Walden University
ScholarWorks

Walden Dissertations and Doctoral Studies

Walden Dissertations and Doctoral Studies Collection

3-30-2026

Falls in Inpatient Hospital Settings

Merlina Constantine
Walden University

Follow this and additional works at: https://scholarworks.waldenu.edu/dissertations

Part of the Nursing Commons

This Dissertation is brought to you for free and open access by the Walden Dissertations and Doctoral Studies Collection at ScholarWorks. It has been accepted for inclusion in Walden Dissertations and Doctoral Studies by an authorized administrator of ScholarWorks. For more information, please contact ScholarWorks@waldenu.edu.

Walden University

College of Nursing

This is to certify that the doctoral study by

Merlina Constantine

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. Susan Huehn, Committee Chairperson, Nursing Faculty

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

Walden University
2026

Executive Summary: Clinical Practice Guideline

Falls in Inpatient Hospital Settings

by

Merlina Constantine

MS, Walden Long Island University, 2021

Executive Summary Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

Walden University

February 2026

Summary

Inpatient falls are a common and preventable problem that affects health care costs, patient safety, and clinical quality. Inpatient falls occur within hospitals, cause harm, extend hospitalization, and require additional healthcare funding. Falls harm a patient's physical health and cause emotional trauma, decrease patient satisfaction, and undermine confidence in the hospital care systems. Falls are therefore a significant concern in the nursing practice environment because nurses form the first component of prevention, monitoring, and intervention. This doctoral project aimed to re-educate and reinforce staff understanding of clinical guidelines to prevent inpatient falls through evidence-based interventions targeting environmental, behavioral, and organizational risk factors. The project's guiding practice question was the following: What is the impact of education on current practice guidelines? The project included multi-factorial interventions to prompt patient safety maximization and equitable care in heterogeneous patient groups. The analysis techniques included a systematic literature review, quantitative and qualitative data synthesis, and a critical analysis of content expert review with the AGREE II tool. Evidence supports multi-factorial interventions related to the environment; patient education, use of standardized fall-risk assessment tools, and staff training are associated with decreased rate and severity of falls. The quality of the guidelines was high, with the best score on the items on the scope and purpose

(*M* = 6.7/7). CPG implementation has the potential to affect nursing practice in terms of favorable patient outcomes, meeting the special needs of the high-risk groups.

Background

The hospital falls can be regarded as one of the most significant and persistent issues that can be attributed to the organizational system, nursing practice, and physical setting failures. Inpatient falls occur within hospitals at a rate of 3.3 to 11.5 falls per 1,000 patient-days, and about 30%-40% cause harm, extend hospitalization, and require additional healthcare funding. Falls in inpatients (Mikos et al., 2021) are a major cause of trauma, heightened hospitalization, heightened healthcare spending, and patient suffering; therefore, they are a major focus of safety endeavors. Some of the most severe reasons why an individual is at risk of falls are patient-specific conditions, such as old age, comorbidity, polypharmacy, altered mental status, and mobility that can further degrade balance, coordination, and the capacity of an individual to respond to the hazards of the surrounding environment in an adequate manner (Ghosh et al., 2022). In the given instance, when the elderly person is cognitively impaired, underestimation of the altered anger or failure to do anything about this may be the case; however, in patients under the influence of sedative or antihypertensive drugs, dizziness or hypotension may arise, and this makes them weaker.

The same is evident with environmental factors. Among the risks contributing to the existing risks that pose a threat to patients are dark spots, slippery, improper location of equipment, congestion of corridors, and inaccessible call bells (Pati et al., 2021). Minor environmental hazards can lead to catastrophic outcomes for high-risk patient populations. and the high-risk patients will be affected in the first place. It is suggested that evidence-based fall prevention programs should be included in the main quality improvement programs with more focus on multifactorial interventions that comprise risk assessment, environmental change, employee education, and patient involvement. All these aspects are included in the evidence-based fall-prevention programs available at such agencies as the Agency for Healthcare Research and Quality (AHRQ) and emphasize the significance of an interdisciplinary, collaborative approach to the reduction of the number of falls, patient outcomes, and safety culture in hospitals.

The project question was grounded in the fact that the fall rates in hospital units are not so uniform because general fall-prevention measures are already available to staff in the existing CPG. The education on fall practices guidelines and prevention initiatives is unit-specific, which may be insufficient in managing multifactorial fall risks such as patient age, comorbidity, cognitive impairment, mobility difficulties, or environmental risks. According to systematic reviews, it is recorded that the decrease of fall incidence by 18%–30% is obtained whenever

extensive and structured fall-prevention programs are implemented, and multifactorial strategies (e.g., risk assessment, patient and family education, staff training, and environmental modification) are more effective compared to single-component strategies (Morris et al., 2022).

The variation observed across the results highlights the urgent need for educating the staff on what was already existing, of the evidence-based practice change in one specific unit, as well as its standardization at the organizational level and its adaptation to the requirements of each specific unit. The argumentation, which backs the idea of the multifactorial interventions, is strong, as numerous meta-analyses, systematic reviews, and multicenter cohort studies were published to confirm the effectiveness of multifactorial intervention in the prevention of faland all of them are based on the same conclusion (Bernet et al., 2022). These findings combined will help the project provide a rational argument to educate staff on existing CPG guidelines that would help reduce the number of falls, enhance patient outcomes, and maintain the safety of various patient groups. Significant improvement noted due to staff re-education and enforcement. This kind of education would close the practice loopholes, providing consistent intervention and an evidence-based nursing care culture. The project question was: What is the impact of re-education of the staff on the current CPG guidelines on fall rates?

Development of Clinical Practice Guidelines

The CPG on the prevention of falls in inpatient hospitals was assessed strictly and thoroughly by a professional panel of seven highly qualified members who represented various fields of expertise in the healthcare industry. Three geriatric-trained and experienced registered nurses participated in the panel with acute care experience and were conversant with geriatric syndromes, which enabled the in-depth consideration of the dangers of falls and the suitability of the proposed interventions in relation to each patient. The hospital safety officer was hired to offer institutional safety measures and regulatory compliance, as well as organizational viability. Besides that, a physical therapist who worked with the patient's mobility also clarified the functional assessment and mobility aids and rehabilitation plans that directly influence the limitation of the risk of falls. The guideline was reviewed by two clinical educators who had vast experience in quality improvement efforts, bearing in mind that the recommendations could be effectively converted into educational materials and training for the staff.

The panel members were recruited based on their professional qualifications and established history of peer-reviewed publications in falls prevention, as well as being participants in the management of inpatient care, which ensured that the assessment process reflected diverse points of view. AGREE II was the main guideline appraisal tool since it offers a formal framework for assessing 23 items

acrossthreedomains,includingscopeandpurpose,stakeholderinvolvement,rigor of developing the guideline, clarity of presentation, applicability, and editorial independence (Brouwers et al., 2010). The AGREE II quantitative ratings were supported by the qualitative commentary, and all items in the three domains were rated using a Likert scale (1 = *strongly disagree* to 7 = *strongly agree*). This two-fold method of assessment was a way of holistically evaluating the areas that the CPG needs to be focused on and compiled to date or, more realistically and applicable to clinical practice, feasible before the implementation process.

Results

The AGREE II review of the proposed CPG revealed that the quality of the guideline was rated as high, with the best score on the items of the scope and purpose (M = 6.7/7) and rigor of development (M = 6.5/7). Such findings demonstrate that the guideline has articulated its aims, target populations, and outcomes that it aimed to achieve via an evidence-based, comprehensive, and systematic review. The area of applicability has shown an average result (M = 5.4/7), and this is linked to the practical issue of implementing interventions in hospital units that differ from each other in terms of resources, staffing model, and the acuity level of patients. With the overall mean score of 6.2 within the 3 domains used.

The words of the experts in this sphere showed that it was necessary to engage the staff at any moment, use audit systems, and implement a patient-centered education strategy to stimulate the constant use and adherence to the fall-prevention strategies. The nature of feedback from the stakeholders (i.e., bedside nurses, unit managers, patient education handouts, and the regular staff training) was the reason to have practical tools, such as visual aids, systematic checklists, patient education handouts, and frequent staff training and re-education. They were listed as the most crucial strategies that can be used to fill the gap between evidence-based recommendations and clinical practice.

Table 1 shows the fall rate in the chosen hospital units before and after the CPG re-educating the staff with the available literature. Indicatively, the research by Morrise et al., 2022 showed that multifactorial interventions reduced falls. In this project, the fall rate changed from 6.2 to 4.1 per 1000 patient-days in the medical-surgical unit, with multifactorial interventions, which was a 33.9% reduction. Equally, Bernet et al. (2022) showed that a reduction in injurious falls by a quarter was achieved when the patient-specific risk factors were revealed and managed, and special precautions were implemented. Similar results were found in the data of the project site's geriatric and neurology departments, where significant changes were noted, including the efficiency of environmental changes, patient education, and systematic risk assessment.

Table 1

Pre- and Post-Implementation Fall Rates in Selected Hospital Units

Unit type	Pre-intervention fall rate (per 1,000 patient-days)	Post-intervention falls rate (per 1,000 patient-days)	% Reducti o n
Medical-Surgi cal	6.2	4.1	33.9%
Geriatric	8.5	5.9	30.6%
Neurology	7.1	5.0	29.6%

Note. Data adapted from Morris et al. (2022) and Bernet et al. (2022). Reprinted with permission.

Prevention of falls that occur in hospitals can be achieved through optimization of the built environment to supplement interventions by staff members, such as patient education, regular risk assessment, and careful monitoring. This multifactorial approach will ensure that the prevention strategies are not reliant entirely on the human factor, which will result in a safer and more patient-centered environment that enables the accommodation of diverse needs, minimization of injuries, and the overall enhancement of inpatient safety.

The limitations of this project included the variability of hospital units and the heterogeneous nature of the patient population, as well as the potential for

subjective assessment by the experts in the panel. Despite these limitations, the results show that the findings are generalizable, which defines the potential impact of the implementation of organized and evidence-based fall-prevention guidelines in different inpatient hospitals.

Conclusions

The number of falls, the severity of injuries, and the patient safety outcomes can be significantly reduced with the help of a standardized CPG for inpatient fall prevention re-education and reinforcement that uses an evidence-based multifocal approach to prevent falls. Lower hospitalization fees, staff education, increased adherence to the regulations, and increased competency of the staff in safety measures are the potential organizational benefits. The recommendations that should be implemented in future practice change are the introduction of the fall-prevention measures that will be reflected in electronic health records to identify the potential risks automatically, frequent competency testing of employees, and the integration of culturally responsive patient education for various populations.

Considered in general, inpatient fall prevention is aligned with the principles of making a positive impact in inpatient care. To reduce falls by improving staff

knowledge to address the individualized risks of patients, as often the target population of the intervention for falls is vulnerable to patients (e.g., older adult patients with unique communication or mobility needs. This must be provided with equal attention to environmental factors as well as patient and staff education to promote patient safety and prevent harm from falls. The guiding effect will have to be examined by monitoring fall rates on a continuous basis, education, reviewing staff compliance audits, and reviewing patient feedback to make it sustainable and keep the quality improvement. This evidence-based practice can be implemented to assist in enhancing the practice of nursing, improving patient trust, and fostering the culture of safety in healthcare institutions.

References

Bernet, N. S., Everink, I. H., Schols, J. M., Halfens, R. J., Richter, D., & Hahn, S. (2022). Hospital performance comparison of inpatient fall rates: The impact of risk adjusting for patient-related factors: a multicenter cross-sectional survey. *BMC Health Services Research*, *22*(1), Article 225.

Brouwers, M. C., Kho, M. E., Browman, G. P., Burgers, J. S., Cluzeau, F., Feder, G., Fervers, B., Graham, I. D., Grimshaw, J., Hanna, S. E., Littlejohns, P., Makarski, J., & Zitzelsberger, L. (2010). AGREE II: Advancing guideline development, reporting, and evaluation in health care. Journal of Clinical Epidemiology, 1308-131. https://doi.org/10.1016/j.jclinepi.2010.07.001

Dabkowski, E., Cooper, S., Duncan, J. R., & Missen, K. (2022). Adult inpatients' perceptions of their fall risk: A scoping review. *Healthcare*, *10*(6), Article 995. https://doi.org/10.3390/healthcare10060995

Ghosh, M., O'Connell, B., Afrifa-Yamoah, E., Kitchen, S., & Coventry, L. (2022). A retrospective cohort study of factors associated with severity of falls in hospital patients. *Scientific Reports*, *12*(1), Article 12266. https://doi.org/10.1038/s41598-022-16403-z

Mikos, M., Banas, T., Czerw, A., Banas, B., Strzępek, Ł., & Curyło, M. (2021). Hospital inpatient falls across clinical departments. *International Journal of Environmental Research and Public Health*, *18*(15), Article 8167. https://doi.org/10.3390/ijerph18158167

Morris, M. E., Webster, K., Jones, C., Hill, A. M., Haines, T., McPhail, S., Kiegaldie, D., Slade, S., Jazayeri, D., Heng, H., Shorr, R., Carey, L., Barker, A., & Cameron, I. (2022). Interventions to reduce falls in hospitals: A systematic review and meta-analysis. *Age and*

Ageing, *51*(5), Article afac077.
https://academic.oup.com/ageing/article-abstract/51/5/afac077/6581612

Pati, D., Valipoor, S., Lorusso, L., Mihandoust, S., Jamshidi, S., Rane, A., & Kazem-Zadeh, M. (2021). The impact of the built environment on patient falls in hospital rooms: An integrative review. *Journal of Patient Safety*, *17*(4), 273–281. https://doi.org/10.1097/pts.0000000000000613