

## **Interprofessional Education for Nurse-Led Falls Prevention**

**Magnitude of the problem** One in three adults over the age of 65 falls every year. Falls are the leading cause of death due to injury in the elderly and account for 25% of all hospital admissions and 40% of all nursing home admissions. Nearly half of those admitted to a nursing facility after a fall never return to independent living and 25% die within one year.

**Importance of an IP approach to falls risk management** Nurses may provide falls prevention education, however they do not generally know about environmental issues that may prevent compliance. PCPs may identify a patient who is high risk for falls but may not know what interventions to implement or where to turn for help. Pharmacists can play a major role in falls prevention through medication changes, but without referrals to high risk patients, their expertise is of no use. Community long term care providers often encounter patients at high risk of falling, but they have virtually no one to turn to for help with medical issues such as high risk medications.

**State of the art for IP education** There is widespread agreement that IP practice improves patient safety and outcomes, however effective models to teach how to practice in IP settings are lacking.

**Solution** We developed an educational program that includes an online didactic portion, an IP table top simulation and a hands on patient assessment and IP team care planning process.

**Description of the simulation** The simulation event spans 4 hours and begins with 1 hour of didactic review and skills practice via topic specific posters. Groups of student IP teams move through the venue spending approximately 8 minutes per poster. Poster topics include TeamSTEPPS and the following falls risk factors: mobility, nutrition, cognition/depression, environmental hazards, medications and orthostatic hypotension. After the poster session students separate into profession-specific huddles. At these huddles, students gather fall risk assessment data on a simulated patient as if during shift change report. Students are encouraged to collect information specific to their profession that will inform the subsequent IP team discussion. After the huddle, students reassemble into their pre-assigned IP teams where they are facilitated through a simulated team meeting by a faculty member. Faculty debrief the students at the end of the simulation.

**Hands on patient assessment** After the simulation, the IP student groups perform an actual falls risk assessment on a volunteer recruited from the community who has either fallen or is at high risk of falling. After the assessment, the student groups participate in the development of a falls risk reduction plan of care based on the information gained in the didactics and posters. Volunteers at highest risk are referred to a Falls Risk Reduction Clinic for further follow up.

**Outcomes** To date we have educated over 450 IP students through the simulation portion and an additional 100 through the volunteer assessment/team care planning process. Students and faculty rate the experience as overall very good or excellent.