5-26-2025

# Staff Education to Prevent Falls in Long-Term Care Facilities

Shekinah Gleason
*Walden University*

Walden University

College of Nursing

This is to certify that the doctoral study by

Shekinah Gleason

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee
Dr. Melissa Rouse, Committee Chairperson, Nursing Faculty
Dr. Barbara Barrett, Committee Member, Nursing Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

Walden University
2025

**Executive Summary: Staff Education Project**

Staff Education to Prevent Falls in Long-Term Care Facilities

by

Shekinah Gleason

MS, LSU Health Sciences Center, 2012

Executive Summary Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

Walden University

April 2025

## Summary

In this staff education initiative, I focused on fall prevention in long-term care facilities (LTCFs) by reinforcing the Morse Fall Scale fall risk assessment tool. Falls in LTCFs are a significant concern, leading to injuries, hospitalization, and declining residents' quality of life. The practice problem stems from insufficient staff training, contributing to inadequate patient care and an increased risk of falls. The practice-focused question was used to explore whether education about fall prevention measures and guidelines improves long-term care nurses' knowledge and intent to follow these guidelines; a total of 23 participants were involved in this project. Pre- and post-education assessments measured knowledge improvements. The results showed the mean score on preassessment as 8.65% and the mean score on post-assessment as 9.78%, with 100% showing the intention to follow fall prevention guidelines. The results showed that the staff educational program positively impacted staff knowledge regarding fall prevention guidelines. The project showed that regular, targeted education improves staff's intent to adhere to fall prevention protocols and may reduce falls in LTCFs. Recommendations include ongoing training, continued use of the Morse Fall Scale, and regular monitoring of fall prevention practices. This project has important implications for nursing practice. It demonstrates the value of staff education in improving patient safety and quality of care. By ensuring all staff members have access to high-quality education, this project contributes to positive social change by addressing a key safety concern in LTCFs, ensuring vulnerable populations are protected, and advancing a safety culture in nursing practice.

## Background

According to Kuhnow et al. (2022), long-term care residents face severe health risks from facility falls, which commonly lead to injury requiring hospitalization alongside a reduction in their functional independence capacity. Institutional medical settings typically use the Morse Fall Scale to assess fall risks through standardized evaluation methods at multiple facilities, including the one examined in this study. This scale incorporates six variables: People exhibiting prior falls coupled with secondary health issues while possessing various levels of mobility, which require intravenous medication, and displaying varying walking patterns and brain function abilities represent predictive factors (Glass et al., 2020). Hourly rounds, staff education training sessions, bed alarms, mechanical alarms, and protective fall mats remain the standard approaches implemented within LTCFs. The effectiveness of these protective measures relies upon proper staff training, which suffers when workers lack tool knowledge, incorrect guideline usage, and poor patient-related communication, as discussed by Albasha et al. (2023).

I addressed this gap by exploring whether education about fall prevention measures and guidelines improves long-term care nurses' knowledge and intent to follow the procedures to prevent patient falls. The results of the project can be used to enhance staff knowledge of effective fall prevention strategies and to promote safety-first practices among workers at LTCFs during its short-term implementation. Appropriate evidence demonstrates that staff educational programs lead to better fall prevention protocols. Heng et al. (2020) reviewed hospital fall prevention education, which applies to LTCF. The research showed that fall prevention requires multiple approaches, including staff training on assessment tools and management schemes.

Barmentloo et al. (2021) stated that personalized healthcare advice modifies preventative healthcare habits. The results underline the importance of specialized instruction for staff to prevent falls within their specific environment. Greenberg et al. (2020) demonstrated that using decision aids to assess fall risks better facilitates fall preventive measures implementation. In this study, I used evidentiary support from several Level I studies that I found during the literature review. According to their 2022 study, Schoberer et al. performed a meta-analysis of 79 randomized controlled trials focused on fall prevention strategies in hospital and nursing home settings.

Staff members play a fundamental role in evaluating and changing environmental conditions, which Jiang et al. (2021) found essential to prevention methods. The long-term care setting supports multiple causes for falls, and this teaching method reflects findings from Vaishya and Vaish (2020), which showed that fall events emerge from numerous sources. Various elements contribute to the difficulty of fall prevention efforts inside healthcare facilities, according to Garcia et al. (2021). Through instructional methodologies integrating research findings, this project delivers necessary skills to long-term care professionals on best practices for fall prevention.

The evidence that I used to support this educational intervention is robust and varied, encompassing multiple aspects of fall prevention. Random control trials (RCTs) and systematic reviews published in peer-reviewed journals revealed that evidence-based educational interventions decrease fall incidence and increase staff's knowledge and adherence to best practices. The repetition of the study in multiple high-quality studies highlights the need for thorough staff education in LTCFs. Therefore, delivering evidence-based education to address the identified practice gap could enhance fall prevention in long-term care settings. The long-term goal is to enhance staff knowledge, ensure patient safety, reduce fall incidents, and improve the quality of care in long-term care facilities.

## Staff Education Project Development

I designed the staff education initiative to enhance knowledge of fall prevention strategies and reinforce the effective use of the Morse Fall Scale. I delivered focused education to ensure that staff recognized the importance of fall prevention and gained the skills to consistently apply the Morse Fall Scale in assessing and reducing fall risks. The staff education project involved 23 participants, including registered nurses, licensed practical nurses, certified nursing assistants, physical and occupational therapists.

The implementation process for the fall prevention education initiative began with securing approval from facility administration and completing the Walden ethics pledge. Once approval was obtained, education sessions were scheduled to accommodate various shifts, ensuring that staff had the opportunity to participate. Before each session, pre-education surveys were conducted to assess baseline knowledge. The educational content was then delivered through interactive presentations, engaging staff and enhancing their understanding of fall prevention measures. After each session, post-education surveys were administered immediately to assess improvements in knowledge. To ensure continued success, ongoing support and resources were provided to staff, helping them apply the knowledge gained and maintain best practices in fall prevention.

Articles were retrieved by searching keywords like "reducing falls" and "long-term care facility" in online databases such as ProQuest, MEDLINE, PUBMED, and CINAHL. The methodology involved preliminary and concluding surveys to track improvements in staff understanding and commitment to fall prevention methods (Turner et al., 2020). The project demonstrated the effectiveness of targeted staff education in improving fall prevention practices (Heng et al., 2020). Educational materials development involved creating evidence-based resources to enhance staff knowledge and improve patient safety. A comprehensive PowerPoint presentation was developed, covering essential topics such as the implementation of the Morse Fall Scale, which is used to assess fall risk, as well as common fall risk factors like medical conditions, medications, and mobility issues. The presentation highlighted early warning signs of potential falls and included evidence-based fall prevention interventions to guide staff in mitigating risks effectively. In addition, all participants received a copy of the PowerPoint presentation. Hands-on training was provided to ensure staff could identify the correct way to complete the Morse Fall Scale. These educational materials aim to improve staff competency and promote a safer patient environment.

Data collection and analysis were conducted to evaluate the impact of the fall prevention education program. A pre-education survey was undertaken to assess the staff's baseline knowledge of fall prevention measures, familiarity with the Morse Fall Scale, and ability to implement fall prevention strategies. Following the educational session, a post-education survey was administered to evaluate the improvements in knowledge on how to apply the Morse Fall Scale effectively. The survey was used to assess the staff's intention to follow fall prevention guidelines. The analysis offered valuable insights into the program's effectiveness in enhancing staff knowledge.

The evaluation process involved several key steps. First, pre- and post-education survey results were compared to evaluate the immediate impact of the intervention on staff knowledge. After this project, it was too soon to determine any improvements in fall rates. In addition, qualitative feedback was gathered from staff regarding the usefulness and applicability of the education to their daily practices. Finally, the data collected were examined to assess the overall impact of the educational intervention on enhancing staff knowledge of how to use the fall scale.

Evidence-based fall prevention practices guided the project. Turner et al. (2020) emphasized clutter-free floors and accessible ambulatory aids, which will be highlighted in the environmental hazard training. Senderovich et al. (2021) stressed the importance of exercise in fall prevention, informing the inclusion of mobility strategies. Henry et al. (2022) found that 91.3% of healthcare providers believe evidence-based strategies can reduce falls, a statistic that will motivate staff engagement. Giovannini et al. (2022) highlighted the multifactorial nature of falls in older adults, influencing the program's comprehensive approach, covering screening, identification, rehabilitation, and management. The evaluation process follows Close and Lord's (2022) recommendation to continuously refine fall prevention programs, explaining the need to track fall occurrences. I also addressed challenges identified by Albasha et al. (2023), like time constraints and reluctance to change, by offering sessions at different times and emphasizing fall prevention's role in improving patient outcomes, which can reduce future workload.

The staff education initiative aimed to enhance the implementation of fall prevention measures in LTCFs by incorporating evidence-based components and addressing potential challenges. The project's development, execution, and evaluation framework recognize that fall prevention is a complex issue within healthcare settings and equips staff with the necessary tools and knowledge to improve patient safety.

## Results

The staff education initiative involved 23 participants, including registered nurses, licensed practical nurses, certified nursing assistants, and ancillary personnel, such as physical and occupational therapists. The staff education initiative successfully improved staff knowledge regarding using the Morse Fall Scale. As a result of the training, staff members gained a deeper and more comprehensive understanding of fall prevention in LTCFs. Their approach to patient safety demonstrated notable improvement, reflecting a greater awareness of best practices and strategies to reduce the risk of falls. This enhanced knowledge improved their ability to identify and address fall risks and contributed to a more proactive and informed approach to safeguarding patient well-being. The mean score for the pretest was 8.65% and the mean score for the post test was 9.78%. The staff education initiative showed that staff gained a better understanding of the importance of fall prevention and became more confident in using the Morse Fall Scale to minimize fall risks. One hundred percent of the participants stated intent to use the Morse fall scale and to follow the fall prevention guidelines.

The impact on the organization was significant, as it increased awareness of fall prevention and enhanced overall healthcare practices. The initiative enhanced communication and collaboration among healthcare professionals. Consequently, fall prevention strategies should be more effectively conducted, leading to a safer environment for residents. If the initiative improves patient safety and health outcomes, it could attract more residents and increase the organization's revenue. The institution's commitment to providing effective and competent care may also enhance its reputation and attract healthcare professionals dedicated to improving care for vulnerable populations. As a result, the facility could experience cost savings, as reducing fall-related injuries could help lower the expenses associated with treating falls and the additional care required for injured patients (Giovannini et al., 2022).

The staff education initiative had several limitations that may have influenced the results and potentially skewed the interpretation of the intervention's effectiveness. First, the research was conducted at a single site, which limits the ability to generalize the findings to other settings. Additionally, the potential presence of the Hawthorne effect, where staff may alter their behavior due to awareness of being observed, could have influenced the outcomes, leading to overestimating the intervention's impact (Berkhout et al., 2022). The follow-up period was relatively short, meaning it was impossible to determine the long-term sustainability of the changes. Furthermore, the absence of a control group made comparing the intervention group to a baseline group difficult, limiting the ability to draw clear conclusions about the intervention's actual effects. Together, these limitations could have led to overestimating the intervention's effectiveness and may not have fully captured its long-term impact.

The significance of this project extends beyond the local site, showcasing the effectiveness of targeted staff education in fall prevention. A structured training approach offers a replicable model that can be implemented in other LTCFs, promoting consistent fall prevention practices across the sector. Additionally, the project emphasizes the crucial role of continuous staff education in healthcare settings, ensuring that staff remain informed and proactive in mitigating risks. This project's success can influence policy and practice guidelines in long-term care, advocating for standardized, evidence-based fall prevention approaches in a broader scale.

## Conclusions

This staff education initiative on fall prevention using the Morse Fall Scale in LTCFs proved successful, positively impacting the staff and organization. The project enhanced the staff's knowledge of fall risk factors, and the appropriate use of the Morse Fall Scale. The initiative significantly affected the organization by raising awareness of fall risks and improving staff competency in managing these risks.

To ensure further improvement, the organization should consider conducting refresher courses, including fall prevention education in the staff's recurrent training, and implementing a monitoring and feedback system. Further improvements could be achieved by expanding the range of technologies, such as wearable devices (Turner et al., 2020). The project has many implications for nursing practice

This was a socially responsible project that focused on improving the safety and well-being of a vulnerable group of people. Reducing the frequency of falls may help in preventing the physical and psychological harm older individuals suffer from falls. However, the project did have limitations, such as the education being conducted at a single site and knowledge surveys being given before and immediately after the education session. The successful results of the project suggest that quality care improvement can result from targeted educational approaches to patient safety. This project can be used by other healthcare organizations confronted with similar challenges, and, in addition, it promotes learning as a core value among all healthcare systems. Promoting patient safety and achieving long-term improvements in care require a commitment to addressing risks through evidence-based interventions and fostering a culture of safety.

## References

Albasha, N., Curtin, C., McCullagh, R., Cornally, N., & Timmons, S. (2023). Staff's insights into fall prevention solutions in long-term care facilities: a cross-sectional study. *BMC Geriatrics*, *23*(1). https://doi.org/10.1186/s12877-023-04435-7

Barmentloo, L. M., Erasmus, V., Olij, B. F., Haagsma, J. A., Mackenbach, J. P., Oudshoorn, C., Schuit, S. C. E., van der Velde, N., & Polinder, S. (2021). Can fall risk screening and fall prevention advice in hospital settings motivate older adult patients to take action to reduce fall risk? *Journal of Applied Gerontology*, *40*(11), 073346482110040. https://doi.org/10.1177/07334648211004037

Berkhout, C., Berbra, O., Favre, J., Collins, C., Calafiore, M., Peremans, L., & Van Royen, P. (2022). Defining and evaluating the Hawthorne effect in primary care, a systematic review and meta-analysis. *Frontiers in Medicine*, *9*. https://doi.org/10.3389/fmed.2022.1033486

Close, J. C. T., & Lord, S. R. (2022). Fall prevention in older people: Past, present and future. *Age and Ageing*, *51*(6). https://doi.org/10.1093/ageing/afac105

Garcia, A., Bjarnadottir, R. (Raga) I., Keenan, G. M., & Macieira, T. G. R. (2021). Nurses' perceptions of recommended fall prevention strategies. *Journal of Nursing Care Quality*, *Publish Ahead of Print*(3). https://doi.org/10.1097/ncq.0000000000000605

Giovannini, S., Brau, F., Galluzzo, V., Santagada, D. A., Loreti, C., Biscotti, L., Laudisio, A., Zuccalà, G., & Bernabei, R. (2022). Falls among older adults: Screening, identification, rehabilitation, and management. *Applied Sciences*, *12*(15), 7934. https://doi.org/10.3390/app12157934

Glass, A., Mendelson, G., & Ben Natan, M. (2020). Comparison of two fall-risk assessment tools used in a long-term care facility. *International Journal of Health Care Quality Assurance*, *33*(3), 237–246. https://doi.org/10.1108/ijhcqa-03-2019-0065

Greenberg, M. R., Goodheart, V., Jacoby, J. L., Barraco, R. D., Crowley, L. M., Day, R., Youngdahl, A., Collins, D., Surmaitis, R. M., Macfarlan, J. E., & Kane, B. G. (2020). Emergency department stopping elderly accidents, deaths, and injuries (ED STEADI) program. *The Journal of Emergency Medicine*, *59*(1), 1–11. https://doi.org/10.1016/j.jemermed.2020.04.019

Heng, H., Jazayeri, D., Shaw, L., Kiegaldie, D., Hill, A.-M., & Morris, M. E. (2020). Hospital falls prevention with patient education: A scoping review. *BMC Geriatrics*, *20*(1), 1–12. https://doi.org/10.1186/s12877-020-01515-w

Henry, A., Haddad, Y., & Bergen, G. (2022). Older adults and healthcare providers' beliefs about fall prevention strategies. *American Journal of Lifestyle Medicine*, 155982762211004. https://doi.org/10.1177/15598276221100431

Jiang, Y., Xia, Q., Zhou, P., Jiang, S., Diwan, V. K., & Xu, B. (2020). Environmental hazards increase the fall risk among residents of long-term care facilities: A prospective study in Shanghai, China. *Age and Ageing*, *50*(3), 875–881. https://doi.org/10.1093/ageing/afaa218

Kuhnow, J., Hoben, M., Weeks, L. E., Barber, B., & Estabrooks, C. A. (2022). Factors associated with falls in Canadian long-term care homes: A retrospective cohort study. *Canadian Geriatrics Journal*, *25*(4), 328–335. https://doi.org/10.5770/cgj.25.623

Schoberer, D., Breimaier, H. E., Zuschnegg, J., Findling, T., Schaffer, S., & Archan, T. (2022). Fall prevention in hospitals and nursing homes: Clinical practice guideline. *Worldviews on Evidence-Based Nursing*, *19*(2). https://doi.org/10.1111/wvn.12571

Senderovich, H., Bayeva, N., Montagnese, B., & Yendamuri, A. (2021). Managing fall prevention through exercise in older adults afflicted by cognitive and strength impairment. *Dementia and Geriatric Cognitive Disorders*, *50*(6), 1–12. https://doi.org/10.1159/000521140

Turner, K., Staggs, V. S., Potter, C., Cramer, E., Shorr, R. I., & Mion, L. C. (2020). Fall prevention practices and implementation strategies. *Journal of Patient Safety*, *18*(1). https://doi.org/10.1097/pts.0000000000000758

Vaishya, R., & Vaish, A. (2020). Falls in older adults are serious. *Indian Journal of Orthopaedics*, *54*(1), 69–74. https://doi.org/10.1007/s43465-019-00037-x