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BACKGROUND

Accidental falls critically affect patient safety. Injury from accidental falls is the second leading cause of death among older adults ¹. Falls are associated with severe fractures, skin impairment, impaired mobility, pain, loss of independence, depression, and increased healthcare costs ². The question asked in this project was: In long-term care facilities, Is using technology such as bed alarms more effective than traditional fall risk evaluation and prevention measures such as the MORSE fall scale?

To address this problem, an educational program can help nurses and patients identify and recognize patient fall risks and design strategic interventions to prevent fall events. This project includes resources to help nurses accomplish the following essential goals:

1. Identify patients' fall risk
2. Design strategic interventions to prevent falls
3. Promote proactive participation among the patients and other care team members.

Three teaching tools, including two PowerPoint presentations and a handout, were developed to support the implementation of this teaching initiative



METHODS

Current literature revealed that traditional fall risk screening methods combined with technological tools to create an individualized plan and strategy are more effective in preventing falls and related injuries.

The framework used to guide this project is the Revised Iowa model (IMR) of evidence-based practice ³

Three major themes were identified in the literature as follows:

1. Traditional fall prevention measures have been widely implemented with moderate results.
2. Technological fall-prevention interventions and tools can increase fall-prevention effectiveness when they are part of individualized plans.
3. The patient's response to fall-prevention interventions and the care team's understanding of the patient's response is essential for the success of the fall-prevention strategies.

Once management approves the program, the education will be delivered to floor nurses, patients, caregivers, and other members of the care team using direct education and training using teaching tools including two PowerPoint presentations and a handout. The program will be completed in three months.



EVALUATION

1. A pre-education survey will be given to patients, caregivers, and nurses to measure baseline knowledge and awareness of fall risk and preventive interventions ⁴
2. Intervention compliance will be measured by applying existing organizational metrics that will be tabulated and scored for quantification and analysis.
3. Stakeholders will be presented with a post-implementation survey to identify changes in their perception and response to fall-prevention screening and interventions.
4. Finally, the nursing team will complete a pre, and post-survey to identify the training efforts' strengths and weaknesses and the effectiveness of the education they received.



CONCLUSIONS

Nursing professionals are responsible for recognizing their patients' fall risk, developing preventive strategies, providing patient education, implementing evidence-based interventions, researching fall prevention advances, and evaluating the effectiveness of such measures⁵

This program will advance nursing by promoting interventions to prevent falls and related injuries, which increases patient safety and satisfaction, and decreases healthcare costs.



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