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Increasing Staff Knowledge in an Assisted Living Facility

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Lindy Hilding

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Walden University
2025

Executive Summary: Staff Education Project
Increasing Staff Knowledge in an Assisted Living Facility

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

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Summary

The practice problem I identified was a rising number of resident falls throughout the past 6-12 months at a 29-bed assisted living facility (ALF). The organization requested an education program on evidence-based practices on fall prevention in older adults. I used the project question to explore if an education program would increase the knowledge of the staff and caregivers at the ALF. Numerous sources of evidence supported the practice guidelines including fall risk assessment tools. During the facility monthly staff meeting, participants completed a six-question knowledge assessment on falls. The participants completed the same assessment after the education program, as well as two additional questions assessing their perceived competence in assessing patients for fall risk. Pre-assessment results revealed that 50% of participants had little to no knowledge of what a fall risk assessment tool was and how to use it. Post-assessment results showed that 100% of participants indicated having some knowledge or being knowledgeable. All participants felt competent to assess residents for fall risk after the education program. Recommendations were to continue to present education sessions to the staff and caregivers. Health care providers with using their knowledge of fall risk assessment will support positive social change for this ALF. Assessing all residents for fall risk may translate to better care delivery to the residents and a higher quality of life for the residents living in the facility. With better care delivery to the residents, there will be a reduction in the number of resident falls and the residents will live a higher quality of life.

Background

Falls are a serious and major health concern among older adults. According to the Center for Disease Control and Prevention (CDC, 2024), falls are the leading cause of injury for adults aged 65 years and older. The rate of deaths due to falls is on the rise. Falls among older adults are common, costly, and preventable. Falls can be managed and prevented with proper routine screenings with a valid fall risk assessment tool. The ALF in north central United States provides a safe and desired environment for the elderly aged 65 years and older and for the community it serves. The gap in practice at the ALF was a lack of staff knowledge of how to assess residents for fall. The project question was: Will a staff education program on fall prevention increase the knowledge and perceived competence among the staff in an ALF? The practice problem was the limited knowledge of the staff and caregivers at an ALF on fall education and evidence-based practices on fall prevention in older adults. There are numerous sources of evidence that support the practice guidelines that fall risk assessment tools, and a staff education program was key to providing interventions in preventing falls in older adults.

Preventing and reducing the incidence rate of falls in ALFs would reduce the cost of hospitalization and contribute to the longevity of residents and quality of life. Evidence has shown that implementing a fall prevention program for older adults will increase safety and quality of life of adults aged 65 years and older who live in ALFs (Hopewell, 2020). Educating caregivers on fall education and fall prevention may assist facility staff and caregivers in preventing the incidence rate of falls in the facility. This has an impact

on reducing the cost of hospitalization and contributes to the longevity of residents and quality of life.

To support this evidence-based practice project, I obtained sources through searching databases such as Walden University's Library, CINAHL, MEDLINE, Cochrane Database of Systemic Reviews, UpToDate, Google Scholar, Medscape, Epocrates, and the Center for Disease Control and Prevention. Common search terms were *fall assessment tools*, *fall prevention*, *fall prevention guidelines*, *multifactorial interventions for fall prevention*, and *falls in older adults*. I applied limiters to the search in some circumstances. The above process led to ten valid and reliable evidence-based articles, and several reputable organizational websites, and several evidenced-based clinical practice guidelines to support this evidence-based practice project.

Staff Education Project Development

I planned, developed, and implemented the staff education session under the guidance and supervision of the faculty chair and Doctor of Nursing Practice mentor. I developed a PowerPoint education program presented it to the staff and caregivers at the ALF at their monthly staff meeting in January 2025.

The participants in this staff education project include the facility administrator, the facility nurse, and facility staff and caregivers. The project was aimed at staff education regarding falls in older adults, fall prevention, fall prevention tools and identifying residents who are at highest risk for falls. When planning the delivery method of staff education, I considered a variety of learning characteristics, including education level, health care knowledge, and learning styles. The ALF is a home-like environment

for the residents. The aim is to respect and uphold the residents' privacy and independence, but aid as needed and keep the residents safe from harm. Constraints include staff turnover, lack of participation, resistance to change, limited resources, and time limitations. It is crucial to have interdisciplinary collaboration and facility administration support to support the project and provide the appropriate training necessary for the program. To have a successful DNP project, it was important to understand and address any constraints pertaining to learner characteristics, the project environment, and any project constraints.

Due to falls having serious and major health concern among older adults, all staff members and caregivers employed at the ALF were required to attend the staff education session on January 03, 2025. By providing this education session to all staff members, the entire staff would be well-informed and equipped with the latest evidence-based practices for fall education, fall prevention, and using a fall risk assessment tool effectively. There was a pre-assessment and post assessment as part of the education program. The pre-assessment was issued to all participants prior to the PowerPoint presentation. The post assessment was issued to all participants after the PowerPoint presentation. I analyzed the results with descriptive statistics (see Table 1). The evaluation process supplied results as intended, which were discussed in greater detail in the following section.

The questions and answers on the pre-and post-assessment were structured based on the course objectives, the material to be covered during the training sessions, and the data obtained from the references and resources used. The staff education materials were reviewed by the facility administrator, who was also the facility project mentor, and my

program project mentor. The staff education materials were constructed based on the data collected in the literature reviewed. The literature included strong and consistent evidence that multifactorial assessments and interventions, using fall assessment tools, and following guidelines for fall prevention and management for older adults made a significant impact on fall prevention in older adults who lived in assisted living facilities in the community.

Results

The results from the pre- and post-assessment surveys are displayed in Table 1. Every participant showed significant improvement from pre-assessment scores to post-assessment scores. In summation of the pre-assessment and post-assessment data from the survey assessments, the results were an increase in knowledge for the participants from pre-assessment scores to post-assessment scores improving. This increase in knowledge from the education session aligns with and supports the evidence-based practice question.

Table 1*Two Steps Ahead Pre- and Post-assessment Scores*

| Employee | Prescore | Postscore | Difference | %Difference |
|----------|----------|-----------|------------|-------------|
| 1 | 67 | 100 | 33 | 33% |
| 2 | 100 | 100 | 0 | 0% |
| 3 | 100 | 100 | 0 | 0% |
| 4 | 100 | 100 | 0 | 0% |
| 5 | 50 | 100 | 50 | 50% |
| 6 | 50 | 100 | 50 | 50% |
| 7 | 33 | 88 | 55 | 55% |
| 8 | 83 | 88 | 5 | 5% |
| 9 | 83 | 100 | 17 | 17% |
| 10 | 67 | 88 | 21 | 21% |

With the increase in knowledge gained from the education session, the staff and caregivers are more educated on fall education and fall prevention. This increase in knowledge benefits the ALF by increasing the personal knowledge of the staff and caregivers. The organization benefits from faulty networking with alums of the program for former students to return for the completion of their Doctor of Nursing Practice degree. Overall, the education session was beneficial for the approved site.

A noted limitation of the project was the number of participants of 10. Only 10 of the 25 employees were at the January 2025 staff meeting. Increasing the number of participants would increase the diffusion of information on a larger scale in clinical practice via the participants. Having so few participants limited any potential for statistical significance and generalizable results.

The project spans farther than the local site where the education session was held. The staff and caregivers who participated were educated on the use and importance of fall education and fall prevention in older adults and the benefits that it can provide. This education should increase the use of a fall risk assessment tool in the facility. The increase in knowledge of fall education and fall prevention and the increased use of a fall risk assessment tool in the everyday practice of the facility should increase the knowledge of fall education and fall prevention to the staff and caregivers at The ALF. This increase in knowledge translates to better care delivery to the residents who live in the facility and a higher quality of life for the residents living in the facility. With better care delivery to the residents, there will be a reduction in the number of resident falls and the residents will live a higher quality of life. It will decrease healthcare costs by reducing resident falls, resident injuries, ED visits, unplanned surgeries, and inpatient hospitalizations.

Conclusion

The impact of the DNP project benefits the approved site by increasing the staff and caregiver knowledge of fall education and fall prevention and highlights the commitment to support colleagues in their pursuit of doctoral degrees. Showing support for others is highly encouraged by the organization. Further recommendations for this EBPP would be to continue to diffuse the information regarding fall education and fall prevention knowledge to other healthcare workers through future presentations or publishing. As more healthcare workers are educated on the benefits, recommendations, and use of fall prevention education, their patients/residents will receive high quality

care. With better care delivery to the residents, there will be a reduction in the number of resident falls and the residents will live a higher quality of life. The facility is seen by the public as a place that provides a safe and desired environment for the elderly aged 65 years and older to live their best life.

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Appendix

Fall Education and Prevention

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Falls

An unplanned descent to the floor with or without injury.

Falls are the leading cause of injury and death for adults ages 65 and older.

Falls decrease quality of life.

Falls increase healthcare costs.



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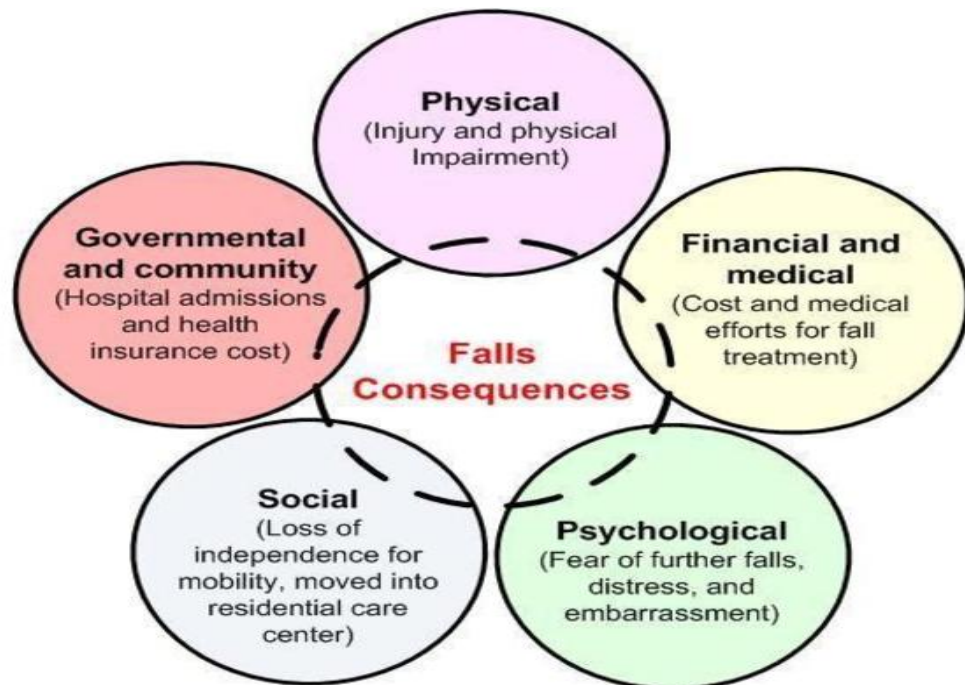


Fig. 1. The main consequences related to elderly falling

Causes of Falls Among Older Adults

- Intrinsic Causes
 - History of Falls
 - Age, Gender, Race
 - Medications
 - Solitary Lifestyle
 - Medical Conditions
 - Impaired Gait and Mobility
 - Deconditioning and Immobility
 - Fear of Falling
 - Poor Nutrition
 - Cognitive Disorders
 - Impaired Vision
 - Foot Issues
 - Weakness
 - Poor Balance



Causes of Falls Among Older Adults

- Extrinsic Causes
 - Hurrying
 - Ambulating without Assistive devices
 - Missed Steps
 - Slips and Trips
 - Risk Taking Activities
 - Polypharmacy



Causes of Falls Among Older Adults

- Environmental Factors
 - Inadequate Lighting
 - Clutter
 - Slippery Floors
 - Unsecured Mats and Rugs
 - Lack of Nonskid Surfaces
 - Poor Design
 - Poor Stairway Design and Disrepair






Screening Tools To Assess Fall Risk

- The Briggs Fall Risk Assessment
- Hendrich Fall Risk Model
- Morse Fall Scale
- St. Thomas Risk Assessment Tool-STRATIFY



When Should a Fall Risk Assessment Be Done?

- On Admission
- With a Change in Condition
- Immediately after a Fall
- Daily
- Monthly
- Annually



The Briggs Fall Risk Assessment Tool

- 8 Clinical Parameter
 - Mental Status
 - History of Falls
 - Ambulation/Elimination Status
 - Vision Status
 - Gait/Balance/Ambulation
 - Systolic Blood Pressure
 - Medications
 - Predisposing Diseases

Fall Risk Identification

- Issue the resident a bracelet if they are at risk for falls
- Document fall risk factors in the resident's electronic health record.
- Communicate assessment result to all facility staff.



Fall Prevention Interventions For Residents



- Exercise Regularly
- Get your vision and hearing check annually.
- Review your medications with your doctor.
- Wear well-fitting shoes
- Improve lighting in your home.
- Remove clutter and cords from your floors.
- Make items accessible.
- Use your wheeled walker or cane with ambulation
- Ask for assistance from staff with use of gait belt if needed.

Resident Education

- Home Exercise Programs
- Home Safety Precautions
- Diet Recommendations
- Medications and their side effects
- Emergency Contacts
- Balance Training



Questions?



||| Knowledge Check



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