

Staff training intervention doesn't impact fall prevention

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(HealthDay)—An intervention targeting gaps in staff communication

and coordination (complexity science-based staff training intervention [CONNECT]) does not improve the impact of an evidence-based falls quality improvement program (FALLS), according to a study published online Oct. 2 in *JAMA Internal Medicine*.

Cathleen S. Colón-Emeric, M.D., from Duke University Medical Center in Durham, North Carolina, and colleagues conducted a cluster-randomized trial in 24 nursing homes receiving CONNECT followed by FALLS (intervention) or FALLS alone (control). Nursing home [staff](#) completed surveys at baseline as well as three, six, and nine months; 1,545 staff members completed surveys (734 [37 percent] and 811 [44 percent] of eligible staff in intervention and control facilities, respectively). Medical records were abstracted for 1,794 residents with at least one fall in the six-month pre- and post-intervention windows.

The researchers found that after FALLS, neither the CONNECT nor the FALLS-only facilities improved the mean count of fall reduction activities (3.3 versus 3.2 of 10); there was no difference between the groups in the adjusted median recurrent fall rates (4.06 versus 4.06 [falls](#) /resident/year). Overall, staff communication measures (mean, 0.03 points on a five-point scale) and communication timeliness (mean, 0.8 points on a five-point scale) improved modestly. Wide variation was seen across facilities in [intervention](#) penetration.

"New approaches to implementing evidence-based care for complex conditions in the nursing home are urgently needed," the authors write.

More information: [Abstract/Full Text \(subscription or payment may be required\)](#)

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