Development of a falls prevention education strategy and framework at Cabrini Health

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Background

Falls in hospitals are a major risk to patient safety. The impact of an inpatient fall can result in patient harm impacting morbidity, mortality, independence and quality of life. Shaw, L., Et al, 2020 assert that "Health professional education has the potential to be an important aspect of falls prevention interventions". Policies and strategies guided safe patient care, yet increasing fall incidence and labelling falls a 'wicked problem' may contribute to poor understanding and engagement. A framework of eLearning education, face to face workshops, and ward-based quality projects to enhance knowledge and engagement to reduce falls incidence was developed. Consumer co-design informed workshop development utilising 'action research' and quality improvement (QI) methodology Plan, Do, Study, Act (PDSA). Workshops included an expert panel and consumer discussion, education of QI methodology providing participants with knowledge to conduct ward-based QI projects. Projects focused on existing risk reducing strategies: fall-risk identification and assessment, patient rounding, bedside handover, patient communication boards and post-fall huddles. Workshop aims were to enhance knowledge and skills for ward-based leaders and champions.

Aim

Develop an educational framework of scaffolded learning to increase knowledge and awareness of falls prevention as an intervention to reduce fall rate and fall related injury.

Method

Organisational information was gathered to understand the status quo highlighting no formalised education package or training specifically relating to risk management and fall prevention existed. Virtual and face to face meetings enabled the Curriculum Developer to collaborate with subject matter experts from Clinical Risk, Nursing and Allied Health to identify content topics. The inclusion of NSQHS Standards, Policies & Procedures, and real-life stories assisted and guided the development of an **elearning package** using RISE 360 a web-based authoring tool bringing together Cabrini's falls prevention strategies, policies and programs into a cohesive package that was engaging and interactive for the end users.

Workshops were designed to develop "Falls Prevention Champions" and enable champions to consolidate knowledge gained from completing the eLearning package by leading a quality improvement project using the PDSA methodology. The first workshop consisted of Q&A style expert panel discussion about fall prevention and the impact of falls, panel participants were multidisciplinary team representatives and a consumer. Each panellist engaged in a remote virtual meeting with the curriculum developer to discuss the panel format, questions and considered responses. Clinical Support Nurses (CSN) were invited to the workshop as additional support for the new champions attending.

Workshop design was influenced by consumer input. The consumer as a panellist provided insight into her experience as a patient and as a person who has experienced falls in the community. Her teaching background enabled her to provide the concept of action research framing the quality improvement projects and the supporting education. Champions shared the outcomes of their QI projects at a second workshop that included education about being a leader, influencing change and self-reflection. Staff feedback and self-reported learning was measured through survey questions using survey software. Falls data was compared using hospital data analytics and incident management reporting tools.

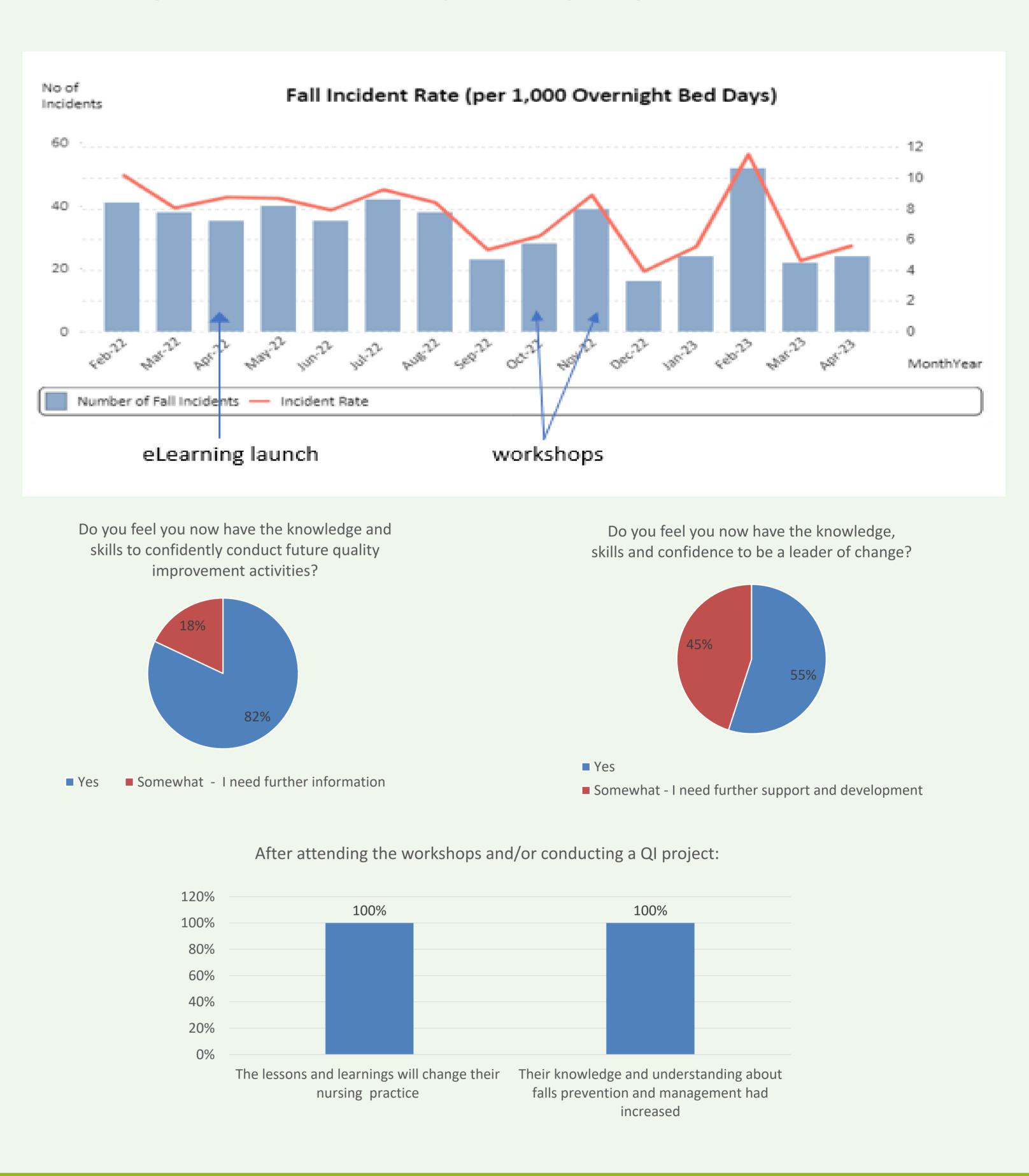
References Shaw, L., Kiegaldie, D. & Farlie, M.K. Education interventions for health professionals on falls prevention in health care settings: a 10-year scoping review. *BMC Geriatr* **20**, 460 (2020). https://doi.org/10.1186/s12877-020-01819-x



Results

Eight wards reporting higher fall rates i.e., acute aged care, medical, rehabilitation were invited to identify two attendees to attend workshops. Attendees were RN Div 1 and RN Div 2 working in diverse roles of clinical nurse, Clinical Nurse Specialist, and ANUM.

Workshop attendees were asked to complete the eLearning prior to attendance, however the course was not mandated. Rate of completion varied from ward to ward i.e., a ward only had 2 workshops attendees complete the eLearning compared to other wards where 95% of nursing and PCA ward staff completed the package.



Conclusion

A falls prevention education strategy and framework consisting of eLearning education, face to face workshops, and ward-based quality improvement projects enhanced workplace knowledge and engagement about fall prevention and the impact of falls. The use of action research for participants to gain and build knowledge challenged staff to critically think how they can contribute to change in their workplace. Educating health professionals is an important intervention yet it should not be the only intervention to reduce falls and the harm from falls. Ongoing reviews of the education content and assessment of its impact to reduce fall measures will continue as future workshops are delivered.