

Development of Strategies for Preventing Falls in Elderly People in Cardiovascular Inpatient Unit

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Desarrollo de Estrategias para la Prevención de Caídas en Personas Mayores en la Unidad de Hospitalización Cardiovascular

RESUMO:

Objetivo: Descrever a aplicação de estratégias de prevenção de quedas no idoso, bem como fornecer uma compreensão abrangente do benefício dessas estratégias e seu impacto na segurança do paciente. **Método:** Relato de experiência descritivo, abordando o desenvolvimento de estratégias para prevenção de quedas construídas por Enfermeiros de uma unidade de internação referência em Saúde Cardiovascular. **Resultados:** As estratégias aplicadas garantem uma ação relevante para prevenir quedas e conscientizar acompanhantes, tornando factível de ser utilizada em outras instituições que desejam fortalecer sua política institucional de segurança do paciente. **Conclusão:** A construção e aplicação de medidas voltadas à prevenção de quedas em pessoas idosas hospitalizadas mostraram-se eficazes e fundamentadas em evidências, fortalecendo a segurança do paciente e reduzindo a incidência de eventos adversos graves. Tais ações reforçam a importância da educação permanente e da participação do acompanhante como elemento essencial na vigilância e no cuidado seguro, consolidando-se como um dos pilares da assistência de qualidade.

DESCRIPTORIOS: Enfermagem; Segurança do paciente; Gestão da qualidade total.

ABSTRACT:

Objective: To describe the application of fall prevention strategies in older adults, as well as provide a comprehensive understanding of the benefits of these strategies and their impact on patient safety. **Method:** This is a descriptive experience report addressing the development of fall prevention strategies developed by nurses at a leading cardiovascular health inpatient unit. **Results:** The strategies implemented ensure relevant action to prevent falls and raise awareness among caregivers, making them feasible for use in other institutions wishing to strengthen their institutional patient safety policies. **Conclusion:** The development and implementation of fall prevention measures in hospitalized older adults proved effective and evidence-based, strengthening patient safety and reducing the incidence of serious adverse events. These actions reinforce the importance of ongoing education and caregiver participation as essential elements in surveillance and safe care, consolidating their position as one of the pillars of quality care.

DESCRIPTORS: Nursing; Patient Safety; Total Quality Management.

RESUMEN:

Objetivo: Describir la aplicación de estrategias de prevención de caídas en adultos mayores, así como brindar una comprensión integral de los beneficios de estas estrategias y su impacto en la seguridad del paciente. **Método:** Este es un informe descriptivo de experiencia que aborda el desarrollo de estrategias de prevención de caídas desarrolladas por enfermeras en una unidad de hospitalización líder en salud cardiovascular. **Resultados:** Las estrategias implementadas garantizan acciones relevantes para prevenir caídas y concientizar a los cuidadores, lo que facilita su aplicación en otras instituciones que desean fortalecer sus políticas institucionales de seguridad del paciente. **Conclusión:** El desarrollo e implementación de medidas de prevención de caídas en adultos mayores hospitalizados demostró ser efectivo y basado en la evidencia, fortaleciendo la seguridad del paciente y reduciendo la incidencia de eventos adversos graves. Estas acciones refuerzan la importancia de la educación continua y la participación de los cuidadores como elementos esenciales en la vigilancia y la atención segura, consolidando su posición como uno de los pilares de la atención de calidad.

DESCRIPTORIOS: Enfermería; Seguridad del Paciente; Gestión de Calidad Total.

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INTRODUCTION

Population aging is a growing challenge for health systems, with an increase in demand for services and, consequently, hospital admissions¹.

In addition, it is a global phenomenon that poses significant challenges to the health of the elderly, requiring special attention to geriatric syndromes known as the "7 I's": Cognitive impairment, Postural instability, Immobility, Sphincter incontinence, Iatrogenesis, Family/social insufficiency, and Communication impairment. These syndromes affect the quality of life of older adults and require multidisciplinary interventions to prevent complications and promote well-being².

The health of the elderly is closely related to their overall functionality, defined as the ability to manage their own lives or take care of themselves. The elderly are considered healthy when they are able to function alone, independently, and autonomously, even if they have diseases. Thus, the concept of health established by the World Health Organization is restored as the most complete biopsychosocial-cultural-spiritual well-being, and not simply the absence of disease³.

Hospitalized older adults often experience physiological changes and complications in their bodies, such as decreased muscle tone, loss of muscle mass, flexibility, balance, cognitive changes (dementia, depression, delirium, and mental illness), loss of functionality/autonomy, and complications from chronic noncommunicable diseases. This creates vulnerabilities and limitations, leaving them more susceptible to adverse health outcomes such as falls⁴.

The World Health Organization (WHO) defines the age of 60 as the milestone for considering someone elderly, although in some specific health survey contexts, such as in developed countries, it may use 65 years. It is estimated that one-third of older adults suffer falls annually, making them the second leading cause of death from unintentional injuries. In addition, elderly people who experience adverse events such as falls have increased treatment costs and prolonged average hospital stays⁵.

Considering that falls are preventable multifactorial incidents, in order for preventive measures to be outlined, it is essential for nurses to identify the risk, considering the various fall risk assessment scales available in the literature that support care planning⁶.

In hospitals, with regard to inpatient units, the elderly are guaranteed the right to have a companion stay with them during their hospitalization, in accordance with the provisions of the Statute of the Elderly, which states:

“Art. 16 Elderly persons who are hospitalized or under observation are guaranteed the right to a companion, and the health agency must provide adequate conditions for their full-time stay, according to medical criteria⁷.”

Falls have a direct impact on health-care costs, length of hospital stay, and increased morbidity and mortality, in addition to the possibility of causing serious injuries, such as fractures and traumatic brain injury. In the hospital setting, nurses represent the largest number of professionals involved in the care of these patients, being in constant contact with the elderly and their companions and family members. Thus, they present a barrier to the prevention of this risk.

To this end, it is necessary to apply strategies for the prevention of the risk of falls, with a multifaceted approach and a focus on individual assessment and the application of personalized interventions, based, among other strategies, on the edu-

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cation and awareness of the patient and their companion. Possible ways to prevent this adverse event include risk assessment, clinical interventions, physical exercise, environmental safety, and, finally, education and awareness, which involves the patient, family, and caregivers⁹.

Aging causes a decline in mobility-related systems, affecting balance and increasing the risk of falls. Therefore, the preventive use of walking aids (WAs) is recommended. These devices aim to reduce joint overload, facilitate locomotion, and improve balance, but many elderly people acquire them without adequate professional guidance, which makes it difficult to choose and use them correctly¹⁰.

An integrative review study published in 2023, which analyzed scientific research on the presence of companions in hospitals, highlighted that active family participation in hospital care is directly associated with improved patient safety, including a decrease in the incidence of falls. The study reinforces the need for patient safety protocols to consider the inclusion and training of companions as a fundamental part of preventive actions:

For this experience report, the focus was on the education and awareness of patients and their families, who, for the most part, accompany these patients during their hospital stay. It is worth noting that some patients do not have companions and the institution already adopts other patient safety measures, as recommended by the WHO. Thus, the following question arises: What strategies have been created to prevent falls in hospitalized elderly people?

Thus, the objective of this study was to describe the application of strategies for preventing falls in hospitalized elderly people, as well as to provide a comprehensive understanding of the benefits of these strategies and their impact on patient safety.

METHOD

This is a descriptive qualitative experience report¹². The study addresses the development of strategies for fall prevention developed by four nurses from a leading cardiovascular health inpatient unit. The experience took place from May to September 2025. The situational diagnosis was made by identifying patients without companions, as well as the need for education on fall prevention for patients and companions.

Among the positive aspects, we highlight the in-depth understanding of the care context and the role of nursing in fall prevention, valuing the practical and reflective knowledge of professionals.

Limitations include the absence of quantitative analysis and the fact that it was carried out in a single unit, which reduces the possibility of generalizing the results. Nevertheless, the study contributes to the strengthening of safe practices and the development of effective strategies for fall

prevention in hospitalized elderly people.

This study does not require ethical review by a specialized committee, as it describes observations and experiences regarding the development of fall prevention strategies focused on the elderly population.

RESULTS

Initially, after planning, a folder was developed to promote health education (Figures 1 and 2), providing guidance to companions in the presence of patients about their role and importance in fall prevention, in addition to highlighting factors such as cognitive changes, emotional isolation, and the risk itself.

It is worth noting that during the situational diagnosis, training was conducted concurrently with nursing professionals by the Continuing Education Service on fall prevention, ensuring goal 6, which aims to reduce the risk of harm from falls and pressure injuries, one of the international patient safety goals.

Figure 1: Educational folder for guidance for companions (front).



Source: Authors (2025)

Figure 2: Educational brochure for companions (back cover)

Como posso ajudar a prevenir quedas?

- 1** Deixar as grades da cama **sempre** levantadas, mesmo com você ao lado.
- 2** **RISCO DE QUEDA** Observar o uso da pulseira de risco de queda (laranja)
- 3** **Estimular** o idoso a caminhar acompanhado (se possível)
- 4** **Estimular** o idoso a se alimentar.
- 5** **Se apropriar das Informações** fornecidas pela equipe de saúde e auxiliar na tomada de decisão quanto ao tratamento.

Em equipe, podemos trabalhar juntos, com qualidade, pelo bem-estar de todos.

Acesso ao material online:

- Leito-mel
- Estatuto do Idoso (2003)
- Resolução COFEN 288/2004

Elaborado em 2025 por:
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Denise Viana Rodrigues - Chefe de Enfermagem da Unidade Cardiologia Geri.

Source: Authors (2025)

Figure 3: Liability agreement for companions of elderly people.

SECRETARIA DE ESTADO DA SAÚDE
Coordenadoria de Serviços de Saúde
INSTITUTO DANTE PAZZANESE DE CARDIOLOGIA

Termo de Ciência e Responsabilidade para Acompanhantes de Pessoas Idosas

Preencher quando não houver etiqueta

Paciente: _____
Prontuário: _____

Os pacientes acima de 60 anos têm o direito de ter acompanhante durante todo o período de internação, estabelecido no Estatuto do Idoso.

A presença do acompanhante minimiza a ocorrência de eventos adversos, bem como reforça a qualidade assistencial promovida pela equipe de saúde.

Durante a internação no hospital, o acompanhante auxilia o idoso a manter-se próximo a sua realidade, com companhia constante e observando o cuidado da equipe multiprofissional, o que auxiliará a manter os cuidados após a alta hospitalar.

Abaixo pontos que você como acompanhante, pode auxiliar o idoso durante a internação hospitalar:

- Sempre solicite ajuda da enfermagem para ir ou retornar do banheiro, leito ou poltrona;
- Manter grades do leito elevadas durante toda a permanência, mesmo que você o esteja acompanhando;
- Estimular o uso de chinelos antiderrapantes, evitando que o idoso caminhe com meias;
- Estimular o uso das barras de apoio e cadeiras de banho no banheiro;
- Estimular o idoso a se alimentar;
- Solicitar ajuda para caminhar, mesmo que usando bengala, muletas ou andador;
- Sempre que possível, manter a cama baixa e observar se as rodas estão travadas;
- Manter-se atento às informações passadas pela equipe de saúde, fazendo perguntas sobre a saúde do idoso sempre que necessário;

Declaro que fui orientado, nesta data pela equipe de enfermagem do Instituto Dante Pazzanese de Cardiologia, sobre a importância da permanência do acompanhante durante a internação hospitalar. Estou de Acordo com as informações contidas neste documento e cumprirei as instruções

Nome Legível: _____ Assinatura: _____
Grau de parentesco: _____ Identidade nº _____
Data: ____/____/____ Hora: ____:____

Deve ser preenchido pelo profissional

Foram prestadas orientações completas quanto ao acompanhamento do paciente internado, contemplando os potenciais benefícios e riscos. As dúvidas apresentadas foram esclarecidas de forma adequada. De acordo com o meu atendimento, o acompanhante, está em condições de compreender o que lhes foi informado.

Nome do profissional: _____ Assinatura: _____

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Source: Authors (2025)

The folder was distributed via QR codes made available throughout the institution, covering various inpatient units, and was also made available online to ensure access. Regarding the Acknowledgment and Responsibility Form for Companions of Elderly People, access was also guaranteed at the unit at the time of admission.

In addition, a responsibility agreement for companions was developed (Figure 3), addressing the companion's responsibilities in fall prevention, based on institutional guidelines, and provided to the family. Thus, it serves as an instrument for raising awareness and formalizing commitment.

This instrument was approved by the institution's quality service for use throughout the hospital complex in the ward/hospitalization modality.

In addition, a standard nursing note was made available in the Electronic Patient Record (EPR) so that the nursing team could be attentive to important observation items during the course of care, such as the use of fall risk bracelets, bedside identification of fall risk, the patient's neurological status, and the presence of a companion, as shown in Table 01

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Tabela 3 - Distribuição das respostas dos cuidadores no domínio de atitude em saúde bucal infantil, segundo o tipo de serviço utilizado (privado ou público).

TITLE OF THE NOTE	DESCRIPTION OF NURSING NOTATION
Patient Admission - AE/ TE -POP SEC	H: Admitted to this sector from [place of origin: home/ER/ICU], accompanied [yes/no; if yes, by whom: nursing staff and/or family member – degree of kinship], for [reason for transfer/admission]. Patient [conscious and oriented / disoriented / with decreased level of consciousness], [with / without] motor/neurological dysfunction. Maintains [describe devices: FO, dressings, catheters, drains, etc.] in [body location], catheter on needle no. ____, with transparent film, no signs of inflammation. Using [insert medications in continuous infusion pump – name, dose, infusion parameters]. Skin [aspects: intact, presence of lesions, bruising, paleness, etc.]. Vital signs checked. Instructed on the unit's rules and routines, fall prevention measures, and to request assistance from the nursing team whenever necessary. I leave the bed with raised rails, wheels locked, bell, and belongings within the patient's reach. [If applicable: I inform the nurse about the patient's neurological status.]
First note - AE/TE -POP SEC	H: I receive the shift with the patient awake, conscious, and oriented, in bed [if patient has neurological dysfunction, notify the nurse], with raised rails and locked wheels. Accompanied [insert if elderly/highly dependent patient without companion] by family member [describe name and degree of kinship]. Denies pain or discomfort at this time. Reports a good night's sleep, good food intake, and normal bowel movements in the last 24 hours. With catheter over needle/integrated catheter over needle no. [____], occluded, with transparent film and dated. [Identify other devices, probes, drains, PAI]. With legible identification bracelet and fall risk bracelet on left upper limb, no signs of tourniquet. Sternal FO with clean and dry external covering. [Report other dressings, if any]. I check vital signs. Patient and companion instructed on the use of the bell, fall prevention measures, and the importance of calling the nursing team whenever necessary.
Patient Admission UI - Nurse - POP SEC	H: Admitted to this sector from [_____place of origin: home, ER, ICU], accompanied [insert if elderly/highly dependent patient without companion] by the nursing team and/or family member [_____degree of kinship], for [_____reason for transfer/admission]. Patient conscious and oriented in time, space, and person [insert if patient is confused or has neurological dysfunction], presents preserved motor strength [insert if presents plegia, paresis, paresthesia, or other motor deficit]. Maintaining [insert FO and/or dressings, devices in use] in [describe location], with catheter over needle/integrated catheter over needle no. [____], occluded with transparent film, dated and without signs of inflammation at insertion. Receiving [insert medications in continuous infusion pump and infusion parameters]. Skin condition [describe skin aspects: intact, presence of lesions, ecchymosis, pallor, pressure injury, etc.]. Advised on rules, unit routines, fall prevention measures, and to request the nursing team if necessary. I inform doctor [insert name] about mental confusion (if any, and describe the doctor's conduct). I request an assessment by social services [in the case of elderly/highly dependent patients without a companion]. I apply the Term of Awareness and Responsibility for Companions of Elderly People and attach it to the patient's medical record. Signed by [describe name and degree of kinship]. I answer questions and make myself available.

Source: Authors (2025).

The strategies applied ensure relevant action to prevent falls and raise awareness among companions, making it feasible to use in other institutions that wish to strengthen their institutional patient safety policy.

DISCUSSION

In this context, the health education strategies developed by nurses were essential in preventing falls. Such strategies can be implemented in the hospital setting with a view to including and involving companions in the care of hospitalized elderly pa-

tients¹³.

In addition, the study aimed to enforce goal 6 established by the WHO, which is of great importance for patient safety. The International Goals aim to promote specific improvements in patient safety in the hospital environment, highlighting problems in health care, as well as solutions to these problems¹⁴.

With regard to the creation and implementation of the folder, it is known that it was of great importance for improving indicators and ensuring the quality of care. The folder is informative and promotional in nature. Important features of this

tool include illustrations and simple, direct writing, which help to quickly communicate ideas and concepts to the reader¹⁵.

In addition, the application of the term increased the permanence of companions and ensured the strengthening of measures to prevent falls in the elderly. It is known that the companion plays an essential role in the context of fall prevention, since they are the first to alert and activate the care team in moments of greatest risk and danger to the patient.

The empowerment of patients and family members/companions, with the involvement of everyone in care,

contributes to positive results in fall prevention, since this practice is related to patient-centered care and, consequently, to interprofessional practice¹⁶.

The availability of standard documentation ensures information security and also enhances patient safety. Quality documentation is fundamental to the nursing process, as it establishes a mechanism for communication between team members and ensures excellence in care¹⁷.

CONCLUSION

Therefore, the development and application of measures aimed at preventing falls in hospitalized elderly people have proven to be effective and evidence-based, strengthening patient safety and reducing the incidence of serious adverse events. Such actions reinforce the importance of continuing education and the participation of companions as an essential element in surveillance and safe care,

consolidating themselves as one of the pillars of quality care.

It is considered that more time will be needed to analyze the long-term impact, such as the evaluation of indicators of adverse fall events. In addition, there are few studies that address the companion as a barrier to preventing this risk, making the approach relevant, establishing it as one of the pillars of care, and emphasizing its power as a companion.

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