10-21-2025

Staff Education Project to Reduce Falls in Assisted Living Through Improved Caregiver Knowledge, Attitude, and Skill

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has been found to be complete and satisfactory in all respects,
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Walden University
2025

Executive Summary: Staff Education Project to Reduce Falls in Assisted Living Through Improved Caregiver Knowledge, Attitude, and Skill

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Executive Summary Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

Walden University

February 2026

Summary

Wisconsin has the highest death rates from falls in the nation. In a brief, the Wisconsin Aging Advocacy Network indicated that most falls among individuals over 65 occur in residential settings. Further, a significant number of elderly people will fall each year, resulting in hospitalizations or fatalities. The purpose of this project was to provide staff education in one Wisconsin assisted living facility to effectively improve knowledge, attitude, and skill among frontline staff for fall prevention management. A formal Fall Education Day was provided to improve knowledge and shape positive attitudes among staff.

A pretest-posttest design was used to measure knowledge before and after the fall education day activities. Frontline caregivers (n = 20) attended the in-person education. Knowledge scores improved from 95.5 to 99.50, a 6-point increase which was statistically significant, $t(19) = -3.559$, $p = .001$. Attitudes regarding falls shifted from negative to positive. This shift was statistically significant, $t(19) = -2.342$, $p = .030$. Following the fall simulation, frontline caregivers discussed the challenges of using the fall management policy but expressed interest in applying the fall safety measures practiced during training. Education and training promote safer practices to prevent falls and injuries by tailoring teaching methods to address the specific needs of each older resident. These methods focus on mobility, psychosocial, and cognitive concerns to ensure all individuals receive appropriate support. The fall education program has implications for improving caregiver practice in assisted living, reducing falls and fall injuries, and optimizing resident outcomes, positive social changes.

Background

The purpose of this Doctor of Nursing Practice (DNP) staff education project is to develop and implement a formal Fall Education Day focused on the prevention and management of falls, addressing knowledge gaps, and enhancing skills and attitudes. A comprehensive approach involving education by nurse practitioner students has shown a reduction in falls over 3 months (Bonner et al., 2007). Fall training can be included as part of the orientation week at the assisted living facility (ALF). It is crucial to establish a culture of fall reduction safety at the start of employment and continue annually.

The number of falls in a Midwestern ALF continued to increase or see minimal improvement over time. The ALF experienced an average fall rate of 4.15 falls per 1,000 days upon a 2-month records review in 2025. A fall incident reduces quality of life, as fear of falling, mobility restrictions, and possible discharge from the ALF may result.

A significant number of older adults, greater than 65, will fall each year, resulting in hospitalizations or fatalities (Wisconsin Department of Health Services, 2023). Due to the financial and resource burden of managing falls, it is essential to implement evidence-based interventions to mitigate falls. Staff education is an intervention used to reduce falls. Thus, the practice-focused question that guided this DNP project was: Will implementing a formal falls education program, compared to current practice, improve caregiver attitude, knowledge, and skill to reduce falls among older adults in assisted living?

The concept of andragogy, or teaching adults, considers the experience and beliefs that cause the adult to engage in learning (White et al., 2024). White et al. (2024) emphasized that learning must be both applicable and relevant, recognizing that adult

learners desire to apply new knowledge in practice immediately. Frontline staff express a desire for thorough training on the fall management program. It is recognized that staff do not consistently follow the policy, as many state they are not sure what to do after a fall occurs.

Evidence was gathered using electronic databases, Cumulative Index of Nursing and Allied Health Literature (CINAHL) with full text, OVID, PubMed, and Google Scholar. Further supporting materials included the Centers for Disease Control and Prevention, Agency for Healthcare Research and Quality, the American Nurses Association, the Wisconsin Department of Health Services, and Wisconsin Aging Advocacy Network. Peer-reviewed research articles in English between 2019 and 2025 were identified to support fall prevention interventions and staff education. Search words included *falls, assisted living, nursing homes, care homes, long-term care, fall prevention, older people, older adults, education, caregiver education, and staff training*. Key phrases used with Boolean operators AND and OR: *fall prevention and long-term care*, *fall prevention and assisted living*, *staff education and fall prevention*, *fall in assisted living and training*, *falls AND (nursing homes or care homes or long term care or residential care or aged care facility) AND training*; *fall prevention AND staff education OR (nursing homes or care homes or long term care or residential care or aged care facility).* CINAHL produced 1487 results, and PubMed Central produced 40,907 articles. The lack of relevance and duplication resulted in the selection of 11 articles for the project.

The selection of the best evidence was systematically conducted using the Johns Hopkins Nursing Evidence-Based Practice model (Dang et al., 2022). I used the model to

appraise the strength of articles from experimental studies, quasi-experimental studies, non-experimental studies, including qualitative studies, and clinical practice guideline articles. Three articles had a Level II rating, seven had a Level III rating, and one provided a Level IV rating for clinical practice guidelines. All articles were observed to be of good quality.

Education was observed to be beneficial in reducing falls; however, the length of training and type of intervention influence the adoption of new learning (Albasha et al., 2023). Albasha et al. (2023) observed a lack of explicit descriptions of how implementation strategies affect implementation and clinical outcomes. Schoberer et al. (2022), however, supported staff education and suggest using group training and distributing educational materials. Leighton et al. (2022) recommended a multifactorial approach to fall reduction.

Leighton et al. (2022) supported staff education on fall risk and mitigation. Fall education must include training applicable to the setting. Additional paperwork for existing fall management programs or newly developing fall systems must be aware of the amount of paperwork required to accomplish fall activities (Leighton et al., 2022). Li et al. (2021) found that higher staff satisfaction correlates with increased resident satisfaction. Researchers identified education as a factor that brings meaning and fulfillment to work (Li et al., 2021). This connection was observed in nursing homes but not in assisted living communities. The “look-think-act” framework was a collaborative effort to develop fall management programs (Francis-Coad et al., 2021). Effective fall education delivery needs refinement to be successful across different levels of long-term care.

Individualizing postfall interventions can be implemented using postfall tools. Standardizing postfall toolkits through resident-centered posters helps inform staff and residents of their safety needs (Tzeng, 2021). Educating the clinical team through post-fall huddles and resident-centered interventions helps to reduce falls. Caregivers trained in fall phenomena are more likely to follow correct practices (Baixinho & Dixe, 2020). Educational programs aimed at industry caregivers are cost-effective and help validate fall protocols for assessing fall risk in older adults upon admission (Baixinho & Dixe, 2020). Baixinho and Dixe (2020) recommend training on judgment to decide which preventive measures to use to prevent falls in older adults.

The improvement of staff performance and standardization of fall protocols support multidisciplinary fall reviews. Coughlin et al. (2019) recommended that ALFs develop a standard falls process. Coughlin et al. further recommended fall risk assessments upon admission and staff education on the falls process. Reis da Silva (2023) provided clinical practice guidelines for post-fall assessments. Parekh et al. (2024) supported postfall reviews to prevent future falls. Schoberer et al. (2022) provided no studies on post-fall reviews but offered practical experience for reviews.

Evaluation of participants' perspectives of a simulation-based interprofessional educational program for fall prevention was used in a nursing home (Acosta et al., 2022). A postsimulation survey conducted by Acosta et al. (2022) revealed that 69 out of 94 frontline workers responded positively to simulation-based training and recommended that simulation training be extended to all team members working in units. Findings indicated simulation as a best practice method for educating staff to promote engagement in falls management programs (Acosta et al., 2022).

Staff Education Project Development

In the project, I established a formal Fall Education Day at an ALF in southeastern Wisconsin, specifically for frontline and clinical staff. Administrative leadership staff, consisting of the executive director, and ancillary staff—housekeeping, dietary, and maintenance teams—were additionally invited. The initial education day was scheduled for two different days and was mandatory for staff participation.

Education dissemination occurred through a 45-minute PowerPoint presentation with staff participation (see Appendix). Good staff engagement was observed as staff asked and answered questions throughout the presentation. The goal was to increase engagement with falls education and policy.

It was essential to test the knowledge of the audience before the presentation. Both a Likert attitude survey and a pretest were provided to participants (see Appendix). Participants were provided with anonymity and used an alphabet letter as an identifier on the 10-question knowledge pretest and the 7-item attitude survey.

The following week, the fall simulation was provided. Fall simulation was observed to improve engagement in training for all staff (Acosta et al., 2022). The First Aid Fall Kit (FAFK) is a backpack that contains bandages, a thermometer, an electronic blood pressure cuff, a pulse ox, and a clipboard with the paper incident form. The FAFK was stored in two areas of the building with the Hoyer lift. A Hoyer lift is a mechanical lift device used to assist residents in transfers and, in some cases, lift a resident from the floor. A staff member was assigned to respond to a fall with the equipment for the simulation. The motivation was to standardize and streamline the way a fall is handled, which can boost confidence and competence. Evaluation of the simulation was collected

on a flipboard as staff completed each postfall management task. Staff reviewed how their team performed as the flipboard was reviewed. Posttest knowledge and attitude questions were collected again using the alphabetic method to preserve anonymity. Qualitative comments from the team debriefing added interest and engagement.

Results

The staff training on fall prevention and postfall management was provided to increase compliance with the fall management program and ultimately reduce falls in the ALF. The project aimed to increase knowledge, skills, and improve attitudes. After the completion of the training, the analysis of the pretest-posttest scores for knowledge and attitude was compared using descriptive and inferential statistics for comparative analysis. Knowledge scores improved from 95.5 to 99.50, a 6-point increase which was statistically significant, $t(19) = -3.559$, $p = .001$.

The pretest to posttest Likert-type survey questions on attitudes demonstrated a statistically significant shift toward positivity. A 5-point Likert-type scale was used to measure attitudes like a team approach and confidence. Scores on the seven items were summed resulting in a score that ranged from a low of 7 points, indicating negative attitudes, to a high of 35 points, indicating positive viewpoints. The mean score on the attitudes survey prior to the training was already quite positive with a mean of 33 on the 35 point scale and with a standard deviation of 2.31. The mean on the survey after the training was 33.5, a slight but statistically significant increase, $t(19) = -2.341$, $p = .015$. The standard deviation also decreased on the postsurvey to 1.669 indicating more consistent positive attitudes after the staff education.

The team debriefing after the simulation was insightful, as team members did not come prepared to assist with lifting the resident from the floor. A team member began using a gait belt to assist with lifting the resident. Reminders were needed to obtain the FAFK and lift equipment. All team members knew how to use the reporting sheet for communication. A frontline staff member reported that workaround behaviors had been established when assisting residents after a fall. They verbalized that sometimes it was easier to lift a resident independently rather than wait for assistance. During the briefing, staff noted that nurses may not always listen to their input regarding what may have caused a fall. Caregivers verbalized that they would like to improve their use of the fall safety measures discussed in training.

The overarching goal is to reduce falls in the assisted living community and develop successful protocols to achieve this goal. The fall benchmark for hospitals and long-term care is 3.0–5.0 falls per 1,000 days (PSNet, 2024). Although the ALF fall rate is within the acceptable range, it is observed to be on the higher end at 4.15 falls per 1,000 days, putting residents at greater risk for falls. Reducing falls through appropriate interventions is a quality indicator that can enhance patient and family satisfaction and safety.

The number of participants in the study limits the project. It was observed, however, that many understand fall information. The simulation provided an observation of how staff responded to postfall protocols; however, due to limited simulation time and staff, the second day could not be completed due to an infectious outbreak in the facility. Frontline staff remain unsure of who will be responsible for gathering equipment and who will complete the incident report. This affected response time and performance in

the simulation. The test questions were intentionally kept simple to encourage success and reduce feelings of frustration and defeat. The anonymous Likert test allowed care staff to be honest and helped ALF leadership understand staff attitudes.

The Education Day was an opportunity to investigate the knowledge and attitudes of caregivers. Clinical leadership felt the information provided was good and desired to share the training with other ALF buildings in the organization. Simulation was observed as beneficial for further application. Leadership would like to conduct additional interviews with staff to gather more input on improving the fall management program. Performance can be assessed through timed simulations to enhance postfall skills and critical thinking. Lastly, bimonthly training with simulation can be provided at other sites to maintain competence. Finally, the leadership is also interested in replicating the falls education day in other ALF within and outside of the network.

Conclusions

The ALF observed the Falls Education Day, not only as an opportunity to provide information, but also as an opportunity to support frontline staff. The frontline staff demonstrated a good understanding of fall prevention and a slight increase in positive attitude. It was recognized that education and training are tools that can be effective in engaging staff in the fall protocol policy.

Further recommendations include allowing 60 minutes for the pretest, posttest, Likert survey, and the fall PowerPoint presentation. A Likert attitude test was recommended for postsimulation. Training can take place every 2 months on a rotation through the remaining ALFs. Attitude and knowledge can be achieved through huddles

and interviews to gain an understanding of learning needs and barriers perceived by frontline staff.

It is essential to respect human dignity, recognize conflicts of interest, be respectful of privacy and confidentiality, be ethically aware, and use discernment and judgment (American Nurses Association, 2015). Administration and clinical leadership have observed that most caregivers entering the workforce have limited knowledge, are relatively new to the healthcare field, or have been employed at small, informal care centers. Discernment is required when creating a training program to facilitate eagerness to learn in a safe and supportive environment. Tailored education that addresses the communal needs of seniors in ALFs fosters positive social change by incorporating family support into fall prevention. Fall programs familiar with acute care often overlook the uniquely lived medical needs and experiences of seniors in residential facilities. Long-term care providers recognize the unique psychosocial needs of older adults as they transition into assisted living. Fall management impacts the diversity, equity, and inclusion of individuals over 65 by creating a program that assesses a person's experience and background while supporting emotional and cognitive mobility changes.

Recognition and respect for older adults' values and preferences lead to improved communication and safer care. Younger caregivers can learn from the older generation and share experiences. I noticed greater sensitivity and care as the younger generation becomes more familiar with the needs and contributions of older adults. Supporting older adults promotes diversity, equity, and inclusion by acknowledging their diverse backgrounds and addressing their unique needs. Taken together, the staff members

reacted positively to guidance provided. Reducing falls at the site through the use of these techniques result in a positive social change for this facility.

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Appendix

Fall Prevention Quiz - Pretest

1. Which of the following is a common hazard that increases fall risk in assisted living environments?
   a. Loose rugs or carpets
   b. Non-slip bathroom mats
   c. Bright overhead lighting
   d. Wide, uncluttered hallways
2. What is an effective home safety measure to reduce fall risks for elderly individuals?
   a. Use high pile carpets
   b. Keep electrical cords stretched across walking areas
   c. Place furniture in narrow pathways
   d. Install grab bars in bathrooms and near stairs
3. Age-related changes that increase fall risk include:
   a. Improved vision and reflexes
   b. Decreased muscle strength and impaired balance
   c. Enhanced hearing sensitivity
   d. Increased joint flexibility
4. Which of the following environmental conditions could increase fall risk in elderly individuals?
   a. Using non-slip footwear
   b. Elevated toilet seats
   c. Uneven flooring surfaces
   d. Clear, wide walking paths
5. Nighttime confusion or delirium in elderly individuals does not affect their fall risk.
   a. True
   b. False
6. How does dehydration contribute to increased fall risk in elderly individuals?
   a. It causes drowsiness leading to falls
   b. It leads to muscle weakness and dizziness
   c. It improves balance by increasing alertness
   d. It's not related to fall risk
7. Which type of lighting is best to minimize fall risks for elderly residents during nighttime?
   a. Dim, motion-sensor night lights along walkways and bathrooms
   b. Colored mood lights only in the living room

c. Bright overhead lighting that can be turned on with a switch far from the bed
d. No lighting to encourage rest and sleep

8. Which practice is most effective in preventing slips, trips, and falls among elderly individuals?
   a. Using loose throw rugs on slick surfaces
   b. Keeping floors clean and dry at all times
   c. Reducing lighting to save energy at night
   d. Wearing socks on polished floors
9. How does footwear choice influence fall prevention for elderly individuals in assisted living?
   a. Socks without shoes are the safest option indoors
   b. Using shoes with non-slip soles helps prevent falls
   c. Wearing loose slippers increases stability and reduces falls
   d. High-heeled shoes are recommended for balance improvement
10. Installing uneven thresholds between rooms is a recommended practice to prevent falls.
    a. True
    b. False

Fall Prevention Quiz- Posttest

1. Cluttered walkways in a residence do not significantly contribute to the risk of falls for individuals in assisted living.
   a. True
   b. False
2. Implementing which best practice helps elderly individuals with personal mobility challenges stay safe?
   a. Encouraging regular exercise to improve strength and balance
   b. Ignoring use of assistive devices
   c. Using slippery socks indoors
   d. Discouraging movement to prevent accidents
3. Removing which item from an elderly person's living area most effectively decreases falls?
   a. Non-slip mats in bathrooms
   b. Handrails in hallways
   c. Area rugs without anti-slip backing
   d. Night lights in bedrooms
4. A correctly installed grab bar in a bathroom should be positioned how to maximize fall prevention?
   a. On the ceiling for support when standing

b. Near the sink, above the faucet knobs
c. At a height that allows an elderly person to hold on comfortably while moving in and out of the tub and toilet area
d. High on the wall, out of reach for accident grabbing

5. What role does regular medication review play in preventing falls among older adults in assisted living?
   a. It increases medication dosages automatically to prevent falls
   b. It identifies medications that may cause dizziness or drowsiness, reducing fall risk
   c. It has no impact on fall risk
   d. It eliminates the need for any mobility aids.
6. How can regular balance and strength exercises contribute to fall prevention in elderly?
   a. They replace the need for environmental modifications
   b. They improve muscle strength and coordination, reducing fall risk
   c. They are only useful for young people
   d. They tire individuals and increase fall chances
7. Using loose electrical cords across walking areas in assisted living rooms is a safe practice.
   a. True
   b. False
8. Which of the following is a beneficial strategy to minimize fall risks related to bathrooms?
   a. Placing toiletries on the floor for easy reach
   b. Installing a raised toilet seat with grab bars
   c. Recommending showering without any safety devices
   d. Using bath mats that often slide on wet floors
9. Rugs and mats with curled or uneven edges increase fall risk in elderly residents.
   a. True
   b. False
10. Installing motion-activated night lights in hallways and bathrooms can help prevent falls in assisted living.
    a. True
    b. False

Pre/Posttest Attitude Questions

Readiness for Fall Prevention

1	2	3	4	5
Disagree	Somewhat Disagree	Neither Agree or Disagree	Somewhat Agree	Agree

1. To what extent do you agree that fall prevention is a priority in patient care? 1 2 3 4 5
2. To what extent do you agree that fall prevention requires a team approach? 1 2 3 4 5

1	2	3	4	5
Unlikely	Somewhat Unlikely	Neither Likely or Unlikely	Somewhat Likely	Likely

3. How likely are you to take action to prevent falls even when you are busy? 1 2 3 4 5
4. How likely are you to seek help from others if you are unsure about how to prevent a fall? 1 2 3 4 5

1	2	3	4	5
Not Confident	Somewhat Not Confident	Neither Confident or Not Confident	Somewhat Confident	Confident

5. How confident are you that you can make a difference in preventing falls? 1 2 3 4 5
6. How confident are you to prevent falls? 1 2 3 4 5
7. How confident are you in knowing what to do after a resident fall? 1 2 3 4 5