

- I. Introduction
 - A. About 1 million inpatients fall in the US every year
 - B. Cost of Falls
 - 1. Nearing \$50 billion from the Centers for Disease Control and Prevention
 - C. Patients are at risk for falls due to unfamiliar hospital environments, effects of medications and treatments, illness-related changes in mobility, and a desire to maintain personal independence when mobilizing.
 - D. Interventions such as discussion and visual teaching formats are implemented for these medical-surgical patients as a source of education.
- II. Purpose- The purpose of this study is to “evaluate the effectiveness of a tailored video intervention in increasing engagement in fall prevention activities among alert medical-surgical inpatients. Examine scores on fall-related perceptual measures among at-risk medical-surgical patients” (pg, 171).
- III. Methods
 - A. Study type- two groups, pre- and post-test, randomized controlled trial
 - B. Sampled 124 patients from medical-surgical inpatient units in six midwestern hospitals in the USA.
 - C. Inclusion criteria: non-pregnant adults age 45 and older admitted to the target unit for less than 24 hours, must be able to understand English, be cognitively alert, medically stable, and at risk for falls.
 - D. Exclusion criteria: if the patient was transferred into a target unit from a different treatment location due to the fact that fall prevention education could have already occurred.
 - E. Intervention group- received standard fall prevention education and staff intervention - fall-risk armband, safe mobility directions, and fall risk on patient communication board
 - 1. 4 min video specified for each gender and age
 - F. Control group- received overall standard fall prevention education and staff intervention - fall-risk armband, safe mobility directions, and fall risk on patient communication board
 - G. Video showed scenarios of pts participating/not participating in fall prevention and the outcomes of both
 - H. Outcomes
 - 1. Depended on 3 factors: number of falls, high risk for falls behaviors, and fall related perceptions.
 - 2. The survey used to gather data for this study includes both groups to complete a Falls Perceptions Survey. One completed initially and the second one completed 18-32 hours after time one
- IV. Results
 - A. 124 participants included in this testing
 - 1. 75 women (control 35, intervention 40)
 - 2. 49 men (control 29, intervention 20)
 - B. Medical Diagnosis R/T Falls

1. Fracture/injury; 18 control, 10 intervention
 2. Infection; 14 control, 7 intervention
 3. Pneumonia; 6 control, 5 intervention
 4. Surgical; 5 control, 6 intervention
 5. Hypoxia/SOB/Asthma; 3 control, 7 intervention
 6. Stroke/CVA/TIA; 4 control, 3 intervention
- C. Most participants did not report their falls to the nurses.
- D. Significant difference between the control and intervention group is whether or not they were on an opioid drug

TABLE 1.
Sample Demographics (N=124)

	Control (n=64)	Intervention (n=60)	p value
Age: Mean	68.47	71.95	0.96
Gender			
Male	29	20	0.173
Female	35	40	
Fell past 6 months			
Yes	33	31	0.991
No	31	29	
Received opioids			
Yes	34	21	0.034
No	30	39	
Medical diagnosis			
Fracture/injury from fall	18	10	—
Infection	14	7	
Pneumonia	6	5	
Surgical	5	6	
Hypoxia/SOB/asthma	3	7	
Stroke/CVA/TIA	4	3	

CVA = cerebrovascular accident, SOB = shortness of breath, TIA = transient ischemic attack

- E. Six participants in the control group fell, while only one participant fell that was in the intervention group
- E. Participants who received video education related to falls demonstrated a higher engagement in the fall prevention activities opposed to participants in the control group.
- E. 29% of participants exhibited high-risk behaviors related to falls
- E. Total Sample
1. Mean score of likelihood to fall was 1.98
 2. Mean score on being afraid of falling was 2.29

V. Conclusion

- A. Study assured that the use of a video intervention related to medical surgical patients by age and gender reduced falls and increased the engagement in fall prevention activities.
- B. Evidence shows that inpatients receiving opioids (controlled group) experienced more falls resulting in fractures or injuries.
- C. Nurses should talk with the patients after they watch the video to reinforce the tailored messages. Embedding education related to falls in trusting nurse-patient relationships may increase engagement, and patients will be more likely to confess unwitnessed falls.

Reference:

Twibell, K.R., Coers, G., Kring, K., Delaney, L., Davis, C., Duncan, J., Siela, D., Drown, C., Jones, J.A. (2023). Tailoring fall prevention videos for medical-surgical inpatients: A randomized controlled trial. *Medsurg Nursing*, 32 (3), 170-178.