10-3-2025

Comparing Fall Champions Versus Standard Protocol to Enhance Fall Prevention in an Adult Medical-Surgical Unit

Lily Denney
Walden University

Walden University

College of Nursing

This is to certify that the doctoral study by

Lily Denney

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. Jonas Nguh, Committee Chairperson, Nursing Faculty
Dr. Robert McWhirt, Committee Member, Nursing Faculty

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

Walden University
2025

Executive Summary: Quality Improvement Initiative

Comparing Fall Champions Versus Standard Protocol to Enhance Fall Prevention in an Adult Medical-Surgical Unit

by

Lily Denney

MSN, Grand Canyon University, 2019

BSN, St. Paul College of Iloilo, 1993

Executive Summary Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

Walden University

November 2025

Summary

I conducted this quality improvement (QI) initiative with the aim of reducing inpatient falls within an adult medical-surgical unit through the implementation of a Fall Champions model supported by structured education and decentralized nursing leadership. Inpatient falls pose a persistent threat to patient safety, often leading to injury, prolonged hospitalization, and increased healthcare costs. Internal audits conducted through VigiLanz reporting revealed inconsistent protocol compliance and minimal accountability, signaling the need for targeted practice reform. Framed by the guiding question of whether Fall Champions could reduce inpatient falls compared to standard protocols, I evaluated the role of frontline leadership in reinforcing prevention strategies. The purpose was to determine if empowering staff as Fall Champions would promote sustainable practice change. Using pre-/postintervention comparative analysis over a 4-month period (i.e., 2 months before and after implementation), data from VigiLanz reporting was used to assess fall rates and audit adherence. Postimplementation results showed a 70% reduction in fall rate and strengthened staff compliance. Deliverables included Fall Champion training tools and audit tools. The initiative also enhanced interdisciplinary collaboration, staff engagement, and improved accountability. Limitations included a brief evaluation window and staffing variability. The Fall Champion model demonstrated scalability beyond one unit, and implications for nursing practice suggest that integrating frontline leadership can strengthen safety culture and mentorship. These findings support continued exploration of unit-based leadership models in driving evidence-based improvements. Broader adoption across hospital systems may contribute to more consistent outcomes and safer patient care.

Background

Inpatient falls remain one of the most prevalent and preventable adverse events in acute care settings (Centers for Disease Control and Prevention, 2024), particularly in medical-surgical units where patients often present with mobility challenges and polypharmacy risks (Delara et al., 2022). Inpatient falls represent a persistent issue in nursing practice, contributing to compromised patient safety, prolonged hospital stays, and diminished care outcomes (Turner et al., 2022). The impetus for this project emerged from internal audits using VigiLanz reporting software that revealed inconsistent adherence to fall prevention protocols, unclear role accountability, and limited staff ownership in safety practices at the project site. These gaps illustrated the need for a practice change focused on frontline leadership and active engagement. The guiding question for this project was whether trained Fall Champions improve protocol compliance and reduce inpatient falls compared to current standard prevention strategies. The purpose of the initiative was to evaluate whether a decentralized leadership model, anchored in nursing practice, could positively influence fall rates.

Evidence supporting this practice change stems from a synthesis of fall prevention literature and best practices in nurse-led interventions. Fall Champions, trained in fall prevention strategies, data analysis, and QI methods (Loresto et al., 2020), serve as nurse-led mentors and leaders who drive toolkit implementation; foster patient and family engagement; and facilitate staff education, feedback, and problem-solving, ultimately reducing fall rates and enhancing team awareness through postfall debriefing practices (Duckworth et al., 2019; Farley et al., 2023). Additionally, nurse champion-led initiatives in fall prevention have been associated with increased staff confidence, enhanced clinical

knowledge, and improved skills, especially in areas like leadership support, targeted education, and constructive feedback (Rogers & Irving, 2023). These all contribute to safer care environments and stronger adherence to fall prevention protocols. The strength of this evidence is considered moderate-to-strong, based on Level III and IV studies that combine QI methodologies with real-time data feedback and multidisciplinary engagement to support practical improvements in clinical care (Dang et al., 2021). These findings align with national safety goals outlined by the Joint Commission (2025) and support the integration of customized leadership roles, like Fall Champions, to address persistent gaps in practice.

Project Development

The primary outcome measured for this QI project was the rate of inpatient falls within the project site adult medical-surgical unit. A secondary outcome measured was staff compliance with fall prevention protocols, assessed through audit metrics derived from the VigiLanz reporting software. To ensure ethical and rigorous data handling, I obtained de-identified data directly from internal clinical dashboards maintained by the hospital's quality and patient safety department. VigiLanz audit logs and fall incident reports were scrubbed of personal identifiers prior to use, in alignment with institutional review and privacy protocols. I employed a pre-/postimplementation design that covered a 4-month timeline. The preimplantation period spanned May and June, with baseline fall and compliance data collected for comparative analysis. The postimplementation period occurred in July and August, following the deployment of the Fall Champions program and associated training initiatives (see Appendix A, B, C, and D for education materials).

During the preimplementation phase, I collected data to establish baseline trends and identify specific areas of protocol breakdown. Postimplementation data reflected the influence of Fall Champion training, revised audit tools, and staff engagement efforts. To analyze the data, I used comparative descriptive statistics to identify changes in fall rates and audit compliance across the two timeframes. Data were organized into tables to illustrate month-over-month shifts and highlight trends in adherence to fall prevention strategies. Where applicable, percentage change was calculated to represent the intervention's impact on outcome variables. This structured approach allowed for the detection of measurable improvements attributable to the Fall Champions model, laying the groundwork for broader implementation and continued quality monitoring.

Results

During the 2-month postimplementation period (July–August), inpatient fall rates decreased from 10 in the preimplantation phase (May–June) to three falls (see Table 1 and Figure 1), a reduction of 70% (see Table 2). This decrease reflects the initial impact of the Fall Champions initiative. Unit audits indicated stronger adherence to fall prevention protocols, including consistent application of signage, rounding logs, and risk stratification tools. Staff engagement increased during postfall debriefings and safety huddles, with Fall Champions facilitating peer support and protocol reinforcement. The intervention cultivated a more proactive culture of safety, suggesting meaningful contributions to safety culture and operational engagement (see Finn et al., 2024). Project site nursing staff reported increased confidence in applying fall prevention strategies, while interdisciplinary huddles became more structured and solution focused. Leadership rounds highlighted stronger Fall Champion visibility and engagement across shifts. These

organizational enhancements contributed to reduced patient harm and elevated staff morale. The initiative aligned with institutional goals related to safety metrics, regulatory compliance, and cost avoidance that was achieved through leveraging existing personnel and minimal financial outlay.

Table 1

Number of Patient Falls per Month

Month	Number of falls	Context
May (pre)	10	Baseline
June (pre)	8	Baseline
July (post)	5	Champions implementation
August (post)	3	Sustained improvement

Note. Fall rates represent the average monthly occurrence of falls for each period as measured by internal audit. Champions implementation denotes the introduction of Fall Champions, while sustained improvement highlights continued gains following initial intervention. Data collected from VigiLanz reporting software and structured audits.

Figure 1

Number of Patient Falls per Month

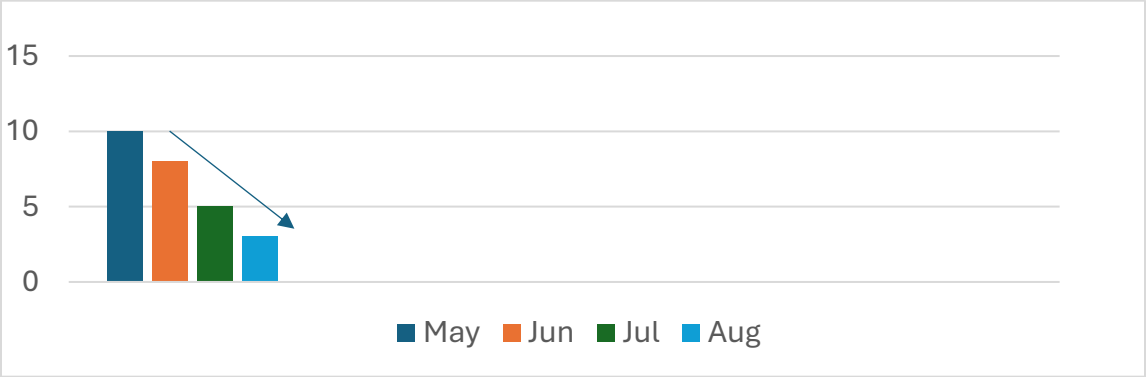

Table 2

Month-to-Month Falls Reduction Table

Month transition	Falls (previous → current)	Formula applied	Percentage decrease
May → June	10 → 8	\left(\frac{10 - 8}{10} \right) \times 100 = 20\%	20%
June → July (Post)	8 → 5	\left(\frac{8 - 5}{8} \right) \times 100 = 37.5\%	37.5%
July → August (Post)	5 → 3	\left(\frac{5 - 3}{5} \right) \times 100 = 40\%	40%
May → August (Overall)	10 → 3	\left(\frac{10 - 3}{10} \right) \times 100 = 70\%	**70%**

Several limitations influenced the project outcomes. The short duration of the postimplementation evaluation (i.e., 2 months) limits conclusions regarding long-term sustainability. Concurrent organizational initiatives, such as documentation audits and refresher training, may have independently affected fall rates. Additionally, staffing turnover and variation in shift coverage created inconsistencies in Fall Champion availability and protocol adherence across units.

The Fall Champions framework offers a scalable model for inpatient units seeking

nurse-led strategies to reduce preventable harm. The framework's emphasis on education, peer mentorship, and protocol reinforcement aligns with national patient safety priorities and supports the competencies outlined in the AACN (2021) *Essentials*. The initiative demonstrates how targeted leadership and evidence-based interventions can foster interdisciplinary collaboration and promote systemic QI.

Conclusions

The implementation of the Fall Champions initiative yielded significant improvements in both patient safety outcomes and organizational culture within the project site medical-surgical unit. A marked reduction in inpatient falls during the 2-month postimplementation period substantiated the effectiveness of decentralized leadership, structured mentorship, and the heightened visibility of fall prevention protocols. Enhanced staff engagement, facilitated through daily safety huddles, leadership rounding, and responsive audit feedback, has resulted in increased protocol adherence and strengthened clinical accountability across all shifts. Strategically, the project advanced organizational priorities by reducing preventable harm without requiring major financial investment or structural overhaul. Leveraging existing personnel as Fall Champions optimized workforce capacity and reinforced a culture of empowerment and professional ownership. Improved interdisciplinary collaboration, clearer delineation of roles, and proactive safety monitoring further enhanced operational efficiency and patient-centered outcomes.

My recommendations include expanding the Fall Champions framework across the hospital system and introducing periodic booster trainings to sustain staff involvement. Refinement of audit tools to support longitudinal analysis, along with

integration of Fall Champion-related metrics into performance dashboards, would enhance scalability and long-term impact. Additionally, embedding Fall Champions into root cause analysis teams and safety committees may amplify their influence and support system-level learning.

For nursing practice, this initiative signals a meaningful shift toward frontline, nurse-led QI to embed leadership competencies into daily care routines. Aligned with the AACN *Essentials*, the project cultivates proficiency in systems thinking, transformational leadership, and evidence-based practice. Moreover, the project fosters positive social change by elevating diverse nursing voices, promoting shared accountability, and nurturing a culture of equity and inclusion within interdisciplinary care teams. Through inclusive mentorship and patient-centered leadership, Fall Champions are well positioned to drive enduring improvements across diverse healthcare environments.

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Appendix A: Fall Champion Educational Training

Purpose: To equip Fall Champions with knowledge, leadership skills, and accountability strategies to reduce inpatient falls and strengthen protocol compliance.

1. Role of the Fall Champion

Fall Champions serve as unit-level leaders who:

- Reinforce fall prevention protocols in real time
- Mentor peers on best practices
- Facilitate post-fall debriefs and safety huddles
- Promote clear role accountability and protocol ownership

2. Core Responsibilities

Area	Champion Actions
Protocol Visibility	Ensure signage, non-slip socks, and bed alarms are in place for high-risk patients.
Staff Engagement	Offer guidance during rounds, clarify expectations, and lead quick huddles.
Education	Provide updates during shift huddles and assist with staff onboarding.
Documentation	Audit rounding logs, risk assessments, and call bell accessibility.
Advocacy	Elevate safety concerns and communicate with leadership regarding protocol gaps.

3. Key Knowledge Areas

- CDC Fall Prevention Guidelines
- Facility-specific fall protocol and risk assessment tools
- VigiLanz documentation workflows
- How to conduct post-fall huddles and communicate incident follow-up
- Interdisciplinary collaboration with PT, OT, and providers

4. Communication Strategies

- Use SBAR when reporting fall-related concerns
- Offer real-time feedback to peers during rounding
- Encourage open dialogue and non-punitive learning after incidents
- Facilitate unit-based safety reminders or updates

5. Champion Skills Development

- Mentorship: Model positive fall prevention behaviors for new staff
- Observation: Identify subtle protocol lapses before harm occurs
- Leadership / Collaboration: Maintain visibility and availability for all staff across shifts
- Reflection: Track trends and report common breakdowns or successes

Appendix B: Fall Champion Education Check-Off Tool

Competency Area	Skill/Knowledge Demonstrated	Met	Not Met	Preceptor's Initials
Role Comprehension	Articulates the purpose and responsibilities of a Fall Champion			
Protocol visibility	Ensures signage, non-slip socks, and bed alarms are correctly implemented			
Staff Engagement	Leads safety huddles and mentors peers during rounds			
Educational Update	Provides fall prevention updates during shift huddles and new staff onboarding			
Documentation Audit	Reviews rounding logs, risk assessments, and call bell accessibility			
Communication & Advocacy	Uses SBAR to report concerns and elevates safety issues to leadership			
Post Fall Huddle	Facilitates post-fall huddles and communicates follow-up actions			
Leadership	Models fall prevention behaviors and maintains visibility across shifts			
Reporting	Tracks trends and identifies breakdowns or successes in protocol adherence			
Interdisciplinary Collaboration	Coordinates with PT, OT, and providers to support fall prevention			
Comments:				

Assigned Preceptor Number: _____

Date Completed: _____

Assigned Champion Number: _____

Appendix C: Fall Champion Shift Checklist Tool

Unit: _____________ Date: _______________ Shift: ☐ Day ☐ Night

Assigned Fall Champion Number: _____________________________

Check off interventions in use

Room # Initials	Time	Fall Risk Level	Yellow Non-slip socks	Bed Alarm	Call Bell within reach	Falling Star sign on door	Assistive device available	Sitter or video sitter	Hourly rounding documented
	☐ 06:00 ☐ 12:00 ☐ 18:00 ☐ 00:00	☐ High ☐ Mod ☐ Low	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	☐ 06:00 ☐ 12:00 ☐ 18:00 ☐ 00:00	☐ High ☐ Mod ☐ Low	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	☐ 06:00 ☐ 12:00 ☐ 18:00 ☐ 00:00	☐ High ☐ Mod ☐ Low	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	☐ 06:00 ☐ 12:00 ☐ 18:00 ☐ 00:00	☐ High ☐ Mod ☐ Low	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	☐ 06:00 ☐ 12:00 ☐ 18:00 ☐ 00:00	☐ High ☐ Mod ☐ Low	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	☐ 06:00 ☐ 12:00 ☐ 18:00 ☐ 00:00	☐ High ☐ Mod ☐ Low	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	☐ 06:00 ☐ 12:00 ☐ 18:00 ☐ 00:00	☐ High ☐ Mod ☐ Low	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	☐ 06:00 ☐ 12:00 ☐ 18:00 ☐ 00:00	☐ High ☐ Mod ☐ Low	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	☐ 06:00 ☐ 12:00 ☐ 18:00 ☐ 00:00	☐ High ☐ Mod ☐ Low	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

End-of-Shift Summary:

Total fall risk patients monitored: __________ Total number of falls this shift: _______

Room No: ______________________________ Post Fall huddle done: ☐ Yes ☐ No

Appendix D: Evaluation Tool

Staff Satisfaction Survey – Fall Champions Program

Survey Item	Response Options
1. I understand the role and responsibilities of Fall Champions.	☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree
2. The Fall Champions initiative improved my awareness of fall prevention protocols.	☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree
3. I feel more confident in preventing patient falls since the program began.	☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree
4. Leadership rounding by Fall Champions has positively impacted unit culture.	☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree
5. I received adequate education and support from Fall Champions.	☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree
6. The program has improved interdisciplinary communication around fall risks.	☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree
7. I believe the Fall Champions program should be sustained long-term.	☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree
What specific changes have you observed in fall prevention practices since the program began?	
What suggestions do you have to improve the Fall Champions program?	