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Salome Rosales Accardi

Carlyn Chamberlain

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# Individualized Fall Prevention Care Plan to Decrease Fall Rates in an Adult Inpatient Psychiatric Unit

Salome Rosales Accardi BA, BSN, RN, Carlyn Chamberlain MA, BSN, RN-BC  
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## Background

Fall rates are an important safety issue across hospitals. According to a study by the CDC, the estimated cost of falls across the United States Health System is \$50 billion annually, and includes \$38 billion paid by Medicare and Medicaid. (CDC Centers for Disease Control).

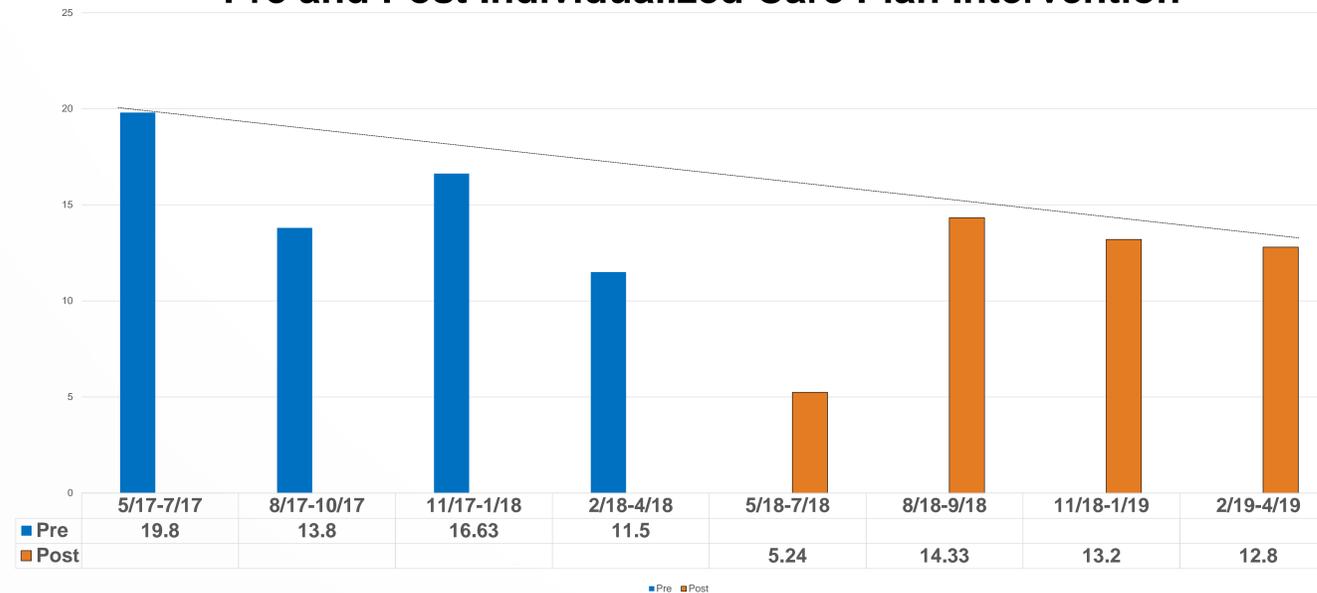
Although there is much information about fall prevention on medical surgical units, there is little research about fall prevention in an inpatient psychiatric unit. Because psychiatric patients are active while on various medications that can cause dizziness and falls as well as behavioral manifestations i.e. agitation, wandering and fall history, falls are more prevalent in psychiatric inpatient settings (Blair and Gruman, 2005).

In 2016 to 2017, Providence St. Vincent Medical Center's 33-bed Psychiatric unit had an increasing trend of falls. In order to change this trend, a Fall Prevention Team was established to create individualized fall prevention plans for high fall risk patients.

## Purpose

This retrospective study examined fall rates pre and post implementation of individualized fall prevention plans. The study sought to answer the question of whether adding an individualized fall prevention plan to the standard fall assessment of high fall risk patients reduced fall rates in the adult psychiatric inpatient population.

## Pre and Post Individualized Care Plan Intervention



## Methods

In order to identify high fall risk patients (HFR), a fall prevention committee met every two weeks to review Datix reports (summaries of falls that occurred) and all potential fall risk patients on the inpatient psychiatric unit. An Individualized Fall Prevention Care Plan was created for each identified patient. During shift reports, these patients were communicated to staff and a yellow sheet containing the individualized fall prevention plan was attached to the patient's report information. The assigned nurse and MHA (Mental Health Associate) reviewed the care plan of each HFR patient.

This retrospective study measured the fall rates from May 2017 to April 2018 prior to implementing an individualized fall prevention care plan for HFR patients. The fall rates from this period were compared to fall rates from May 2018 to April 2019 post intervention.

## Results

A comparison of the fall rate pre and post intervention data shows a decline in fall rates as shown in the graph above, although the results were not significant ( $p=.10$ ). Statistical Analysis was performed using Excel and t-tests.

## References

- Blair, E., & Gruman, C. (2005). Falls in an inpatient geriatric psychiatric population. *Journal of the American Psychiatric Nurses Association*, 11, 351-354.
- Miake-Lye, I.M., Hempel, S., Ganz, D.A., & Shekelle, P.G. (2013). Inpatient fall prevention programs as a patient safety strategy. A systematic review. *Annals of Internal Medicine*, 158(5 Pt.2), 390-396. doi:10.7326/003-4819-158-5-201303051-00005 (SR)
- National Center for Injury Prevention and Control. Division of Unintentional Injury Prevention.

## Discussion/Conclusions

Highlighting high fall risk patients in shift report created an awareness for staff and fostered follow through with the individualized care plan for high fall risk patients.

This study is limited to the development of care plan after high fall risk patients were identified every two weeks by the Fall Prevention Team. The recommendation for future practice is to identify high fall risk patients at admission and create individualized fall prevention care plans. If patient risk changes, prevention plan will be updated accordingly.

The decrease in fall rates indicates the potential that further research utilizing the use of Individualized Care Plans sooner could yield significant results.

