Patient Care Services / Nursing

Falling for Psych Improving Fall Safety for Behavioral Health Inpatients with the Edmonson Psychiatric Fall Risk Assessment Tool.

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Improving Fall Safety for Behavioral Health Inpatients with the Edmonson Psychiatric Fall Risk Assessment Tool

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PICO

For LVHN Behavioral Health (BH) Unit 2 inpatients aged 18-65, does the Edmonson Psychiatric Fall Risk Assessment Tool (EPFRAT) identify fall risk better than the currently used CPM Fall Risk Assessment Tool?

P: LVHN BH Unit 2 inpatients 18-65 yrs.

I: Edmonson Psychiatric Fall Risk Assessment Tool

C: CPM Fall Risk Assessment Tool

O: Identify fall risk in the BH population

Background

- The CPM fall risk assessment tool presently in use on Behavioral Health (BH) Unit 2 is not psychiatric/mental health specific.
- The current CPM tool scores the majority of BH patients as fall risks. Observation of these patients suggests the current tool is not appropriate for BH patients.
- Scholarly literature indicates the EPFRAT reflects the specific needs of the psychiatric inpatient population (Abraham, S. 2016).
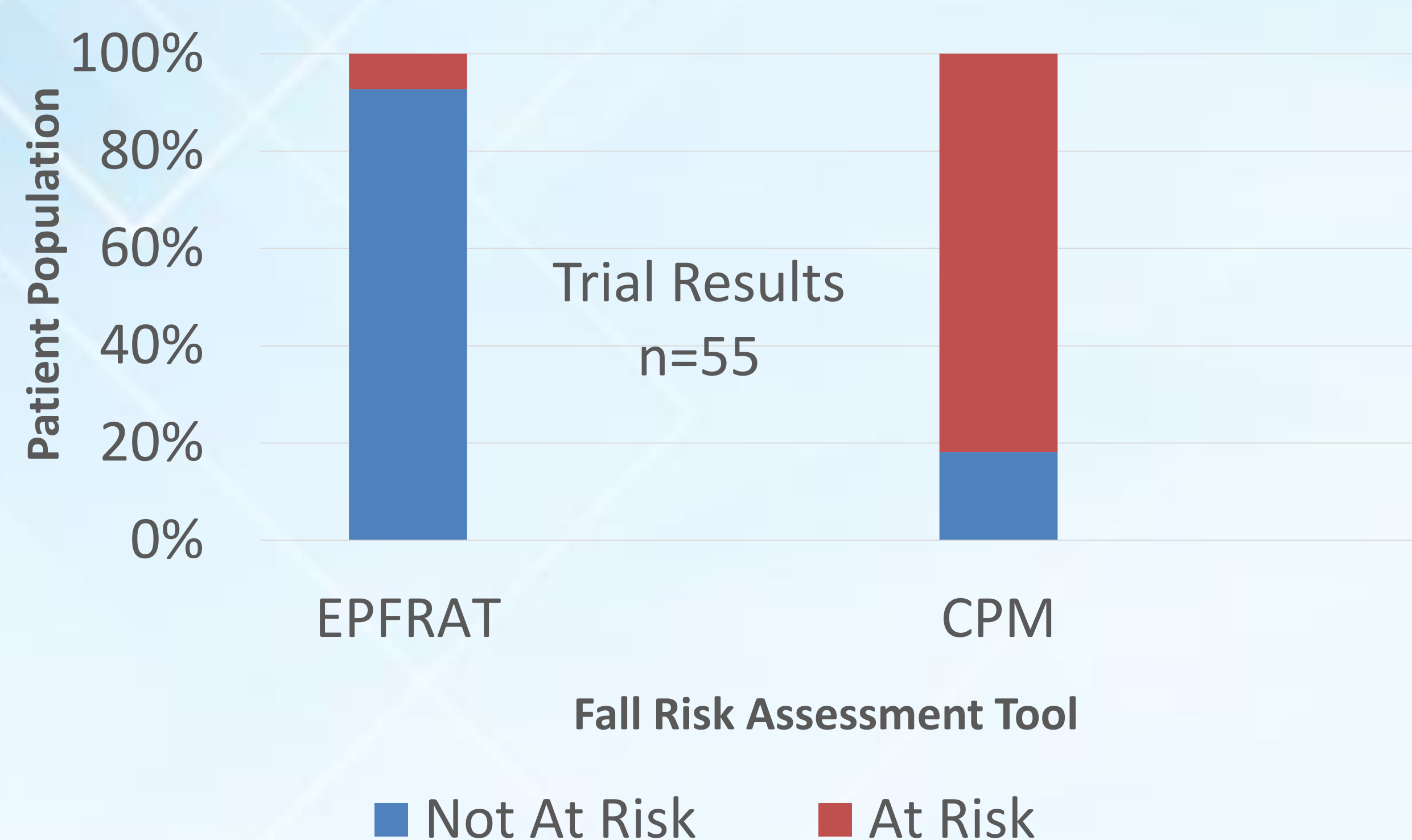
Evidence

- Most fall risk assessment tools lack consistency and specificity, limiting opportunity for increased intervention for actual high-risk patients (Abraham, S. 2016).
- Many psychiatric inpatients are inaccurately assessed as high risks for falling (Lavsa, S. Et Al. 2010).
- Appealing to patient safety will motivate staff in psychiatric settings to use best practices. (Powell-Cope, G. Et Al. 2014).

Implementation

- Performed a retrospective review of falls that occurred on the BH2 unit from January 2016 through January 2017. Applied the EPFRAT tool and compared its accuracy to that of the CPM tool.
- Educated staff (40 RN's) on the use of the EPFRAT in routine patient care by using various platforms: electronic learning, survey, and a tool interpretation guide.
- Conducted a unit based trial of the EPFRAT for two weeks (August 2017) with continued use of the current CPM tool. Compared the accuracy of the two tools.
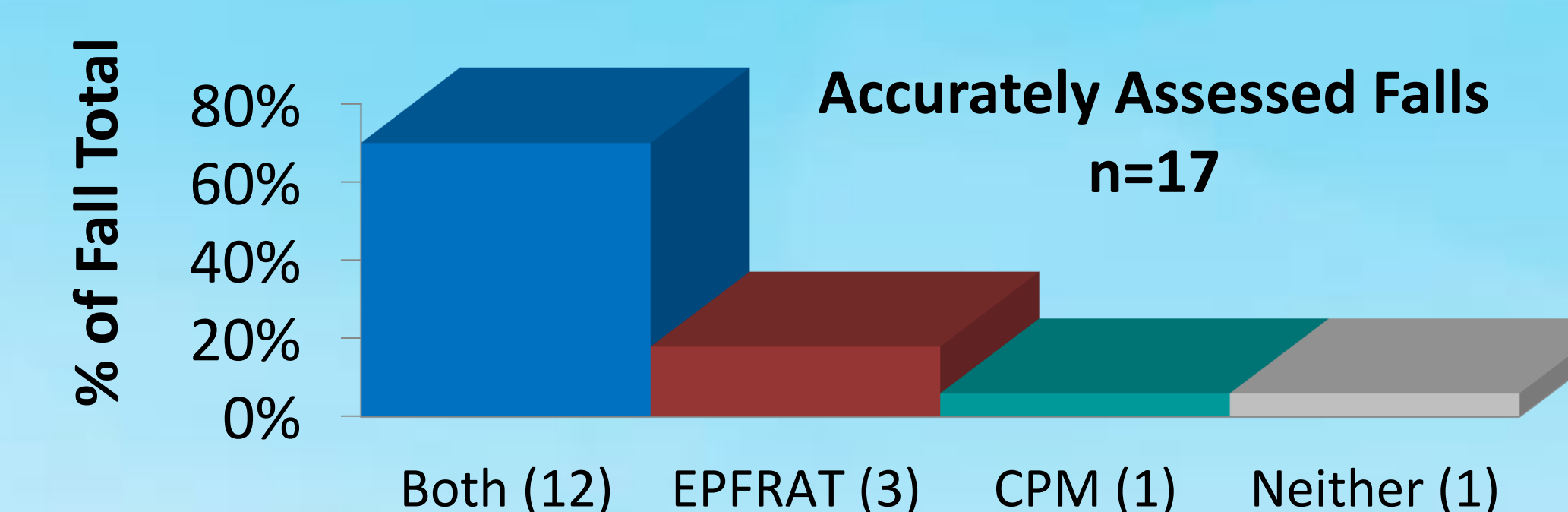
Unit Based Trial

- Of the 55 BH patients assessed during the two week trial, two patients fell. Both patients were classified as fall risks using the CPM. The EPFRAT identified only one of these patients as a fall risk.
- The EPFRAT identified 7% of the patient population as fall risks; the CPM, due to its broader scope, identified 81% of the BH2 patient population as fall risks.

Trial Results n=55

Retrospective Analysis

- Of the seventeen falls that occurred January 2016 through January 2017, the EPFRAT accurately assessed more patients that fell as "at risk" than the CPM tool.

Accurately Assessed Falls n=17

Recommendations

- Mental status, sleep disturbances, psychiatric medication dosing changes and medication side effects present unique fall risks addressed by the EPFRAT, risks which are unaddressed by the currently used CPM tool.
- Implementing the EPFRAT on BH will result in opportunities for increased intervention for patients who are at high risk for falls.
- Continue to educate staff on psychiatric fall risk assessment. Promote continued use of clinical nursing judgment and evidence based practice for keeping this unique inpatient population safe from falls.

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