Reducing Fall Risks in Preoperative Care:
Strategic Fall Prevention Interventions for Enhanced Patient Safety

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Background

Falls in the preoperative phase are an often-overlooked safety risk. Patients arrive fasting, anxious, and may receive sedating medications: all of which increase instability, disorientation, and delayed help-seeking. Traditional fall prevention strategies often focus on inpatient or postoperative care and may not address the unique vulnerabilities of preoperative patients. This nursing-led initiative identified gaps in early mobility safety and aimed to reduce falls through targeted, preoperative interventions focused on environment, communication, and education.

Literature Review

Fall risk begins before surgery, especially in patients affected by frailty, fasting, sedation, and disorientation. Kaiser et al. (2021) identified high preoperative fall risk among elective surgical patients, while Meckstroth et al. (2024)confirmed that frailty is a predictor of postoperative falls, reinforcing the need for early intervention. Kelly et al. (2023) found that implementing a fall prevention bundle—including rounding, education, and environment checks—reduced falls in surgical settings. Shaw et al. (2021) emphasized that nurse education and consistent screening are essential to improve safety outcomes. These evidences support a nurse-led, preoperative fall prevention model focused on proactive screening, education, and workflow integration.

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References

Interventions

This fall prevention initiative followed a PDSA (Plan-Do-Study-Act) approach and was driven by frontline fall champions who led the design, implementation, and sustainment of change in the preoperative setting.

Sustained strategies through:
- Daily workflow integration
- Fall champion coaching
- Ongoing peer reeducation

PLAN
- Reviewed fall event data and identified risks: sedation, frailty, call bell access
- Engaged fall champions and staff in solution planning

DO
Launched a multicomponent fall bundle:
- Improved call bell visibility
- Fall signage on stretchers/recliners
- Nursing rounding before ambulation
- Patient education video

STUDY
- Monitored fall trends and rounding consistency
- Held post-event huddles and collected staff feedback

This project reflects the impact of nurse-led innovation and frontline ownership in improving patient safety.
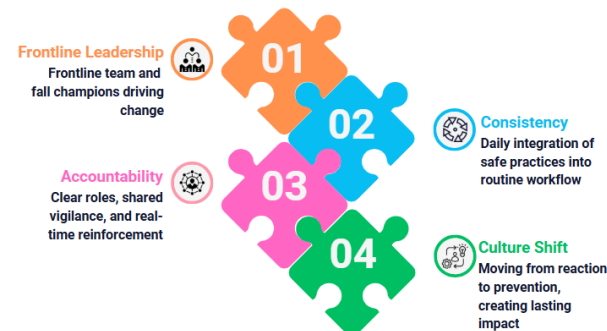
Outcomes

40% reduction in preoperative falls since implementation of the nurse-led fall prevention bundle.
- Fall champions led real-time coaching, reinforcing safe practices and team accountability.
- Staff reported greater confidence in identifying fall risks and supporting patients before ambulation.
- Increased patient engagement with fall education videos and visible safety signage.
- The intervention is now embedded into daily practice, sustained through rounding, huddles, and ongoing reeducation.

Discussion

This project demonstrates that falls in the preoperative phase are preventable when frontline nurses lead change. By combining event analysis with structured interventions, the team reduced risk factors often overlooked in traditional fall prevention protocols.
Fall champions played a critical role—leading huddles, educating peers, and reinforcing real-time practices. Interventions were not only implemented but embedded into daily routines, creating a consistent, proactive safety culture. Sustained improvement reflects a shift in clinical awareness, team accountability, and patient engagement.

01 Frontline Leadership Frontline team and fall champions driving change

02 Consistency Daily integration of safe practices into routine workflow

03 Accountability Clear roles, shared vigilance, and real-time reinforcement

04 Culture Shift Moving from reaction to prevention, creating lasting impact

Implications for Practice

Frontline nurses can lead sustainable fall prevention strategies when empowered with data, structure, and support.
- **Fall champions strengthen culture change** by reinforcing daily safety practices and coaching peers in real time.
- A **team-based model** makes fall prevention scalable across perioperative and procedural settings.
- **Embedding interventions into workflow**—like rounding, signage, and education—promotes consistency.
- Preoperative fall prevention must be **proactive, nurse-led, and tailored** to the patient's unique risks before surgery begins.