinence
  - Gain instability
  - Past history of fall
  - Age
  - Bedbound residents
  - Length of stay

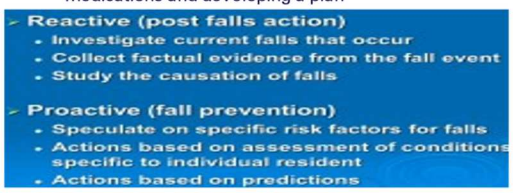
Universal Fall Precautions

- Allowing residents to become familiar with their environments
- Educating residents on how to use the call light
- Keeping call lights and the personal belongings of residents within reach
- Keeping the floors dry and clean
- Answering call lights promptly
- Lowering the resident beds when residents are resting
- Having grab bars to offer support in residents' rooms, hallway, and bathroom

https://www.ahrq.gov/patientsafety/settings/hospital/fall prevention/workshop/module-3/slides.html

Resident-Specific Fall Prevention Approaches

1. Residents who have fallen in the past
   - Discussing the cause of previous falls and how to prevent their reoccurrence
2. Residents with unstable walking gait
   - Ensuring resident is always wearing non-slip shoes/socks
   - Making sure resident goes for scheduled physical therapy
   - Using gait belt to assist residents during ambulation
   - Making sure residents have access to mobility aids
3. Residents on medications with high fall risks
   - Being aware of the possible side effects of the medications and developing a plan



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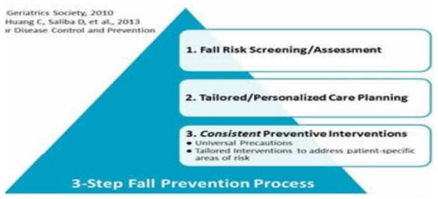

4. Residents with urinary incontinence
   - Round hourly
   - Using incontinence briefs and draw sheets
   - Following a toileting schedule
5. Residents with altered mental status
   - Avoid using side rails with these residents
   - Using a bed/chair alarm for continuous monitoring
   - Round hourly
   - Using a floor mat to prevent injuries from fall

Multifactorial Fall Prevention Interventions

What is a Multifactorial Intervention?

- A multifactorial intervention is a multiple-component intervention that aims at addressing fall risk factors
- Involves the delivery of at least 2 component interventions combined in various ways
- The combination of component interventions is based on assessment of a resident's risk factors for fall(Nursing Home Abuse Center n.d)

Components

- Medication
- Vision and psychological management
- Mobility aids
- Environmental modification
- Education
- Exercise

Strategies to Support Residents After Fall

- Supporting residents who have fallen should take two approaches;
  - Providing physical support to enable residents to stand upright again
  - Providing emotional support to help them regain any lost composure/confidence
- The first step is often helping the residents up from the floor
- The following recommendations should be kept in mind;
  - Remaining calm when a resident falls
  - Assessing for injuries
  - Resisting rushing
  - Offering help as much as possible

Addressing A Longer-Lasting Problem of Fall

- A fall may cause a resident to become extremely nervous about attending to activities of daily living
- Physical reactions can be accompanied by such emotional problems as;
  - Anger
  - Denial
  - Depression
  - Increased fear
- Therefore, nurses should try the following recommendations;
  - Recognizing the resident's emotions
  - Appreciating the risk
  - Offering encouragement
  - Explaining what may have happened

Management & Considerations for Discharge

Management

- Need to put in place standard safety measures for all residents irrespective of the risk identified
- Fall risk score that is 3 or greater requires the implementation of a fall high risk management plan (FHRMP).
- The FHRMP will be developed and must be specific to the individual needs of the resident
- The FHRMP is used until the resident's fall risk score improves
- Other professionals that should be involved are;
  - Occupational Therapist
  - Physical Therapist

Considerations for Discharge

- Some residents may be at high risk of falling
- For such residents, the following considerations should be made;
  - Family/caregiver education, advice, and tips on home care for the resident
  - Occupational therapy referral
  - Physiotherapy referral
- Residents at high risk may be eligible for PAC (post acute care)

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