

Falls are a frequent and serious problem facing people aged 65 and older. The incidence of falls increases with greater numbers of intrinsic and extrinsic risk factors and can be reduced by risk modification and targeted interventions. Falls account for 70% of accidental deaths in persons aged 75 and older. Mortality due to falls is significantly higher for older adults living in extended care facilities versus those living in the community. Our objective was to evaluate the effectiveness of a fall prevention training program in a long-term care setting. A single-group repeated-measure design was used, guided by the Precede-Proceed framework. A comprehensive review of the literature and a concept analysis guided the development of testing and educational materials for all nursing and ancillary facility staff. Preliminary testing provided baseline data on knowledge related to fall prevention. Pre- and posttests, a fall prevention newsletter, and informational brochures were distributed to nursing staff and ancillary personnel at training sessions. Certified nursing assistant (CNA) champions were identified and given peer leadership training. "Quick Tips" fall prevention badges were also distributed to staff. Graduate students led interdisciplinary environmental rounds weekly, and new falls were reviewed on a daily basis by the interdisciplinary team. A 60-day posttest evaluated retention of fall prevention knowledge. Fall rates at baseline and for 2 months after the intervention were compared. Preliminary survey data revealed fall prevention learning opportunities, with a pretest mean score of 86.78%. Qualitative data were coded and revealed specific learning gaps in intrinsic, extrinsic, and organizational causes of falls. The 60-day posttest mean score was 90.69%; a paired t test ( $t$  score = -1.050;  $P$  = .057) suggested that learning may have taken place; however, differences in scores did not reach statistical significance. The fall rate before training was 16.1%; 30-day posttraining fall rate was 12.3%, and 60-day postintervention fall rate was 9%. Based on the program results, the model was expanded from long-term care to the university hospital system and outpatient clinics in the same community. The collaboration between a school of nursing and 1 long-term care facility led to the adoption of a significant quality improvement program that was subsequently extended to a local hospital and clinic system. Student-led projects designed to teach community service learning can be meaningful and can lead to changes in patient safety and quality of care.