

IMPLEMENTING A FALL PREVENTION EDUCATION PROGRAM IN LONG-TERM
CARE

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A Project Report Submitted to
the Faculty of The School of Nursing at
The University of North Carolina at Greensboro
in Partial Fulfillment
of the Requirements for the
Doctorate in Nursing Practice

Greensboro

2023

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Dedication and Acknowledgements

I thank God for giving me the strength and knowledge to complete this project. I dedicate this DNP project to my children Jaeden, Angelese, and Makiyah. Thank you for enduring this process and for all your love, support, and sacrifices. Additionally, I would like to thank my parents, friends, classmates, and coworkers for supporting my dreams. I would like to acknowledge and give special thanks to Dr. Kalinoski, Dr. Henson, and Jeanne for all your support, encouragement, and wisdom. This would not have been possible without a team.

Abstract

Background: Providing a safe environment helps older adults to have a better quality of life. When older adults fall, they are at increased risk of another fall. Older adults on locked units experience higher fall rates than patient on nonlocked units. The Skilled Nursing Facility serving as the setting for this project had fall rates higher than the national average in 2022. **Purpose:** The purpose of this project was to educate nursing staff on effective ways to prevent falls and reduce injuries at the facility to foster a healthy, safe, injury reduced environment. **Methods:** This DNP project had a quality design with a Plan, Do, Study, Act, (PDSA) approach. The project was carried out by implementing hourly rounding sheets. Nursing staff were given a six-question survey before implementing the sheet. They were then given education on how to prevent falls and the importance of hourly rounding. **Results:** Small sample size data was not statistically significant to show hourly rounding and education decreased fall rates. During the implementation of hourly rounding there were no falls on the unit. **Recommendations and Conclusion:** Implementation of hourly rounding for all shifts, with education, over a period of one month should provide statistically significant data. Preventing falls in a long-term care facility is more challenging with minimal staff.

Keywords: fall prevention in long term care, falls, falls strategy, nursing home education, fall prevention barriers, fall education, older adults, hourly rounding

Background and Significance

Millions of adults ages 65 and older fall every year. Falls among older adults cause serious injuries and death. One fall doubles their chances of falling again (CDCP, 2021). After a fall, many older adults fear falling. They become more dependent on caregivers and less mobile, which increases fall risk. Fall death rates in the United States have increased each year since 2016 (CDCP, 2021). It is estimated by the Center for Disease Control and Prevention (CDCP) that by 2030 there will be seven deaths per hour if the rates continue to rise similar to the past (CDCP, 2021).

In the past year, over 6.8 million people that were Medicare beneficiaries 65 years of age and older fell. Over 3 million older adults had recurrent falls after the first fall (Shumway-Cook et al., 2009). Falls that did not result in death cost over \$29 billion to Medicare, over \$12 billion to private or out-of-pocket payers, and over \$9 billion to Medicaid. As the population continues to age, these numbers are expected to increase. The direct care costs were calculated by examining hospitalizations, nursing home care, provider visits, medication, equipment, and community-based services. Direct care cost does not include long term effects like disability, caregiver dependence, time off from work, not being able to perform activities of daily living or a quality-of-life decrease. Therefore, falls costs are much higher than direct care cost depicts (CDCP, 2021).

The rising number of deaths from falls among older adults can be addressed by screening for fall risk and intervening to address risk factors, such as use of medicines that may increase fall risk, or poor strength and balance (CDCP, 2021). Fall risk screening can assist in alerting staff and older adults on the risk associated with medications and other factors that increase falls.

Providing education to nursing staff caring for older adults about the effects of medications that increase falls and providing effective interventions can decrease falls.

Falls can result in injuries such as head trauma, internal bleeding, and bone fracture complications that can cause death, and this can result in lawsuits for facilities. Many facilities have been short-staffed, struggling to keep minimal staff for safe operating conditions. Nurse-to-patient ratios is high in many facilities. Not having adequate staff has increases stress on staff to care for older adults that could need one-to-one care but staff not permitting, and staffing complications can increase injuries. Unsafe staff ratios can place staff in jeopardy to make decisions when a patient needs a sitter, but one is not available. Unsafe ratios can lead to ethical dilemmas. Fall prevention was placed on the NC Healthy People 2020 initiative and the State Aging Services Plan (CDCP, 2021). It was also in the annual observance of NC Falls Prevention Awareness Week, which occurred from September 18-24, 2022 (CDCP, 2021).

This Skilled Nursing Facility (SNF) that was the site for the DNP project provides short-term and long-term rehabilitation care to older adults. The short-term older adult fall rates were 1.3% for one or more falls with major injuries (Medicare.gov, 2022). The national average is 1% for short-term stays. The long-term care fall rates were 3.7% at the facility. The national average is 3.4% and the average for North Carolina is 3.8% (Medicare.gov, 2022). Both rates were slightly higher than the national average in 2022. The data might be higher if it included falls without injuries.

Purpose

The purpose of this project was to educate nursing staff on effective ways to prevent falls and reduce injuries at the facility to foster a healthy, safe, injury reduced environment. The

skilled nursing facility serving as the setting for this project provides long-term and short-term rehabilitation services. The aim of this project was to evaluate how staff education and hourly rounding improves staff confidence about falls prevention and helps to reduce falls and injuries in the facility.

Review of Current Evidence

Databases used for this review of current evidence were PUBMED, (CINAHL), Google Scholar. Key word searches included “fall prevention in long term care,” “falls,” “falls strategy,” “nursing home education,” “fall prevention barriers,” “fall education,” “older adults,” “hourly rounding.” Fifteen articles were reviewed within the past five years, from 2016 to 2022.

Inclusion criteria were articles that were written in English, peer reviewed, older adults and human subjects, mainly in the long-term care setting. Exclusion criteria included studies that were non-older adult studies, non-English studies.

Fall Education and Injury Reduction

In this literature review, researchers agreed that falls in long term care are a preventable and costly concern. Falls are the leading cause of injury in adults 65 and older (Metzger et al., 2018). With staff communication among disciplines, falls can be reduced. Ensuring that staff are educated adequately reduces fall rates and improves patient outcomes (Couture et al., 2019). Education increases staff confidence. One high-quality staff interaction study showed that staff communication and coordination had no impact on the falls in nursing homes (Colon et al., 2017). This study differed from other evidence indicating education decreases fall rates and improves morale in the faculties.

Overall, effective communication among disciplines, as well as educated and confident staff can reduce fall rates. More studies should be conducted to further evaluate what specific communication barriers need the most attention. Fall reduction is a team approach.

Education Methods for Fall Reduction Training

Effective fall prevention is only reached through team efforts and a multifactorial approach. Education must be done, and all disciplines must be involved. Staff feel that patient falls related to cognitive impairment and behavioral issues need further research and diverse education (Leverenz & Lape, 2018). For education to be effective the person receiving the information must be able to understand and retain what was learned. A study showed that older adults learn better with images attached (Carborne et al., 2021). If the staff being educated are older, education through talking might not be effective for retaining the knowledge. Pre and post questionnaires were effective ways to measure staff knowledge.

Effective Interventions for Fall Prevention

Several interventions were noted to improve falls in long-term care. The most common suggestions in literature were vitamin D supplements, use of proper footwear, proper lighting, reduction of clutter, toileting schedules, and having essential items within reach (Appeadu, 2021). Promoting exercise in older adults improves muscle strength (Wang & Tian, 2021). Screening for hearing and vision impairments are crucial interventions (Tan, 2018). Hourly rounding has been shown to improve safety (Morgan et al., 2017). Rounding hourly also improves patient satisfaction with nurses and the care they receive (Roberts et al., 2020). Inviting a culture of just laying eyes on the patient improves trust while decreasing injuries related to falls

(Shin & Park, 2018). Each facility needs to determine the best fall prevention intervention to make sure the intervention is appropriate for that specific site.

Nurses play a positive role in reducing injuries when a fall occurs. Nurses are the leaders in assessing fall risk and advocating for injury prevention (Tan, 2018). Education must be done, and all disciplines must be involved (Tan, 2018). Staff must be willing to do training and implement necessary changes. Intentional rounding is another method to improve falls in facilities. Rounding has been shown to improve patient satisfaction, reduce harm, it increases trust and provides reassurance (Sims et al., 2018). Literature shows that hourly rounding decreases call lights but in certain populations such as pregnant women there was no significant change (Lobatch & Wise, 2019). In many other populations, hourly rounding has been shown to be effective in preventing falls and other near miss events. Interprofessional team approach and interventions were significant at reducing falls. Falls can be reduced effectively with a program that includes evidence-based resources such as communication, risk assessments on admission and audits for continuous improvement (Spano-Szekely et al., 2019). Posters with fall interventions improved fall rates in a nursing home in Canada (Huey- Ming et al., 2021). Nurses knowing the status of the patient and ambulation aids helps reduce injuries.

Conceptual Framework

The theory that inspired this DNP project was Lewin's Theory of Change (see Figure 1) below this section. This model includes stages of progress and change over time. Another reason for choosing this theory is that it considers people can be resistant to change. When change is introduced properly, it can be implemented and sustained. The three phases are unfreezing, moving and refreezing. The first stage of unfreezing helps to break up and expose old mindsets, processes and behaviors that are not working and need to be corrected (Wojciechowski et al.,

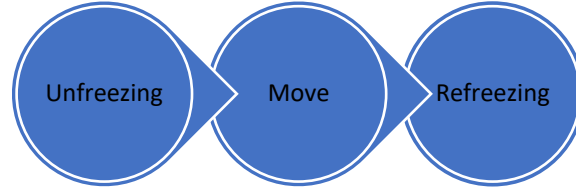
2016). This is the area that helps staff to see that a change needs to take place and prepare them to embrace it. Staff were given a survey to see how confident they felt in preventing falls in the facility. During this phase they were asked who was responsible for preventing falls and if they thought falls in the facility, were a problem. These questions were asked to expose behaviors and show the need for effective tools in preventing falls in the facility. Staff were introduced to hourly rounding by asking if it could reduce falls in the facility. To have effective change the unfreezing process must be done in a manner that is embraced by staff.

The next phase is moving or transition. This phase included putting change into place. After feedback was gathered in this phase, staff were able to ask questions. Staff were supported with education to empower them to embrace the change. Education about how dangerous and expensive falls are in older adults alone could be the driving force to change. Staff were shown the benefits of hourly rounding to include building trust, decreasing calls, cost, and falls. Staff were also asked to implement hourly rounding on the unit during this phase as a trial. During this phase support from leaders was very important.

The final phase is refreezing. This phase sets the change into practice. Procedures and policies for hourly rounding were reenforced, updated and created. Staff were asked post-question surveys to assess if hourly rounding was able to be completed in the facility. This phase was the one to sustain the change. Staff on first shift adjusted to the changes well, other shifts would need more support going forward. Staff will adjust to the changes and move forward if the stages have been met (Burnes, 2020).

Figure 1

Theory of Change



Methods

The purpose of this project was to educate nursing staff on effective ways to prevent falls and reduce injuries at the facility to foster a healthy, safe, injury reduced environment. Data from falls in the facility was collected the September prior to the implementation of the project and then in December from the Director of Nursing at the facility. Staff were given a pre-and-post survey including six questions about their confidence in preventing falls in the facility. Observations from the staff revealed that hourly rounding could be effective in reducing falls in the facility. After speaking with the staff and director, the locked unit was chosen for implementation of hourly rounds since that unit had the most falls. The unit was also chosen because the layout of the unit made it difficult to see patients from the nurse's station unlike other units in the facility. The patients that were at the greatest risk for falls were selected to have hourly rounds, not all twenty-three patients on the unit. The implementation of the hourly rounds was carried out for two days on first shift.

Design

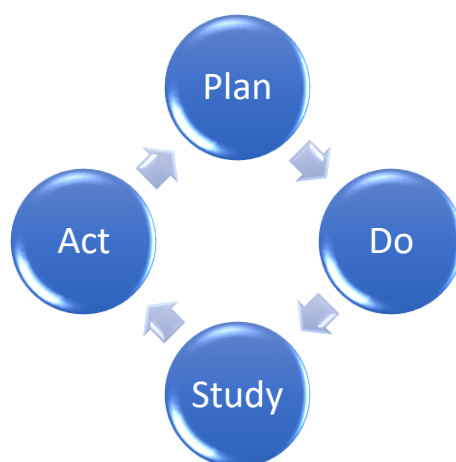
This DNP project utilized a quality improvement approach. Hourly rounding sheets were created, evaluated for errors, and changes to practice were implemented as needed. The skilled nursing facility desired to decrease fall rates within the facility.

Translational Framework

The Plan-Do-Study-Act approach was selected in this project to implement the changes, see Figure 2 below. Overall, this approach was the best fit for the project. In the Plan phase, a need was discovered that falls should be reduced at the facility. A strategy to educate staff and to implement hourly rounding was put into place for the Do phase. For the Study phase, staff were given a six-question survey about fall prevention. They were also provided education on how to minimize falls in older adults. They were then given a post-survey of six-questions to evaluate whether their confidence level changed since getting the pre-survey. For the Act phase, the hourly rounding sheets were implemented on the locked unit at the long-term care facility.

Figure 2

Plan Do Study Act



Population

The population of staff taking the surveys included nursing staff, nursing assistants, and licensed practical nurses at the skilled nursing facility. Non-nursing staff that participated in the survey were listed as other. This staff included, medication technicians, dietary aids, floor technicians, and the staff coordinator. Participants were informed of the survey by

communication from the director of nursing and other staff members. Staff were encouraged to volunteer to participate during or after their shift. Inclusion criteria involved staff working in direct patient care areas. Any staff that wanted to participate were welcomed to view the power point and no one was excluded from the education. The population for hourly rounding were patients on the locked unit that were at increased risk for falls.

Setting

The setting was a 100 bed, nonprofit rehabilitation skilled nursing facility. The facility is in Northwestern region of North Carolina. The skilled nursing facility has long-term and short-term rehabilitation. The hourly rounding sheets were implemented on the locked unit where the most falls occurs in the facility. The maximum capacity of this unit is twenty-five patients.

Project Implementation

Plan

The aim of the project was to educate nursing staff on the importance of reducing falls in older adults in the skilled nursing facility. The Adult Learning Theory was used to educate staff since all the staff at the facility were adults (Carborne et al., 2021). Handouts, a PowerPoint presentation, and hourly rounding sheets were piloted on the unit with the highest fall rates. The staff were surveyed to see if their confidence improved after education and if hourly rounding decreased fall rates.

The team for this DNP project consisted of nursing staff at the skilled nursing facility and school faculty project advisors. The nursing director, project specialist and the facility administrator gave permission to complete this project. Several meetings took place to brainstorm how to reduce falls in the facility during the planning phase. In the literature review,

hourly rounding, staff confidence, along with effective communication were some of the tools linked to decreased falls.

While in the planning phase it was agreed that staff participating would receive a snack of their choice for watching the education and completing the survey with a budget of 20 dollars. The project started in the Spring of 2021 and was completed in Spring of 2023. Resources used included a PowerPoint presentation and hourly rounding sheets. Permission was not needed for the hourly rounding sheets because they were created.

Do

The goal was to educate staff on how falls effect older adults and how nursing staff can work together to decrease the fall rates. A PowerPoint presentation was used to educate the staff and hourly rounding sheets were given to pilot on the locked unit. This unit consisted of patients with dementia and cognitive impairments. Participants were able to give feedback and ask question to help determine the effectiveness of the training. During this time, suggestions were taken on the presentation and hourly rounding procedures were reviewed. The staff were surveyed before and after the training to determine if confidence levels increased. Data was collected and given to the Director of Nursing. The hourly rounding sheets were easy to utilize and can be implemented in the facility in the future. After the training, a short survey was completed by the staff about their knowledge and how comfortable they felt preventing falls.

Study

During this step, data from the surveys were analyzed. Staff feedback was reviewed, and hourly rounding was the intervention used in the facility. A meeting with the Director of Nursing took place to analyze the fall data before and after the education, as well as hourly rounding

sheets. It was discussed that hourly rounding sheets were easy to implement, and no falls were observed during the time of the rounds.

Act

During this phase hourly rounding was implemented, evaluated, and put into place. The education was performed, and post survey questions were given out. Hourly rounding sheets were placed on the unit and all shifts were asked to complete the forms. A meeting took place to gather staff feedback about hourly rounding and how difficult the form was to read. Another meeting took place after the data was analyzed to see if hourly rounding could be implemented. No changes need to be made to the form; it was implemented during this time.

Instruments

A quick six-question survey was used to ask what the title of the person filling out the survey was. Staff were asked what a fall was and who was responsible for preventing a fall? How confident they are at preventing falls in their facility? How confident they are that hourly rounding will improve the fall rates at the facility? How confident they are in knowing the fall status of their patient after report? A comment section was at the bottom for suggestion or statements. The hourly rounding sheet and the pre-and-post survey were created for this project so there was not a way to establish validity and reliability. Permission was not needed because the forms were created. See appendix (A) for a copy of the pre and post survey and the hourly rounding sheet. Fall data was collected in the falls database at the facility from the director of nursing. An excel spreadsheet was used to make tables, bar charts, and organize fall data.

Timeline and critical milestones

Education of the staff took place the week of November 14, 2022. Implementation days for hourly rounding were November 17- 18, 2022. The fall data was collected for the month of September and the month of December 2022. A meeting took place in January about hourly rounding and pre and post survey data.

IRB approval

The study was voluntary and if participants did not want to participate, they did not have to participate. No personal identifying information was collected, fall data did not include patient names, and nursing staff did not include information that would identify them. Additionally, harm was minimized to staff by providing information at their work site.

Step implementation

At the planning phase nursing staff, were asked question about which unit had the highest falls and what shift had increased falls. A meeting with the director of nursing took place, fall data and the shift they occurred were gathered. Nursing staff were shadowed to see the flow of the locked unit for all three shifts. Fall data was analyzed from September, a few months prior to the project, and it was confirmed that the locked unit with dementia patients had the most falls. Third shift had highest rates out of the three shifts. A PowerPoint presentation was created on fall prevention. Hourly rounding sheets were created along with a six-question survey. November 14, 2022 was agreed upon with the director of nursing to come and present the education to the staff. The hourly rounding sheets was implemented two days later. A meeting was scheduled after the implementation to collect hourly rounding sheets and to complete post surveys. The fall data for the next month was collected to observe if hourly rounding decreased

fall rates. Recommendations were made to pilot hourly rounding in facility for a longer period for all shifts going forward to get a significant amount of data.

How data were collected

The director of nursing was asked how many staff was at the facility, and no names were given to protect privacy. Information was given on what a fully staffed unit looked like and what the unit had on a given workday. The director was asked how many patients were in the facility when the fall data was collected. The fall data came from the facility database that collects fall reports. The director combined the data for the months requested and printed this data for the project. The data collected was time, date of fall, unit, injury, and intervention. The information was de-identified by blacking out patient names. Once the information was placed into an excel spreadsheet the original document was shredded. The pre-and post-surveys were voluntary and collected before the education and the month after the implementation of hourly rounding.

Data analysis

The data from the pre-and post-surveys that had open ended questions were reviewed. The data from the Likert scale were placed on a bar chart. Fall rates were analyzed using a chi squared goodness of fit test in Microsoft Excel. The chi squared test helped to determine if the intervention of education and hourly rounding impacted staff confidence.

Several meetings about data analysis were held with the statistician, and it was discovered that all the survey questions needed to be placed on a Likert scale. Survey questions were then revised to have a Likert scale. After meeting with the director of nursing, it was discovered that data was collected from September and December with several falls during this time period the data appeared to be an adequate sample size.

Once data was collected, there were more pre-surveys than post-surveys, and a bar chart was used to show the results. There was not enough fall data to analyze, and another meeting was scheduled with the statistician for guidance on how to evaluate the data. Qualitative data was collected on the survey but was determined to be statistically insufficient for analysis.

Quantitative data were collected on the surveys and placed in a bar chart.

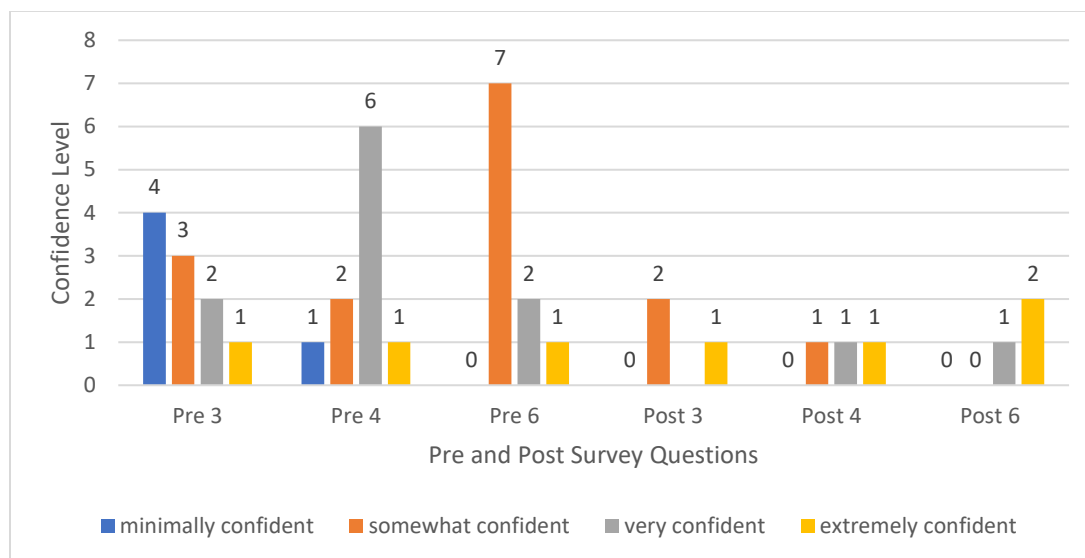
Results

Evaluate Outcomes

Education and staff confidence by Likert scale were shown using bar charts. The survey questions that were not placed on a Likert scale included descriptive answers. The first question asked what a fall was, all the answers described the dictionary definition of a fall. The other question asked who was responsible for preventing falls and the answer was "everyone". There were no outliers for those questions. The final sample size was very small with approximately thirteen staff members completing the survey. The pre-survey consisted of ten participants and the post-survey had three. Since the sample size was small it could not be statistically analyzed to show if staff confidence improved after education. The responses to the pre and post-test were placed in a bar chart seen in Figure 3.

Figure 3

Fall Questionnaire Data



The sample population consisted of registered nurses, licensed practical nurses, certified nursing assistants, medical technicians, kitchen staff, and cleaning staff. On Table 1 below, the non-nursing staff is listed as other. Tables were generated from excel. Data analysis was completed under the supervision of the university statistician.

Table 1

Title of Staff Taking Survey

Title	Pre-Survey	Post-Survey
Registered Nurse	3	0
Licensed Practical Nurse	1	1
Certified Nursing Assistant	3	2
Other	3	0

The fall data was collected the whole month of September. The project was implemented in the third week of November. Hourly rounding was only implemented on first shift for two days. The final fall data was collected in December. The falls data was analyzed using a chi

squared goodness of fit test. The null hypothesis is there was no significant change in the number of falls before to after the staff education and hourly rounding. The alternate hypothesis is that there was a significant change in fall rates after the education was presented. With the sample size being relatively small with 24 falls in September and 19 falls in December, data was not statistically significant. The formula for chi- squared goodness of fit is $X^2 = \sum (O- E)^2/E$. The degree of freedom (DF) was 1, sample size (N)=42. Therefore, $X^2 = .581$, $p = .446$ and $\alpha = .05$. With ($p > \alpha$) we fail to reject the null hypothesis and there is no significant change in fall rates after education. Even though the literature review showed hourly rounding decreased fall rates this project showed no reduction in fall rates after the education and the implementation of hourly rounding.

Identify barriers to success

The main barrier to success was time, as there were complications with scheduling, travel between work, the project, school, and clinical rotations. It was challenging to schedule meetings with the staff due to facility staffing issues. The project did not progress according to plan, and it was delayed two weeks. Implementation took longer than expected due to communication short falls. The facility did not have a receptionist at the front to provide access into the building. A code was needed after hours to access the facility, but this was not learned until after arriving to the facility to shadow the night staff. During the day of implementation, the fire alarm was set off, staff were trying to secure the building and make sure the residents were safe. This made it challenging for them to participate in the education. Hourly rounding sheets were only implemented for two days and only on day shifts. Data needed to be collected longer to increase sample sizes and more staff participation for statistically significant analysis.

Identify strengths to overcome the barriers

Implementation strategies were modified by adjusting timelines and meeting on alternate shifts. Numbers were exchanged with the director of nursing for more timely communication since email was not as effective. To help with data analysis, meeting with the statistician ensured proper data was collected. Meetings with the writing center took place to ensure correct grammar during the composition phase to aid in the continuation of the project. Peer review with other students who had implemented helped to adjust survey questions to get a data set that met standards. Meetings with stake holders at the site ensured that hourly rounding would be feasible at the facility. The hourly rounding sheets were changed to fit on one page for a whole day after peer review.

Discussion

The purpose of this project was to educate nursing staff on effective ways to prevent falls and reduce injuries at the facility to foster a healthy, safe, injury reduced environment. Falls in older adults can be fatal, but falls are preventable.

Conceptual and Translational Framework

The first stage of unfreezing helps to break up and expose old mindsets, processes and behaviors that are not working and need to be corrected (Wojciechowski et al., 2016). This also went along with the Plan and Do phase of the PDSA cycle. The PowerPoint presentation helped to education staff about how dangerous and expensive falls are in older adults. The PowerPoint also showed effective ways to do hourly rounds and how it increases trust and builds rapport with nursing staff. During this phase, a pre-survey was collected to test the knowledge of staff and to get a baseline if they thought hourly rounding would be effective in decreasing falls.

The next phase is move or transition, which included putting change into place. This phase was parallel to the Study phase in the PDSA cycle. In this phase feedback was gathered about hourly rounding sheets. Educational questions regarding falls and injury prevention were answered. Support from the director of nursing with hourly rounding sheet implementation was provided. During the final phase of refreezing hourly rounding sheets and post-survey questions were collected. This went along with the Act phase of the PDSA cycle. This phase set the change into practice and will sustain the change. Staff adjusted to changes on first shift very well, on other shifts the changes were not implemented.

Interpretation

According to other evidence-based work, hourly rounding was successful in decreasing fall rates (Morgan et al., 2017). In the long- term care facility, data was not statistically significant to show fall education along with hourly rounding decreases fall rates. Study findings are not consistent with current evidence, stating that interventions with effective communication decrease falls among older adults (Spano-Szekely et al., 2019). Changes for further projects would be to implement hourly rounding for a longer period ensuring all shifts participate and educate staff during the implementation process. Pop-up visits should be made to the facility to answer question and to collect sheets during the implementation phase. After the implementation of hourly rounding, the post-survey should be completed at least a month after the implementation period. In the future, collecting surveys from the same staff by using a link online with a unique identifier to link pre and post survey together would work best to have sufficient data.

Recommendations for Future Study

Recommendations for further practice would include implementing the project on all the units instead of piloting on the dementia care unit. Providing education to each unit individually at the nursing station would increase participation in surveys. Having the education in the conference and not on the floor made it difficult for staff to leave the unit to participate. A designated location for staff to come in on their own time did not show success in gathering pre and post survey collection data. Implementing the project so that all staff in the facility have access to training and not just the nursing staff would likely decrease falls throughout the facility. Fall prevention education should be done yearly going forward.

Limitations

Limitations in the project were small sample sizes and access to the training material. Implementation was difficult with education occurring in one central location. The main staff that needed the training were the ones on the floor and not the ones attending the training sessions. During the implementation day of the project the fire alarm system was set off and that caused staff to be drawn away for an emergency. In the future, the project should be implemented for at least 2 full weeks and training should be given to staff via email or another method. During the summer the facility does annual training, and during that time fall prevention education should be done because staff get time off the floor and there is adequate coverage. Reliability and validity of the study could not be determined at this time. The results could not be generalized outside of the sample group or setting because the sample was small, and this was a group of patients that had cognitive impairment.

Relevance and Recommendations for Clinical Practice

The results of the project were relevant to clinical practice but not statistically significant. Even though the data set was small and was only collected on day shift, that shift had the lowest fall rates in the facility. Research indicates that hourly rounding decreases fall rates in older adults. With night shift having the highest fall rates in the facility, even though all shifts have the same number of staff, more frequent rounding needs to be initiated. The days that hourly rounding was performed even for a short period of time had no falls on the unit. Further studies should be conducted on all shifts for an extended period of two weeks or greater to have adequate data to support hourly rounding is effective in decreasing falls.

The project was sustainable because staff stated the hourly rounding sheet was easy to complete and quickly implemented. The only resource needed would be paper to print the sheets and to have a meeting to get staff onboard to start implementing the hourly rounding sheets for all the shifts. To decrease falls in the facility, staff will all need to implement the same interventions. Night shift could round every two hours but another project with data to support that would need to be conducted. The next step would be to make sure all staff have education on how to prevent falls and that they are aware of how to perform hourly rounding.

In order to sustain hourly rounding training needs to be performed yearly as a reminder on the importance of fall prevention and resources available in the facility. Adequate staffing according to current staff will improve fall rates in the facility. The next steps will be to keep hourly rounding on the units and encourage staff to implement on all shifts.

Summary

Falls among older adults are a common but preventable problem. Falls can cause fractures, fear, head injuries and even death. Many older adults fall and never tell their family or provider about their fall. This project included exploration of ways to foster a healthy work

environment and give the staff and residents tools that they could use to care for themselves (CDCP, 2021). Fall prevention programs and education can help reduced falls and injuries related to falls (Kiami et al., 2019). A healthy active older adult will live longer and have a better quality of life.

The gaps in literature including a lack of literature on fall prevention education in long-term care facilities. Although falls are a problem, more research needs to be performed in the long-term care facility to support the ever-changing needs of the facility. Since long term care is not the same as impatient, primary care or the emergency department, more research can be performed in long-term care setting. Some of the literature suggested that there were not enough educational models to train students to work collaboratively as a team to prevent falls (Brown et al., 2018). Research shows that there are no effective ways to stop falls completely in long-term care (Metzger et al., 2018). Although falls cannot be completely prevented, interventions such as staff education, fall sign, hourly rounding and communication can help reduce falls. Research shows that gaps in staff training and education about fall are still present (de Jong et al., 2018).

Conclusion

Falls are increasing as the population ages, and so are the cost associated with them. It is everyone's responsibility as a team to prevent falls. This DNP project did not indicate that hourly rounding is effective in decreasing fall rates in a long-term care facility but that further research can be done on fall prevention. Now that hourly rounding was implemented on one unit education and training about hourly rounding should be shared with other units in the facility and implemented for a longer period. Each shift on the unit should work together to ensure that fall rates are decreased. Preventing falls in a long-term care facility is more challenging with minimal staff. Unit set up plays a major role at being able to see patients and keeping them safe.

The results of this DNP project will be sent to the director of nursing at the long-term care facility via email and a meeting was conducted. A poster will also be used to present the finding to the graduate school faculty. Fall prevention is a full-time task and it takes a team approach. The responsibility is not for one individual alone but together falls can be decreased and hourly rounding and communication is a great start.

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APPENDIX A**Fall Questionnaire**

1. What title do you hold in the facility?
RN
LPN
CNA
Other:

2. What is a fall?

3. How confident are you that you can prevent falls in your facility? Please Circle one
 1. Not Confident
 2. Minimal Confidence
 3. Somewhat Confident
 4. Very Confident
 5. Extremely Confident

4. How confident are you that hourly rounding will improve the fall rates in the facility?
 1. Not Confident
 2. Minimal Confidence
 3. Somewhat Confident
 4. Very Confident
 5. Extremely Confident

5. How confident are you in knowing the fall status of your patients after report?
 1. Not Confident
 2. Minimal Confident
 3. Somewhat Confident
 4. Very Confident
 5. Extremely Confident

6. Comments:

Hourly Rounding Sheet

Date _____

Unit _____

TIME	Safety, Pain, Potty, Possessions, Position	Initials	Comments
7:00 am			
9:00 am			
9:00 am			
10:00 am			
11:00 am			
12:00 pm			
1:00 pm			
2:00 pm			
3:00 pm			
4:00 pm			
5:00 pm			
6:00 pm			
7:00 pm			
8:00 pm			
9:00 pm			
10:00 pm			
11:00 pm			
12:00 am			
1:00 am			
2:00 am			

3:00 am			
4:00 am			
5:00 am			
6:00 am			

"I have abided by the UNCG Academic Integrity Policy on this assignment."

Signature Angela Jennings

Date 04/12/2023