

## **Education and Intentional Rounding to Prevent Falls**

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**Purpose:** Falls are a serious problem in older adults and are one of the most common causes of accidental death. However, falls in older adults are avoidable and preventable when taking proper precautions. The purpose of this quality improvement project was to determine if falls can be reduced in an assisted living memory care unit, through staff education and use of intentional rounding.

**Methods:** This Quality Improvement (QI) project was a quasi-experimental design with a pre-test, education presentation, and post-test of falls causation and prevention strategies to determine the effectiveness of education in reducing falls at a memory care assisted living facility. The education presentation also included instruction on use of an intentional rounding tool modified specifically for the facility. All staff members who worked in memory care were required to attend the education presentation and complete the pre-test and post-test. Falls data was provided by facility administrators from 1/1/18 to 3/8/18 before the QI project began and 3/8/18 to 5/4/18 during project implementation.

**Findings:** Data was divided into time 1 (T1) of pre-test self-assessment averages before staff education, and time 2 (T2) of post-test self-assessment averages after data collection to determine if education from the presentation on falls prevention was retained. Self-assessment average scores for T1 and T2 were 68.75 and 70.31 respectively. There was no significant difference in self-assessment averages ( $p$ -value = 0.76). Falls data provided by the facility showed an increase in fall rate based on 100 bed days from 0.42 before data collection to 0.7 during data collection.

**Conclusions:** There was an increase in falls which was not the expected outcome of this QI project. There are several possible reasons for this finding. The education presentation provided to facility employees prior to data collection described what constituted a fall and possible causes for falls with ways to decrease fall events. This education may have led to greater staff recognition of falls, which led to increased reporting of falls. There could have been an increase in reporting since staff were aware researcher(s) would make random visits to the facility during data collection. Use of the intentional rounding tool accounted for unforeseen limitations. Although staff members were educated on use of the intentional rounding tool, it was not appropriately documented due to staff misunderstanding of language used in the tool. The lack of understanding and documentation of the tool may have also been a consequence of staff turnover. If staff turnover occurred, continuous education of new staff in safety, falls prevention and use of intentional rounding and documentation would have been required. Results from this project can be used for future practice and research on falls prevention and aids in discovery of fall prevention strategies for this vulnerable population.

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