

3-21-2025

Staff Education on Evidence-Based Educational Content for Patient Fall Prevention Measures

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College of Nursing

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Walden University
2025

Executive Summary: Staff Education Project
Staff Education on Evidence-Based Educational Content for Patient Fall Prevention
Measures

by

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Executive Summary Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Nursing Practice

Walden University

February 2025

Summary

Patient falls continue to be a challenge due to the injury associated with them. They can be disabling, costly, and most often lead to increased morbidity and mortality. Falls at home lead to hospitalization of the patient and complication of other health issues and/or aggravation of preexisting health problems. The practice problem was that the clinic did not have patient education content in place for fall prevention measures to discuss with patient at discharge. The practice-focused question was, Will a staff education on evidence-based falls prevention measures result in an increase in staff knowledge on fall prevention? The purpose of the project was to create evidence-based educational content on fall prevention that the staff could review with patients at discharge. The strategy used in the project was to create PowerPoint educational content presented to the staff to educate them on fall prevention strategies. This was carried out in three sessions, with pre- and posttest being done to assess staff knowledge before and after the teaching. Descriptive statistics were used to analyze the data. The findings indicate that there was a 50% increase in staff knowledge after teaching compared to before the teaching. The implication for nursing practice is improved staff knowledge to educate patient on falls prevention that promotes safety at home. The recommendation is to conduct further evaluation on the outcome of the nursing patient instruction after discharge. Improved quality care delivery promotes positive social change. Including all patients in standardized education content supports diversity, equity, and inclusion in promoting patient safety and minimizing the risk of fall-related injuries.

Background

The element in the background that connects to the gap in practice was a lack of staff knowledge of evidence -based fall prevention measures. Fall prevention continues to be a challenge due to injury associated with it. It can be disabling and costly, and most often, it increases morbidity and mortality. The leading indicators of fall risk are gait abnormalities, balance problems, and a previous history of a fall; impaired vision and cognition are also associated with heightened risk; and the side effects and interactions of certain medications that older people are more likely to be prescribed can increase fall risk as well. Studies show that injuries resulted from falls among adult patients are one of the leading causes of deaths in the United States (Cangany et al., 2015). Falls at home lead to hospitalization of the patient and may also lead to complication of other health issues or aggravation of preexisting health problems. The increasing number of patients who are hospitalized from fall at home is due to the lack of knowledge on fall prevention strategies which most often are due to failed patient education at discharge. This is, in part, due to the staff knowledge deficit on the use of evidence-based educational content on fall prevention measures.

The project question was: Will staff education on evidence-based falls prevention measures result in an increase in staff knowledge on fall prevention? There were patients noted to fall at home after discharge. There was no standardized approach to fall prevention patient education from staff.

The purpose of the project was to create staff educational evidence-based content on patient fall prevention measures to be used at patient discharge. Creating this

educational content for the staff helped to improve their knowledge on falls, fall prevention, and the importance of reviewing it at discharge with patients.

The literature reviewed came from search engines in Walden University library, online databases including ProQuest, PubMed, Medline, CINAHL. After the review of the literature, 11 studies were selected for inclusion based on the relevance of the data to the project topic. The findings showed that providing staff education on fall prevention increases staff knowledge on evidence-based fall prevention strategies and how to assess the at-risk patient and educate their patient on fall prevention (Naseri et al., 2018). The studies show that fall prevention patient education is important at discharge because it helps to reduce the risk of falls and injuries associated with it, addressing key factors that lead to falls and how to mitigate them. In addition, it improves patients' safety by providing them with clear instructions on safe mobility practices and use of support when needed to ensure safety in their environments. It helps with early identification of potential problems that could result in falls such as weakness, dizziness, and instability, and teaches patients how to take necessary precautions. It helps to enhance self-empowerment and self-management and put patients in control of their safety. It helps to lower hospital readmission rates (Ausmed, n.d.; Hill et al., 2019). Therefore, it is important to educate nursing staff on the use of evidence-based educational content on fall prevention measures.

This literature was reviewed based on the level and strength of evidence and relevance to the project topic. The studies from these pieces of evidence included systematic reviews, randomized controlled studies, qualitative studies, and clinical practice guidelines. There was one Level I evidence, two Level III evidence, and two

Level IV evidence, respectively. Evidence from this literature validated the presence of this problem and justified the need to implement this change. These studies showed that increasing staff knowledge on identifying and preventing falls at home is important (Leverenze & Lape, 2018). Bamgbade and Dearmon (2016) found from their study that providing staff education training to increase fall risk awareness in the organization is essential to creating a culture of safety that will ultimately yield quality health outcome for the patients.

Staff Education Project Development

A total of four participants were involved in the education project. The participants included nursing staff, an administrator, and the healthcare provider. The implementation of the project was carried out with a duration of 1 week in three sessions. For each session, a PowerPoint presentation on fall prevention measures was presented in the clinic to teach the staff. The concept model that was used to guide the development of this project was the ADDIE model (Kim et al., 2020; Luo et al., 2024). At the end of the teaching, a handout of patient education on fall prevention strategies was given to the staff so they could use it in patient education at discharge.

Pre- and posteducation surveys were administered to the staff. presurvey were administered before the teaching, and postsurveys were administered after the teaching. During the collection of data, a package box was created where staff can anonymously turn in their survey responses. The data were entered into a spreadsheet document to enable the use of comparing multiple factors and to understand how they were related. The data were analyzed using descriptive statistics to determine the change from the presurvey to post-survey. The results obtained from the data analysis showed that there

was a significant increase in staff knowledge on using evidence-based educational content on fall prevention measures at patient's discharge after the education was completed. See data in Table 1.

Table 1

Data

	Survey question	Percentage of staff scoring correctly on presurvey	Percentage of staff scoring correctly on postsurvey
1	Knowledge of the risk assessments of residents for falls include all the following except	50	100
2	Knowledge of the best reason to have a tailored/individualized care plan	50	100
3	Knowledge of how falls management and response lower the likelihood of future falls	50	100
4	Knowledge of environmental risk factors for falls include all the following except	50	100
5	Knowledge of common results of falls except	50	100

During the evaluation, the learning experience was assessed using the pre- and postsurvey to evaluate whether the education/presentation had increased the staff knowledge. The data collected were processed using descriptive statistics, which allows for discretion of the data to make inferences concerning how they compare to another group of data (Kaur, 2018). This data evaluation process allowed me to compare the

differences in the staff knowledge of fall prevention measures before the education and after the education.

Results

Postimplementation result of this project showed that the staff education on evidence-based fall prevention measures was effective in improving staff knowledge. The response to the posttest showed an increase from 50% to 100% in their knowledge of effective use of evidence-based fall prevention measures for the patient at discharge when compared to the pretest scores. The impact of this result to the organization is that it closes the gap in practice that existed due to their knowledge deficit. Additionally, it will promote fall reduction.

The limitations of this study were the number of participants. The clinic is a small practice setting. This may affect the generalizability of the findings to other populations and settings that are not like this one. Also, the project was carried out in one practice setting, and it would be hard to determine if the same was done in another organization larger than this one, or similar in size, whether the responses/data would yield the same result. This project is important beyond the local site because this is a practice change that if extended beyond this site could increase the quality of care.

Conclusions

Implementing the evidence-based educational content on falls prevention impacted the organization by improving staff knowledge on fall prevention strategies to be used during patient discharge. This will serve to enhance the focus on patient safety at home.

Further recommendation that might be considered is to conduct further evaluation on the outcome of the nursing patient instruction after discharge, and to evaluate the effectiveness of the fall prevention discharge teaching. This can also be monitored by keeping track and recording of their patient fall rates and the number of patients admitted to the hospital since the implementation of the project to determine if the project had impact on patient outcome.

Potential implication for nursing practice is that education can impact practice because it improves patient awareness and promotes the reduction in the number of falls, perception of fall prevention intervention, and self-efficacy (Ott, 2018). It enables nurses to proactively identify and address fall risk among their patient's home and environment, leading to improved patient safety and quality of life as well as contributing to positive social change by promoting self-management, empowering individuals to live safely at home. The physical, psychological, social, and financial impacts from falls creates financial burden to the patient as well as the healthcare organization (Dabkowski et al., 2022). This intervention supports a nursing practice that takes a more robust approach to optimal care delivery by ensuring diversity, equity, and inclusion for all patients regardless of their cultural background or socioeconomic status.

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