Not Falling for it Anymore:

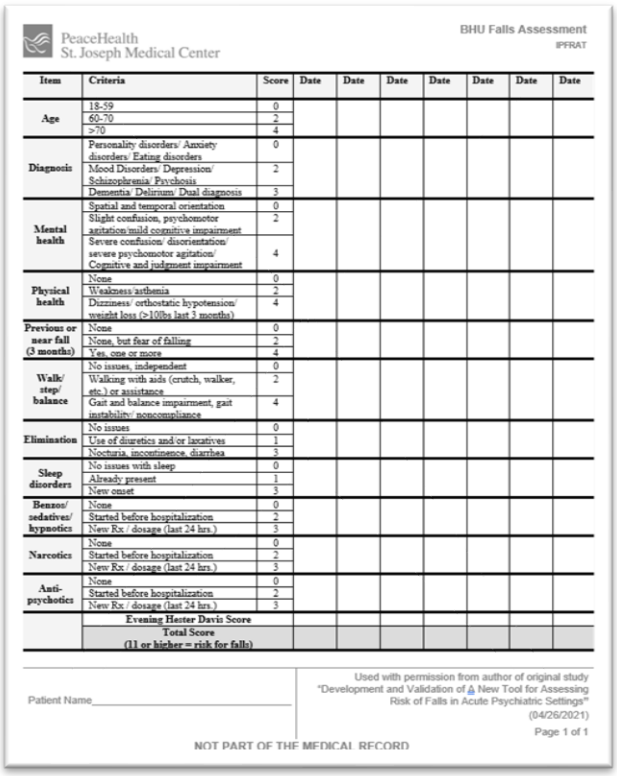
Implementing a Population-Specific Falls Tool on an Inpatient Psychiatric Unit

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Abstract (300 word limit)

Statement of the Problem: Fall rates in the U.S. range from 3-5 falls per 1,000 patient days despite this being a recognized top sentinel event for decades. Best practice recommendations include population-specific fall risk assessments to address this issue, yet most hospitals utilize a standardized inpatient fall risk assessment tools for all patients. Significant evidence demonstrates that inpatient falls among psychiatric patients may occur at 3-4 times the rate among medical surgical patients, but few validated risk assessment tools exist for this unique population. Methodology & Theoretical Orientation: This project was a prospective descriptive pilot quality assurance study that aimed to evaluate the efficacy of a psychiatric-specific fall risk assessment tool, the Italian Psychiatric Fall Risk Assessment (IPFRAT), in assessing fall risk and reducing falls on the Behavioral Health Unit (BHU) at PeaceHealth/Saint Joseph Medical Center in comparison with the Hester-Davis Fall Risk Assessment Tool (HDFAT) that is currently in use in all units across the health system. Data collection ran from July 1 through September 30, 2021 with every patient having both the general fall risk assessment tool (HDFAT) completed in addition to a psychiatric-specific fall risk assessment tool, the IPFRAT, with the standard interventions applied for patients identified as a high fall risk. Findings: During the 3-month intervention, and in the subsequent months since implementing the tool, there have been zero falls with injury. Preliminary data indicates that the IPFRAT identified high fall risk patients three times more frequently than the general med/surg focused HDFAT. Conclusion & Significance: Results suggest implementation of population-specific fall assessments can better identify patients at high risk for falls and reduce falls with injuries in inpatient psychiatric settings.

Image of the Tool



PeaceHealth
St. Joseph Medical Center

BHU Falls Assessment
IPFRAT

Item	Criteria	Score	Date	Date	Date	Date	Date	Date	Date
Age	18-59	0							
	60-70	2							
	>70	4							
Diagnosis	Personality disorders/ Anxiety disorders/ Eating disorders	0							
	Mood Disorders/ Depression/ Schizophrenia/ Psychosis	2							
	Dementia/ Delirium/ Dual diagnosis	3							
Mental health	Spatial and temporal orientation	0							
	Slight confusion, psychomotor agitation/mild cognitive impairment	2							
	Severe confusion/ disorientation/ severe psychomotor agitation/ Cognitive and judgment impairment	4							
Physical health	None	0							
	Weakness/ asthenia	2							
	Dizziness/ orthostatic hypotension/ weight loss (>10lbs last 3 months)	4							
Previous or near fall (3 months)	None	0							
	None, but fear of falling	2							
	Yes, one or more	4							
Walk/ step/ balance	No issues, independent	0							
	Walking with aids (crutch, walker, etc.) or assistance	2							
	Gait and balance impairment, gait instability/ noncompliance	4							
Elimination	No issues	0							
	Use of diuretics and/or laxatives	1							
	Nocturia, incontinence, diarrhea	3							
Sleep disorders	No issues with sleep	0							
	Already present	1							
	New onset	3							
Benzos/ sedatives/ hypnotics	None	0							
	Started before hospitalization	2							
	New Rx / dosage (last 24 hrs.)	3							
Narcotics	None	0							
	Started before hospitalization	2							
	New Rx / dosage (last 24 hrs.)	3							
Anti-psychotics	None	0							
	Started before hospitalization	2							
	New Rx / dosage (last 24 hrs.)	3							
	Evening Hester Davis Score								
	Total Score (11 or higher = risk for falls)								

Patient Name_____

Used with permission from author of original study "Development and Validation of a New Tool for Assessing Risk of Falls in Acute Psychiatric Settings" (04/26/2021)

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Recent Publications (minimum 5)

1. Abraham, S. (2016a). Managing Patient Falls in Psychiatric Inpatient Units Part 1. *The Healthcare Manager, 35* (1), 21-27.
2. Abraham, S. (2016b). Managing Patient Falls in Psychiatric Inpatient Units Part 2. *The Healthcare Manager, 35* (2), 121-133.
3. Abraham, S. (2016). Looking for a psychiatric fall risk assessment tool. *Annals of Psychiatry and Mental Health, 4* (2), 1061-1064.
4. Hester, A.L. & Davis, D.M. (2013). Validation of the Hester-Davis Scale for fall risk assessment in a neurosciences population. *Journal of Neuroscience Nursing, 45* (5), 298-304.
5. Mathew, L., Steigman, D., Driscoll, D., Moran-Peters, J., Fischer, I., Cordle, P., Hyde, V, & Eckardt, S. (2020). Making fall risk assessment clinical relevant in an adult psychiatric setting. *Journal of Psychosocial Nursing and Mental Health Services. 58* (2), 21-26.
6. Morici, V., Terzoni, S., Ferrara, P., and Destrebecq, A.l (2016) Development and validation of a new tool for assessing risk of falls in acute psychiatric settings. *International Journal of Emergency Mental Health and Human Resilience, 18* (2), 742-747.
7. Van Dyke, D., Singley, B., Speroni, K., and Daniel, M. (2014). Evaluation of fall risk assessment tools for psychiatric patient fall prevention. *Journal of Psychosocial Nursing, 52* (12), 30-35.

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Biography (150 word limit)

Mullane is a board-certified Psychiatric and Mental Health RN with a Master's in Public Health. She has more than 20 years of experience in nursing, and after returning from a 3-year service in the United States Peace Corps in Nepal, she has served the Behavioral Health patients in her community as a nurse for 17 years with PeaceHealth. From delivering compassionate, patient-centered care at the bedside to developing a trauma-informed service line as the Program Director for Behavioral Health, Mullane is drawn to excellence and innovation in all that she does.

When she's not at work, you can find her adventuring in flip flops and giggling with her family.

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