

ABSTRACT

Falls are an ongoing problem, and it is one of the leading safety problems in hospitals worldwide. Falls lead to injuries, prolonged hospital stays, increased medical costs, and even death. Falls prevention education has provided a better awareness in strategies of safety. Furthermore, a multidisciplinary approach to prevention as a part of intervention has been recognized to promote more knowledge and skills for falls prevention. Falls prevention education engages various clinical professions in promoting better patient safety outcomes. The purpose of this MSN project is to provide an education plan to a multidisciplinary team about the use of a gait belt in increasing knowledge in preventing falls from being used in clinical practice. It will increase skills performance to employ confident caregivers in falls prevention.

PICO QUESTION

In the medical-surgical unit population, how does implementing an education program for registered nurses regarding evidence-based protocols for the use of gait belts when ambulating patients at risk for falls improve nursing knowledge, skills, and adoption of evidence-based guidelines within six months?

LITERATURE REVIEW

A literature review provided to determine safety by implementing education regarding the use of gait belt while ambulating patients to decrease the incidence of falls.

The literature on the importance of gaining knowledge can be consist of multicomponent programs, strict adherence to the protocol, and Leadership support. Many factors have been attributed to falls, but the consistency strengthens comprehension, increasing patient safety. An implemented change can be successful with the help of leadership support, nurse, organization, and the education department ⁽¹⁾. The most common limitations are the small sample sizes, and individuals included in studies are relatively healthy ⁽²⁾.

- Identify the safety concerns of falls and its effects
- Assessing and Identifying the knowledge with usage of gait belts
- Implementation of Gait belt education to the nursing and multidisciplinary teams

Nurse Education Program for Reducing Patient Falls:

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PROJECT METHODOLOGY

Education interventions can create learning through a simulation environment. Simulation has played an essential part in transitional learning to the real-life setting and integrates the Social Cognitive Theory (SCT). The Social Cognitive Theory (SCT) enables teaching through an individual's knowledge ⁽³⁾. The deliverables for this MSN project will utilize the literature review and the Social Cognitive Theory to guide learners through a PowerPoint presentation and simulation scenarios. The simulation scenarios will enable caregivers to feel competent and encourage them to confidently engage in opportunities to apply the learned skill ⁽³⁾.

Plan and Development

Developing a hands-on education session where caregivers are presented with falls education and gait belt use

- The interdisciplinary team will meet about the session that will be provided to the caregivers
- A brief PowerPoint presentation will be given with the information on falls and education of gait belts
- Caregivers will be given a lesson plan and handout on falls, gait belts and caregiver safety
- Caregivers will go through different scenarios in each stations on how to use gait belts with different injuries and precautions



Figure 2

Evaluation

The interdisciplinary team will evaluate the progress with each falls.

- Post-survey will be offered to caregivers who attended the sessions
- The falls committee will evaluate each falls and discuss missed opportunities, gaps and concepts missed
- The interdisciplinary team will evaluate for any changes that can improve implementation and progress
- The team will also analyze the if there are any changes that applies and how often competency should be measured



Figure 3



THEORETICAL FRAMEWORK

The Lewin's Change Theory of Unfreezing, Movement, and Refreezing will be used for the proposal. Lewin's Change Theory recognizes that some changes need to occur and involve several transitions ⁽¹⁾.

- Unfreezing is the first stage of the transition and the most critical. The realization that gait belts can assist in decreasing falls and in increasing awareness education must be implemented.
- The Movement stage is the transition with awareness, and a plan must be created to start the implementation process ⁽¹⁾. The education about gait belts safety will be rolled out, and staff will have evidence-based information on the importance of using gait belts to increase patient safety.
- Refreezing is the last transition, and this stage is where employees support the change and are currently used in practice ⁽¹⁾. This stage is where employees understand the importance of gait belt use and using gait belts when appropriate.

CONCLUSIONS

This research delivers information regarding the risk factors and fall prevention when a gait belt is used to assist patients during transfers and ambulation. Limitations, Barriers, and recommendations have been addressed following findings. The use of a multidisciplinary team approach in our implementation can be essential for the success of the prevention. Identifying the use of a gait belt during ambulation and transfers has been recognized to decrease the incidence of falls and injuries

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Figures

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