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Decreasing Falls on a Locked Inpatient Psychiatric Unit

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Decreasing Falls On A Locked Inpatient Psychiatric Unit

UNIVERSITY OF SAN DIEGO
Hahn School of Nursing and Health Science
Beyster Institute for Nursing Research

DOCTOR OF NURSING PRACTICE PORTFOLIO

by

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Table of Contents

List of Appendices

List of Figures

Acknowledgments

Thank you to my husband, Edward Fitzpatrick, for having patience with my time and the expense of allowing me to pursue this personal goal, the Doctor of Nursing Practice degree. Thank you to my daughter, Laura Fitzpatrick, for always being honest and direct with me about my own work and being my support. I am proud of the woman you have become. Thank you to Cody Mauro for supporting me with a background in writing and editing and giving me valuable feedback. Thank you to Gerry Munley, my lifelong childhood friend and an oncology RN, for being with me through all phases of life, including this DNP journey. Thank you to Christina Covington, my peer and colleague in this DNP program, for partnering with me from beginning to end. Thank you to Lesley Rankin Gonzalez, PhD, without whom I could not have completed this project in all the professional APA formatting. Thank you to the stakeholders for allowing me to complete this project: Loralie Woods, PhD, RN; Brenda Boone, PhD, RN; and the Unit Manager; RN leads and staff of East Wing One. I appreciate your support for this project!

Opening Statement

Purpose in Pursuing the DNP

I am the youngest of three children, born in 1955 into a middle-class family of five. The three of us children were all born eight years apart. My big sister Tricia, who was also an extra mom, was 16 when I was born. We were only in the same household for two years before she married and started her own family; my nephews and niece are closer to my age group, more like my own siblings.

My brother Robert was eight years older, and he was a guy's guy. He liked hiking, creating interesting projects (like the erector set, which probably few remember), and for me to be included I needed to do all the same things: go hiking, ride on the front of the homemade go-kart down "dead man's drop," slide down pickleweed on cardboard, and "Don't be a baby." Robert was drafted when I was 12 years old, and in 1969, when I was 14, he died in Vietnam. Robert's death brought a veil of sorrow to my home and family. My parents never recovered. My dad had a heart attack six months after Robert died, and while my dad survived, our lives changed.

My parents, Larry and Jessie Rae, were good people, and came from a time in history when there were world wars and the Great Depression. My father brought the family from Colorado to California. He was streetwise from his own life experiences, having been "seasoned" by life long before I came along, but he was a kind man. We always had people coming to live with us—friends, relatives, family, anyone who was down and out and needed to get back on their feet or have a second chance due to their circumstances. Jessie Rae was a homemaker, and she enjoyed doing artwork and being

home. She cared for us and whoever came to live with us. Coming from near poverty themselves, my parents did not put on airs but were grateful for what we had and shared that with others. So, these are the values I was raised with: help others; be humble, compassionate, and resilient; keep a sense of humor.

When Rob died, our house was quiet. After high school, I went to junior college. My dad was able to collect social security because of his heart attack, and if I was a full-time student, my mother could collect social security as well. So, my college education was a part of the family income—and of course, I babysat, waitressed, and worked other jobs that gave me pocket money and gas money.

One day when I was 19, I was staring out the window and my dad asked what I was thinking. I said I did not know what to do in my future as a career. My dad said wisely to me, "Be a nurse. You will always have a job." I listened but shrugged it off. I was a tomboy, and nursing was a "sissy" job in my view. But the next year, my father died, launching me into adulthood.

I went into nursing because I needed a job. My mother and I regrouped, and for years she lived closer to my sister, and I was on my own. As I worked my way through the field of nursing, from a CNA to LVN, then to a two-year RN, BSN, and finally an MSN, I grew to respect and understand the profession of nursing. I learned there are so many opportunities in nursing to do good ("beneficence for the greater good") and make an impact in positive ways in so many lives.

Twenty-four years ago, Tricia was diagnosed with ovarian cancer. My mother was living with her and my brother-in-law Bud at the time. There were many family discussions about where my mother should live, and the decision was that my husband

and I would move my mother into our house so Tricia could enjoy the rest of her life with her husband (Trish passed away in 2010). My mother had a long and healthy life, and in the end was in hospice care in our home. My knowledge of nursing helped me work with the hospice team and give her excellent end-of-life care as a nurse, but also as a daughter. My mother passed away in February 2022 at the age of 105, after living us for 22 years.

My journey in nursing has seemed a lifetime, and I have made a lifetime of nursing friends who all understand the calling. I was wrong; nursing is not for sissies. It is for pioneers of change, adventurers, people seeking growth, people carrying forward their family values, and people who want to do good.

My purpose in completing this DNP is to finish the path and honor my family—especially my dad. Dad, thank you for raising me with these values and helping me learn how to live life, have good times with colleagues and students, be a survivor of tough times, and be compassionate and resilient. This one's for you.

Love always, Theresa (Terri) Lynch Fitzpatrick MSN, LMFT, CNS, DNP

Documentation of Mastery of DNP Program Outcomes

Decreasing Falls on a Locked Inpatient Psychiatric Unit

Theresa Lynch Fitzpatrick, MSN, LMFT, CNS

Brenda N. Boone, PhD, RN

University of San Diego

Abstract

Purpose: The purpose of this project was to implement an RN nursing staff education on the fall risk assessment tool in effort to decrease falls on one adult locked inpatient psychiatric unit. The assumption was that an educational review of the fall risk variables for inpatient psychiatric patients and subsequent initiation of a fall risk care plan would lead to decreased falls.

Background: A fall can be defined as a sudden unintentional change in position causing an individual to descend to a lower level or onto an object, the floor or ground, or another surface with or without injury. Review of over 24,000 fatal falls has shown a cost of over $3 billion in healthcare for medically treated nonfatal falls with injuries. Incidentally, fall rates are higher among women than men.

Method: The Eight "A"s EBP model was used for this project. Unit setting: One adult locked inpatient psychiatric unit. Participants: Assigned RNs on the unit. Intervention: Education of fall risk factors and the fall risk assessment tool. This education was conducted on each of three shifts. The education included review of fall risk assessment tool and fall risk factors. Outcome measure: Number of falls on the adult locked inpatient psychiatric unit.

Result: Three months post intervention, there were fewer falls after the education on fall risk factors and the fall risk assessment tool.

Evaluation: Several factors may have impacted these results. The RNs were knowledgeable of the falls on their unit. During the educational time, the unit also had COVID patients and short staffing due to some RNs being out on leave. The reduction in falls may be attributed to a heightened awareness of the importance of assessing falls and

subsequently implementing the fall risk plan of care after this educational program was discussed on the unit.

Implications for Clinical Practice: Repeating this educational process in six months may help evaluate whether a second educational intervention on the fall risk assessment tool will continue the downward trend in falls on this locked inpatient psychiatric unit.

Keywords: falls, fall risk, fall risk assessment tools, falls in psychiatry

Decreasing Falls on a Locked Inpatient Psychiatric Unit

There are many different definitions of "fall." According to the Health Services Advisory Group (HSAG, 2019), "a fall could be defined as an unplanned descent to the floor that may occur with or without injury" (p. 1). A fall can also be defined as a sudden unintentional change in position causing an individual to descend to a lower level or onto an object, the floor or ground, or other surface with or without injury (Harishita & Gurpreet, 2019). Falls can be related to sudden onset of seizures, fainting, or some form of external or environmental cause such as tripping over uneven surfaces (Harishita & Gurpreet, 2019). They can be assisted or unassisted and can be due to environmental factors such as slippery floors or physiological factors such as fainting. Falls are the number one adverse event for adults in inpatient settings (HSAG, 2019). Falls in a locked inpatient psychiatric setting are important to assess as these patients are mobile and may have diagnoses or other health factors that make them a greater risk for falls.

Background and Significance

There has been a rise in falls as the U.S. population ages, and the cost of those falls has soared to $35 billion. The incidence of falls is expected to increase by 2030, further impacting healthcare costs (Houry et al., 2016). There is documentation of over 24,000 fatal falls annually in U.S. hospitals, and the cost of medically treated non-fatal falls with injuries is over $3 billion. Further, fall rates are higher among women than men (Burns et al., 2016).

While fall risk is common in every hospital setting, it may be particularly important in the inpatient psychiatric setting. Patients admitted to this setting have various diagnoses but may be mobile and not bedridden, which poses different risks.

Ridge (2006) discusses two national patient safety goals set by The Joint Commission on Accreditation (TJC) that apply to this setting. The first goal, which is often focused on suicide risk, is that the patient being treated for emotional and behavioral disorders be assessed for safety risk of harm to self or others or grave disability. The second goal is that hospitals have a fall risk assessment for all patients and implement a fall risk individualized care plan with appropriate interventions, including communication to patients and caregivers.

This EBP project focused on a local psychiatric hospital that is part of a greater hospital system. Discussion with hospital staff revealed a higher incidence of falls on the inpatient locked psychiatric unit. The hospital system uses the SCHMID fall risk assessment tool, developed in a study of falls in a veteran's hospital (Schmid, 1990). The local psychiatric hospital added additional variables to this assessment tool: patient 65 or older, medications associated with falls, hypotensive, hypoglycemic or orthostatic, patient currently detoxing from alcohol or other drugs, and receiving electroconvulsive therapy (ECT) in the past two weeks.

Purpose and Aims

The purpose of this project was to implement a registered nurse (RN) staff education on the fall risk assessment tool to decrease falls on the adult locked psychiatric unit. The assumption was that an educational review of the fall risk variables for inpatient psychiatric patients and subsequent initiation of a fall risk care plan would lead to decreased falls on the unit. The importance of fall risk education in the psychiatric population relates to the mobility of patients in this setting and the fall risk these patients are assessed to have.

PICOT Question

Does SCHMID fall risk education for RN staff on the locked inpatient unit decrease falls among adult inpatient psychiatric patients, compared to no education, and result in decreased falls on the locked psychiatric unit over a three-month timeframe?

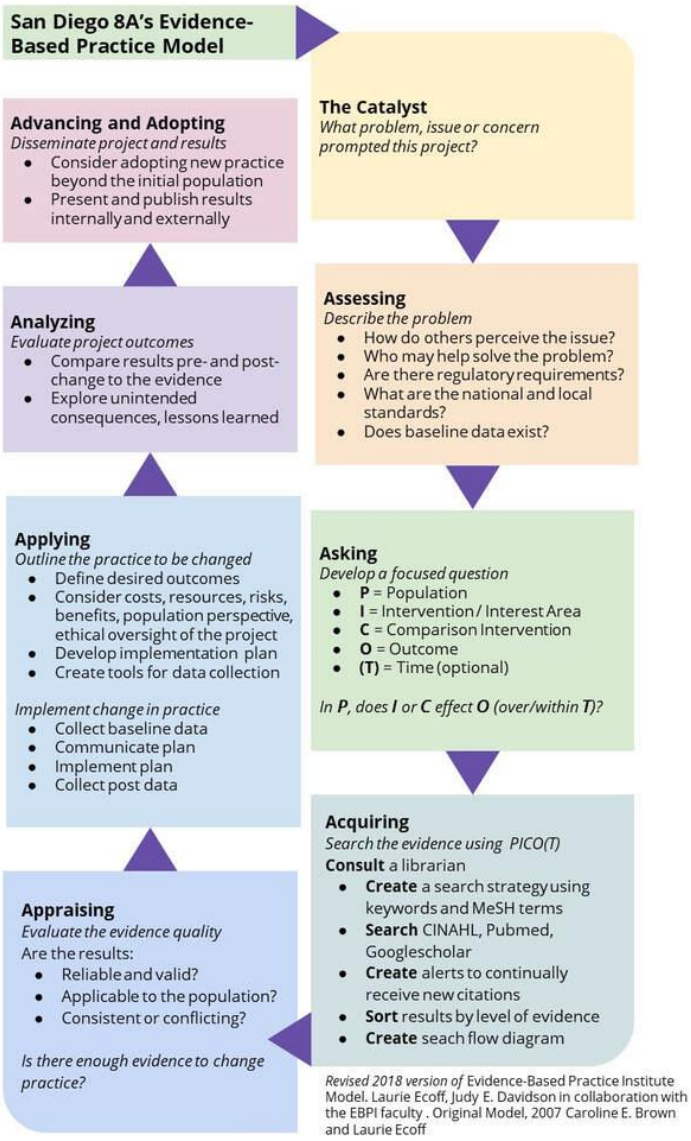
Evidence-Based Practice Model

The evidence-based practice (EBP) model used for this project was the Eight "A's" model, developed at the project site and is used for all EBP projects. The Eight "A's" are: (a) *assess* the clinical problem, (b) *ask* the PICOT question, (c) *acquire* existing evidence, (d) *appraise* the level of evidence, (e) *apply* the evidence in a practice change, (f) *analyze* results of change compared to previous state, (g) *advance* practice changes internally and externally, and (h) *adopt* the practice for sustainability over time (Ecoff et al., 2020; Figure 1).

This change model guided the EBP project through the following ways. The *assess* stage showed a higher rate of falls on one locked inpatient unit. In the *ask* stage, the PICOT question was developed in collaboration with the leadership team. In *acquire* and *appraise,* a review was conducted of falls on the unit for the three months prior to and following the education. The education was then *applied* and results were *analyzed* to determine if falls decreased on the unit. A stakeholder presentation was used to *advance* and *adopt* the practice change. The leadership needed to determine whether policy changes would be made as a result of this project.

Figure 1

Eight "A's" Evidence-Based Practice Model



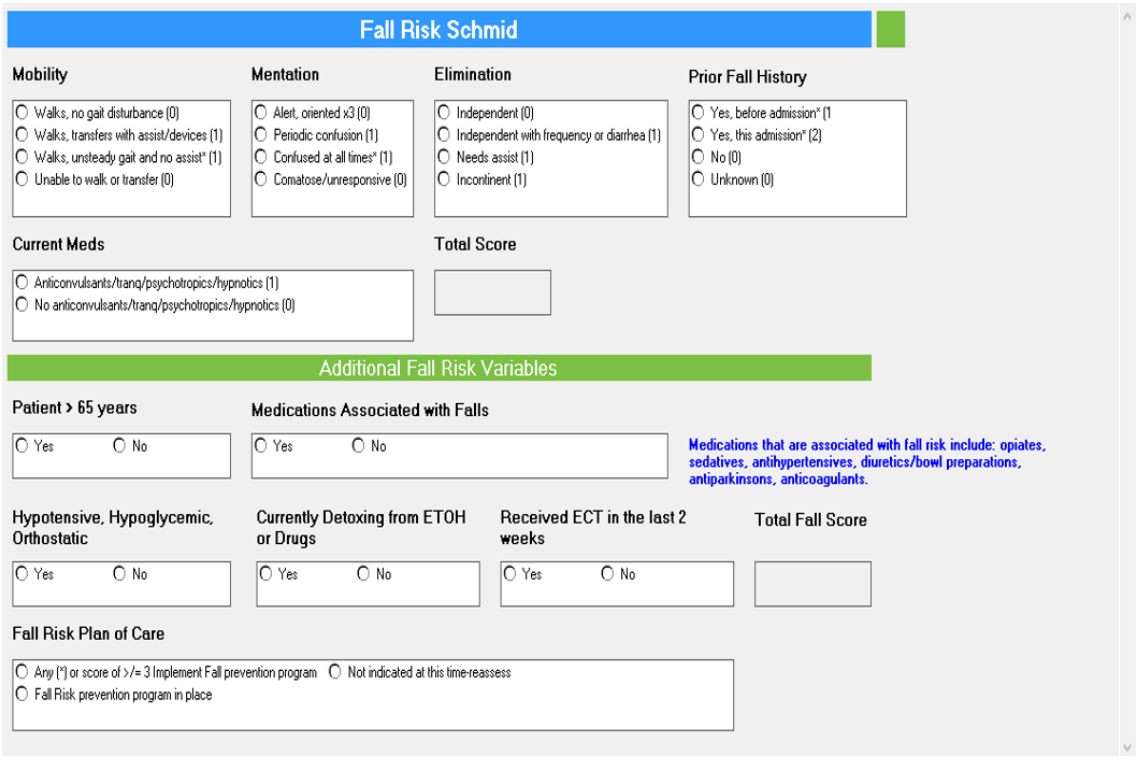
Literature Review and Evidence

The literature was reviewed for evidence that addresses falls in the locked inpatient psychiatric unit, fall risk assessment tools, and the degree to which education assists with fall prevention. Schmid (1990) developed the SCHMID fall risk assessment tool in a study that compared 102 patients who fell to 102 patients who did not fall.

Schmid defined the specificity of this tool as 78% and the sensitivity as 93%, showing the tool to be a valid measurement of fall risk. The development of this tool led to a fall prevention program called Staff Against Falls Everywhere (SAFE), which includes assessment for fall risk upon hospital admission, bed alarms for patients with higher fall risk, an incident report developed specifically for falls, and nursing education about fall risk and the fall prevention program (Schmid, 1990). Figure 2 shows the fall risk assessment, based on Schmid's tool, that is used in the organization where this project was conducted.

Figure 2

Fall Risk Assessment Tool



There are other fall risk scales that organizations use, and researchers have studied their effectiveness in reducing falls. Matthew et al. (2020) compared the Edmondson Psychiatric Fall Risk Assessment Tool (EPFRAT) to the Morse Fall Risk Scale (MFS). They focused on psychiatric nurse perceptions of change in a treatment protocol using the Lewin change model (Lewin, 1951) and both tools for fall risk assessment. They concluded falls decreased 52% with the implementation of the EPFRAT (Matthew et al., 2020).

Donahue et al. (2015) compared three fall risk assessment tools: the EPFRAT, the Wilson-Sims Fall Risk Assessment, and the Baptist Health High-Risk Falls Assessment. They concluded there was a gap in fall risk assessment and fall prevention in psychiatric inpatients. Although they could not conclude a preference for one assessment tool over another, they produced six predictors of falls: previous fall history, gait instability, lower limb weakness, urinary incontinence (needing to be toileted more often), agitation, confusion, impaired judgment, and medications—especially sedative hypnotics.

In comparison, Abraham (2012) discussed both intrinsic and extrinsic factors for falls. Intrinsic factors included fall history, acute or chronic illnesses, pain, muscle weakness, unsteady gait, heart conditions, cognitive changes in status, patient behavior, visual disturbances, incontinence, orthostatic hypotension, advanced age, sleeplessness, and multiple medications. Extrinsic factors included the environment, poor lighting, loose cords, tubes, slippery floors, shoelaces or loose shoes, loose floor mats, carpeted floors, the design of a room, furniture, clutter, leaving the patient alone too long, or leaving the patient further from the nurse's station. The Truax Group (2017), a patient safety group,

reviewed similar fall risk factors in psychiatry and discussed the need for the environment to be assessed for fall safety issues.

Abraham (2016) went on to compare fall risk assessment tools: the Wilson-Sims Fall Risk Assessment, the EPFRAT, the Henrich II Fall Risk Model, the SCHMID, the MFS, the Saint Thomas Risk Assessment Tool for Falling Elderly Patients, and the Proprietary Risk Assessment Tool. Abraham concluded the two best assessments for the psychiatric inpatient setting were the EPFRAT and the Wilson Sims Fall Risk tools, based on the fall risk assessment criteria in each tool. The Wilson-Sims has the added component of the nurse's clinical judgment for the fall risk assessment (Abraham, 2016).

Fouldsi et al. (2018) added to the findings of Abraham (2012) and Donahue et al. (2015) and discussed alcohol and other substance use as factors affecting falls on an inpatient unit. In their study of patients in an alcohol treatment program, Fouldisi et al. (2018) concluded there was a higher risk for falls and for overdose among patients who were prescribed sedative drugs. They considered benzodiazepines, antipsychotics, and sedatives in addition to substance use disorders as a higher public health concern with an increasing incidence of overdose possible. Williams et al. (2015) found women had a higher fall rate if they suffered from depression in the past 12 months and if they were placed on antidepressant medications. Stahl's (2011) pharmacological guide outlined side effects of differing pharmacological families, such as benzodiazepines, causing dizziness and visual problems, antidepressants causing fatigue and drowsiness, antipsychotics causing sleeplessness and sluggishness, and mood stabilizers causing tremors and gastrointestinal upset. These side effects, along with orthostatic hypotension, led to falls on an inpatient psychiatric unit.

The literature review revealed a couple studies that support the use of education for decreasing falls. Ang et al. (2018) developed a fall prevention educational video to give a full presentation of fall prevention with the aim of increasing fall risk awareness and help-seeking behavior. They concluded that their educational video increased help-seeking behaviors, knowledge, and awareness in the study group.

James et al. (2020) conducted a study to obtain information regarding nurses' knowledge and attitudes about falls and fall risk factors to devise evidence-based and multidisciplinary education and training. The authors identified a gap in nurses' knowledge, attitudes, and awareness of falls. They concluded there is a need for extensive education and holistic, multifactorial, and interdisciplinary training to be undertaken through governmental and non-governmental healthcare organizations regarding falls and risk factors to reduce fall occurrence and ensure patient safety.

EBP Project Design

The specific aim of this project was to implement an educational session on the SCHMID fall risk assessment tool and additional fall risk variables among nursing staff on one adult locked inpatient unit of a local psychiatric hospital. The SCHMID fall risk assessment tool is used in this organization for fall risk assessment.

The goal of this project was education and increased awareness of the fall risk assessment process, resulting in increased implementation of fall risk care plans on patients determined to be a fall risk and decreased falls on the unit three months post education. Ecoff et al.'s (2020) "Eight A's" EBP change model was employed for the project design.

The setting was a 25-bed locked inpatient psychiatric unit within a local psychiatric hospital that is part of a larger local healthcare organization. The participants

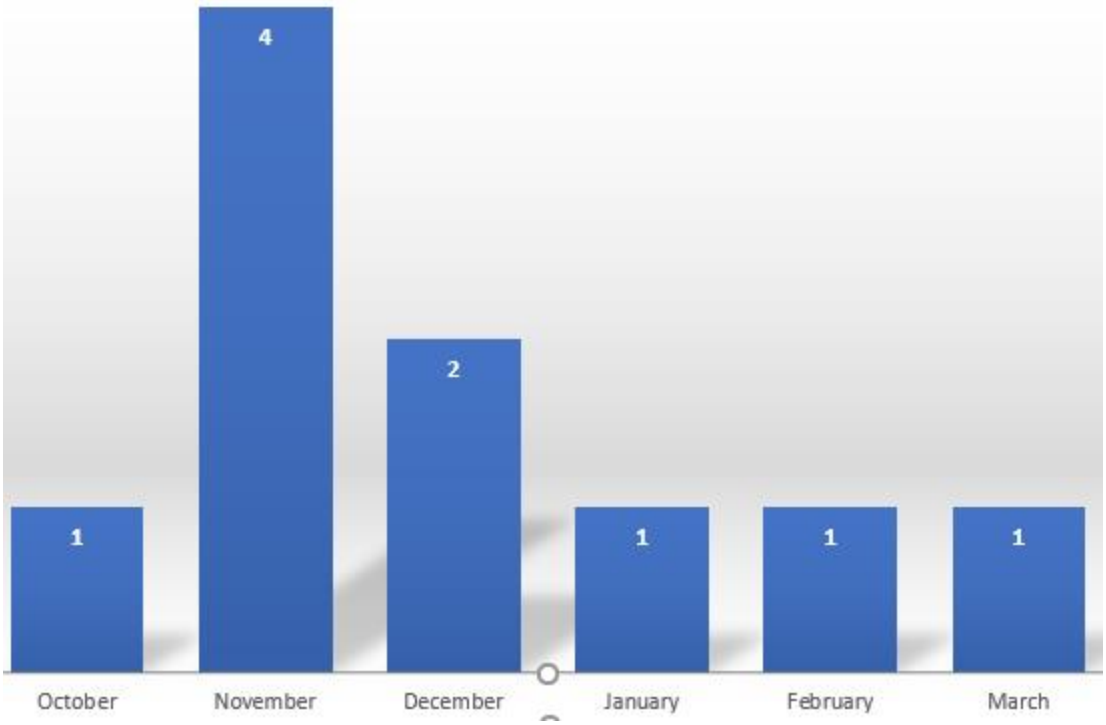
were the assigned psychiatric RNs on this unit. The intervention was an educational presentation delivered both in person and via Zoom Cloud for the unit RNs. Of the 25 RNs that staff the unit, 7 attended the in-person education, which was delivered to three shifts. An additional session was presented via Zoom Cloud for RNs who were unable to attend in person. No data were collected to determine how many RNs viewed the Zoom recording. The educational intervention included review of the unit fall data three months prior to the education, the fall risk assessment tool, and variables on the tool that would be assessed for fall risk. The outcome measure was assessment of falls on the unit three months after the educational intervention.

Method

The project lead reviewed the data of falls on one locked unit for the three months prior to the educational intervention and then presented a 15-minute educational intervention to RN staff assigned to all three shifts on the unit over the course of three weeks. The intervention, which was also presented via Zoom Cloud for those who were unable to meet in person, reviewed the fall risk assessment tool and the fall risk variables on the tool. According to the SCHMID tool, a numerical assessment of 3 or greater identifies a patient as a fall risk. Fall risk factors include mobility, mentation, elimination, prior fall history, and current medications. Additional variables are age (patients 65 or over), medications associated with falls, hypotension, hypoglycemia or orthostatic history, current detoxification from alcohol or drugs, or having electroconvulsive therapy within the past two weeks. The project lead then reviewed fall risk data for the three months following the educational intervention (Figure 3).

Figure 3

Fall Data on a Locked Inpatient Psychiatric Unit



Ethical considerations included IRB approval from the site and the University of San Diego and protection of human subjects. Data were kept on the entity's password-protected network computer and accessed by a senior nursing specialist.

Results

It was assumed that there would be a decrease in falls on the inpatient locked psychiatric unit following education on the fall risk assessment tool. In the three months prior to the education, there were seven total falls on the unit. Three months following the education, the total number of falls on the unit was three. The month of December was considered pre-education data, as the intervention was delivered in late December. There appeared to be a downward trend in the number of falls in the three months following the

intervention. It is hoped that an ongoing review of fall data for this unit will show a continued decrease in falls.

Study Limitations

The limitations of this study were the limited amount of time to complete the study, combined with unit concerns. At the time of the study, unit RNs were experiencing a staffing shortage that limited their ability to participate. Of the 25 RNs on the unit, 7 attended the in-person education, and no data were collected to indicate how many RNs watched via Zoom Cloud. There was also a COVID-19 outbreak on the unit, which required implementation of isolation procedures and increased staff time and focus on patient care needs and further limited RNs' availability to participate in the intervention. An additional limitation was the use of a fall assessment tool that has not been validated in the psychiatric population.

Discussion

Although there were limitations to RN participation, there has been a noticeable decrease in falls on this inpatient psychiatric unit (Figure 3). A heightened awareness of this patient care issue began with unit management and leadership. Repeating the educational intervention with the RN staff in six months is advisable, as is future research that tracks the fall risk plan of care to determine if this is a contributing factor to falls on the unit.

The fall risk assessment tool used on this unit and organization-wide was adapted from Schmid (1990) with additional variables, which invalidates the tool for use in a psychiatric population. In a comparison of fall risk assessment tools in the psychiatric setting, Abraham (2016) concluded the two best tools were the EPFRAT and the Wilson

Sims Fall Risk assessment, which has the added component of the nurse's clinical judgement for the fall risk assessment. Use of a tool to assess fall risk that has been specifically developed for the psychiatric population may yield more accurate data on fall risk.

Conclusions

This education may be repeated in six months when staffing has improved and when COVID-19 is a lesser staffing issue on this unit. However, falls on this unit appear to have decreased, which may be due to a heightened awareness of the need to assess patients thoroughly for falls. Additional data collection, including data on the implementation of the fall risk plan of care with a fall risk assessment, would be beneficial to determine if the use of a fall risk plan of care contributes to increased or decreased falls on the unit. As the EPFRAT tool is validated in the inpatient psychiatric population, a comparative study on the use of that tool versus the Schmid tool may be helpful to ascertain the needs for fall assessment in this population.

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Concluding Essay

The journey of this DNP program has been multifaceted. Entering this program when the pandemic was in a heightened state required this particular cohort to work together in online Zoom meetings and discussions in a collegial fashion while dealing with the unknown future of healthcare in this phase. The colleagues I have met in this journey have been wonderful, supportive people who are a group of survivors, beneficent caregivers, well educated, proactive, and pioneers in healthcare. My hat is off to each of my colleagues in my cohort.

I have been supported by my family, my friends, and my colleagues in all the healthcare and university settings I am affiliated with. To have them cheerleading for me has been a great experience. It shows not only the depths of the relationships that I have, but how truly honored I am to be a part of so many people's lives.

I did this for my family and my family values, and to carry forward and pay forward to the next generation of nurses. Nursing truly is a calling, and it is not for everyone—only the courageous ones who can carry on no matter what. Thanks again, Dad; as I said, this one was for you.

Appendix A

Stakeholder Presentation

A stakeholder presentation was held via TEAM with the entity nursing management, the unit manager, and the unit RNs on March 21, 2022.

Acknowledgements

Thank you to the Stakeholders for allowing me to complete this project.

Loralie Woods RN PhD

Brenda Boone RN, PhD

Unit manager, Leads and Senior Nursing Specialists

I appreciate your support for this project!

University of San Diego

Background and Significance

A fall can be defined as a sudden unintentional change in position causing an individual to descend to a lower level or onto an object, the floor or the ground or other surface with or without injury. Harishita and Gurpreet (2019) Documentation of over 24,000 fatal falls and the cost of over $3 billion in healthcare for medically treated non-fatal falls with injuries. The author's asset that related injuries have increased the cost of healthcare and the increased fall rate is associated with age. Further fall rates are higher among women than men. Burns Stevens and Lee (2016)

University of San Diego

Purpose and Significance

The purpose of this project is to implement a nursing staff education session on the Fall risk assessment tool in effort to improve the fall risk assessment process and decrease fall risk on one locked unit of an inpatient psychiatric hospital. The assumption is that an educational review of the fall risk variables for inpatient psychiatric patients for falls will lead to improved fall risk assessment.

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PICOT Question

- P: In adult inpatient psychiatric patients on the East One locked inpatient unit
- I: does education for RN unit staff on the SCHMID fall risk assessment tool
- C: as compared to no education
- O: result in decreased falls on the locked East One Unit.
- T: Over a Three-month timeframe?

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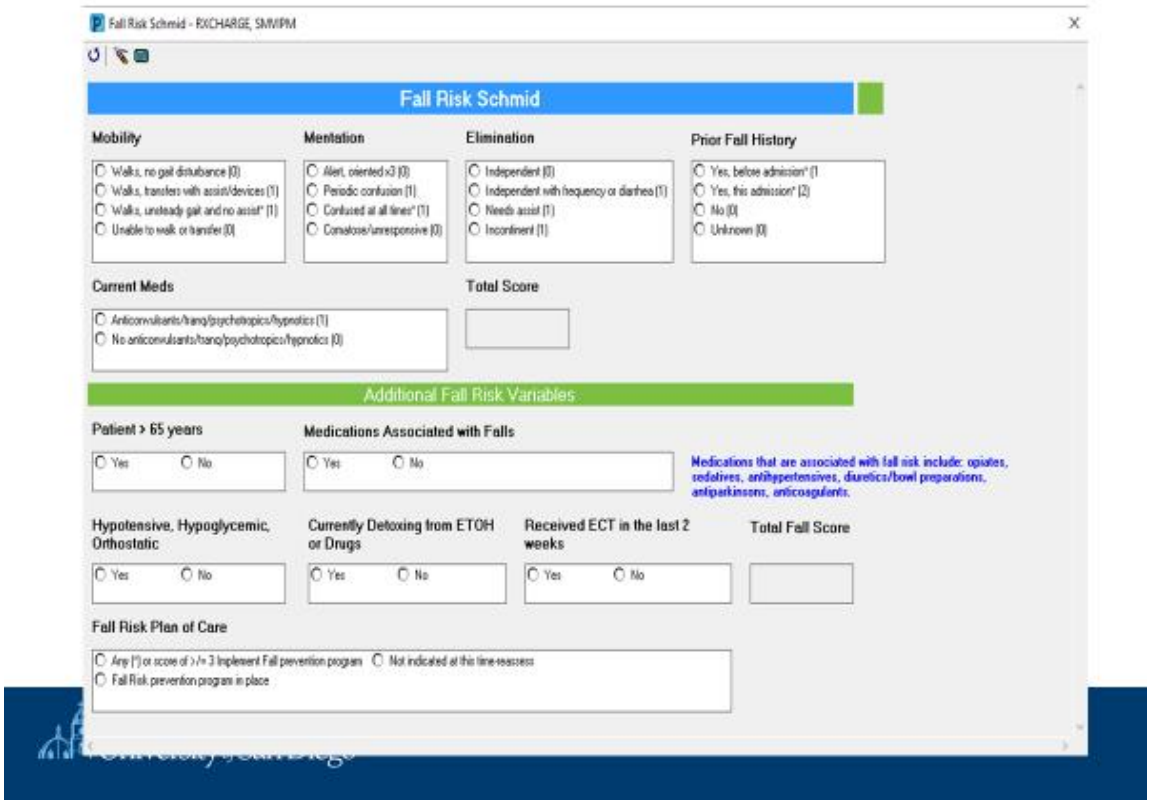

The Eight "A"s Evidenced Based Practice Model

1. Assess the clinical problem
2. Ask the PICOT question
3. Acquire existing evidence
4. Appraise the level of evidence
5. Apply the evidence in a practice change
6. Analyze results of change compared to previous state
7. Advance practice change internally and externally
8. Adopt the practice for sustainability over time

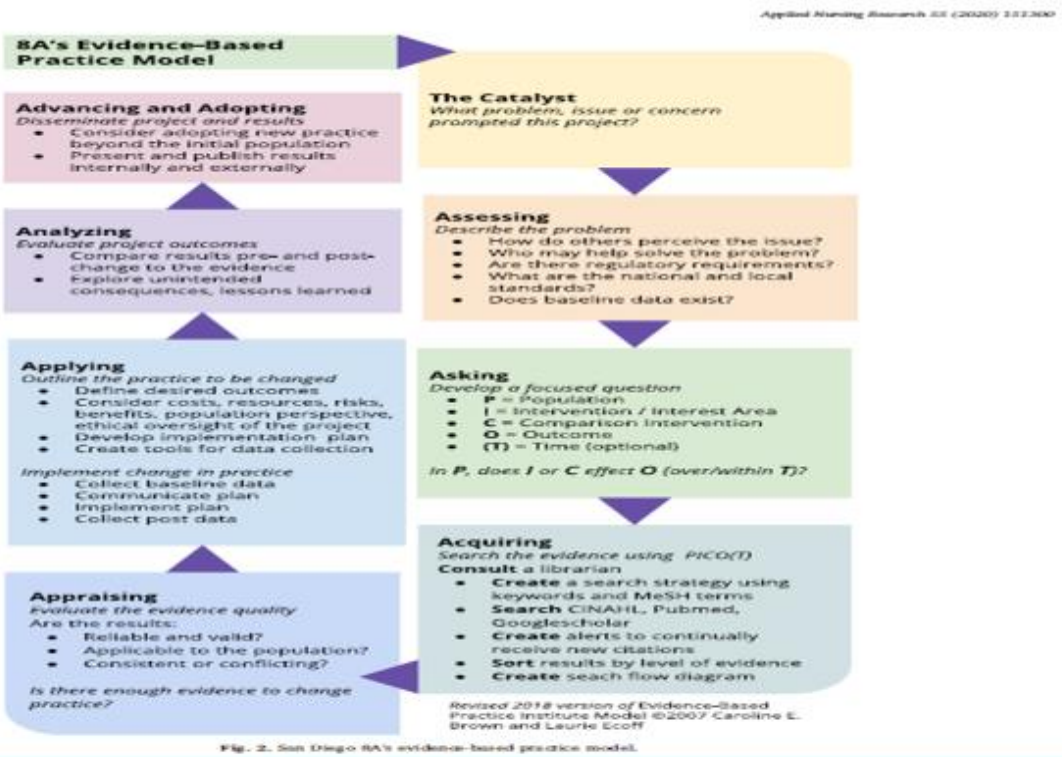

Fig. 2. San Diego 8A's evidence-based practice model.

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Synopsis of Evidence

Author(s) Name of article Evidence Ranking (use Melnyk pyramid) Summary of Evidence – key bullet points Abraham, S. (2016). Looking for a psychatric fall risk asAssessment tool. American Psychiatric Mental Health, 4(2), 1- 4. Ang, W., et al.(2014). Evaluation of a fall prevention educational video on fall risk awareness, knowledge, and help seeking behavior among surgical patients. Level II Level II Comparison of fall risk tools in a psychiatric setting Staff and Patient trained on fall risk awareness had less falls than the control group. Donahue, M.et al. (2015). Modifying fall tips fall prevention toolkit for psychiatric Inpatient settings. Brigham and Womens Hospital, Harvard medical School. Specialist, 24(2), 69–75. Level V Comparison of fall risk tools shows advantages and disadvantages of each of the tools use in the psychiatry setting Mathew, L., Steigman, D. et al (2020). Making fall risk assessment clinically relevent in an adult psychiatric setting. Journal of Psychosocial Nursing, 58, 21–26. Level II Reviews several fall risk tools in the psychiatric setting and compares/contrasts. Schmid, N. (1990) Reducing patient falls: A research-based comprehensive fall prevention program. Military Medicine, Volume 5(155), 202–207. Level V The primary tool used in This hospital setting shows areas of assessment for fall risk The Truax group, T. (2017). Patient safety tipoftheweekmarch2017:MorefallsonLevel VII Reviews the different internal and external causes of falls in a psychiatric unit

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Time line

Evaluation will occur in a three-month period Data will be collected and summarized for the falls on a 25 bed locked unit. Education on the fall risk assessment tools, the potential causes of falls for psychiatric patients, and the subsequent implementation of the fall risk care plan based on results of the assessment. In Three months a review of the falls on the 25 bed locked inpatient unit will be done to compare to initial fall rates.

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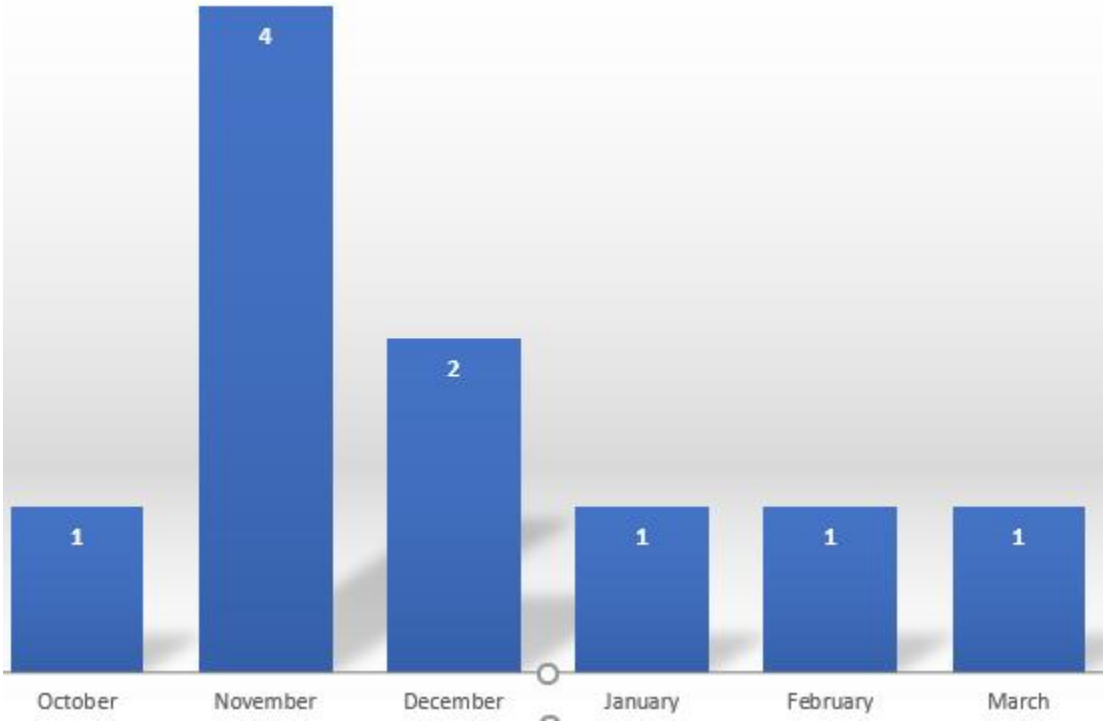
fall data on a locked inpatient psychiatric unit



Cost/Benefit Analysis

CBA = Program Benefits one less patient fall = 14,000 Program Costs $3,399.80 Program costs = $1,074.90 +$1,074.90+$1,250.00=3,399.80 (Note: For every dollar spent, there will be “X” cost savings [or cost avoidance]) ROI = Program Benefits $14,000.00– Costs of Program $3,399.80=10,600.20 Program Costs- 3,399.80 (Note: ROI must be in a %). 3.12%

Evaluation/Results

Evaluation /results Evaluation occurred in a Three-month period after the education and interventions. There was a downward trend in falls on this unit after the education and a heightened awareness about falls. Implications for practice Decreasing fall risk on a locked inpatient unit will improve patient safety and decrease the cost of care Conclusions Decreasing Falls are annually part of our National Patient Safety Goals

Stakeholders Analysis

Name (Key Stakeholder)	ARMI	Strongly Against	Moderately Against	Neutral	Moderately Supportive	Strongly Supportive	Reasons for Resisting Change	What's Important - What Will "Wins" Look Like?	Person Who Can Influence	Action Plan - Strategy for Dealing with Resistance
Director of Inpatient Operations						yes		Decrease fall risk,		
Nursing Workforce Professional Development Specialist						yes		Improve staff knowledge		
Senior Nursing Specialist						yes		Decrease falls		
RN Staff on East One				unknown				Improved patient care	Nursing Admin	
Manager of East Wing One										
										Resistance is unknown for all

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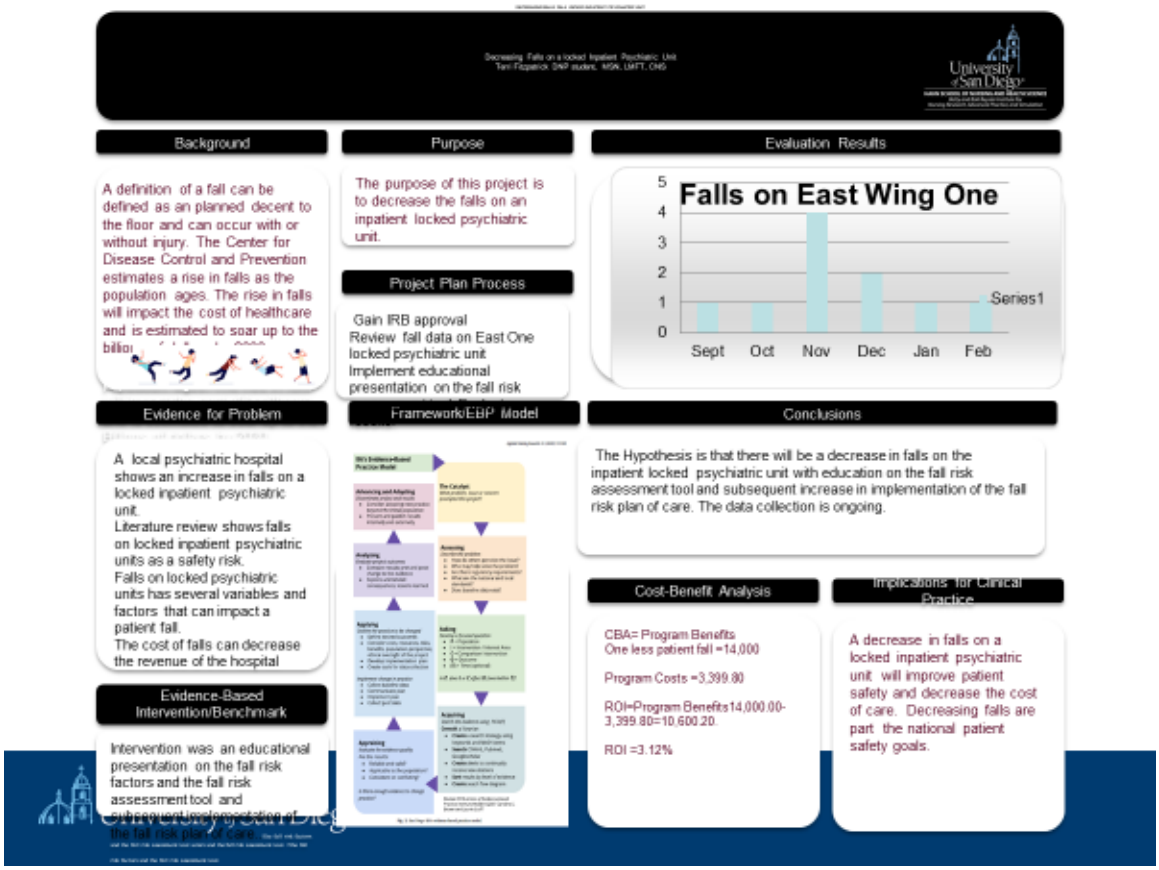


References

Abraham, S. (2016). Looking for a psychatric fall risk assessment tool. American Psychiatric Mental Health, 4(2), 1-4. Ang, W., Heryani, N., Siew, L., & Ying, L. (2014). Evaluation of a fall prevention educational video on fall risk awareness, knowledge, and help seeking behavior among surgical patients. Journal of Psychosocial Nursing and Mental Health Services, 52(12), 30–35. Burns, E., Stevens, J., & Lee, R. (2016, May 26 2016). The direct costs of fatal and non-fatal falls among older adults . National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, Atlanta, GA, USA. Donahue, M., Khasnabish, S., & Dykes, P. (2015). Modifying fall tips fall prevention toolkit for psychiatric inpatient settings. Brigham and Womens Hospital, Harvard medical School. Specialist, 24(2), 69–75. Harishita, C., & Gurpreet, K. (2019, April-June). Assessment of balance and risk for falls in a sample of community-dwelling adults aged 60 and older. Indian Journal of Physiotherapy and Occupational Therapy, Volume 13(2), 34-37. Mathew, L., Steigman, D., Driscoll, D., Moran-Peters, J., Fischer, I., Cordle, P., Bishop, V., & Eckardt, S. (2020). Making fall risk assessment clinically relevent in an adult psychiatric setting. Journal of Psychosocial Nursing, 58, 21–26. Schmid, N. (1990). Reducing patient falls: A research-based comprehensive fall prevention program. Military Medicine, Volume 5(155), 202–207. The Truax group, T. (2017). Patient safety tip of the week march 2017: More falls on inpatient psychiatry.

Appendix B

USD IRB Approval

University of San Diego®

Jan 5, 2022 10:50:32 AM PST

Terri Fitzpatrick
Hahn School of Nursing & Health Science

Re: Exempt - Initial - IRB-2022-207, Decreasing Falls on a Locked Inpatient Psychiatric Unit

Dear Terri Fitzpatrick:

The Institutional Review Board has rendered the decision below for IRB-2022-207, Decreasing Falls on a Locked Inpatient Psychiatric Unit.

Decision: Rely on External IRB

Selected Category:

Findings:

Research Notes:

Internal Notes:

The USD IRB requires annual renewal of all active studies reviewed and approved by the IRB. Please submit an application for renewal prior to the annual anniversary date of initial study approval.
If an application for renewal is not received, the study will be administratively closed.

Note: We send IRB correspondence regarding student research to the faculty advisor, who bears the ultimate responsibility for the conduct of the research. We request that the faculty advisor share this correspondence with the student researcher.

The next deadline for submitting project proposals to the Provost's Office for full review is N/A. You may submit a project proposal for expedited or exempt review at any time.

Sincerely,

Eileen K. Fry-Bowers, PhD, JD
Administrator, Institutional Review Board

Office of the Vice President and Provost
Hughes Administration Center, Room 214
5998 Alcalá Park, San Diego, CA 92110-2492
Phone (619) 260-4553 • Fax (619) 260-2210 • www.sandiego.edu

Appendix C

Sharp IRB Approval

2111806
Fitzpatrick
01/19/2022

Institutional Review Board
7930 Frost Street, Suite 300
San Diego, CA 92123
Phone 858-939-7195 / Fax 858-939-5067
http://sharpnet/irb/ / www.sharp.com/research
Email: research@sharp.com

December 23, 2021

Terri L. Fitzpatrick, MSN, LMFT, CNS
7850 Vista Hill Ave
San Diego, CA 92123

RE: IRB # 2111806 / SMV-1E Fall Risk / Investigator-Initiated
Decreasing Falls on a Locked Inpatient Psychiatric Unit

The IRB has determined this activity is not subject to regulation under 45 CFR part 46. Therefore, IRB oversight is not required and this project is not subject to periodic review requirements. Other Federal, State, or local laws and/or regulations may apply (i.e., HIPAA).

This determination applies only to the activities described in the following documents:

- EBP Project Presentation, revised 22Dec2021
- Education Session Flyer, revised 19Dec2021
- HIPAA waiver allowed per 45 CFR 164.512(i)(2)(ii)
- Patient Master List, dated 11Oct2021

Site(s): Sharp Mesa Vista Hospital

Project Team:
Mary Abbott BSN, Sub-Investigator
Terri L. Fitzpatrick MSN, LMFT, CNS, Principal Investigator

Proposed changes to the project design and/or methods should be submitted electronically to Laurie Ecoff, PhD. They will confirm whether this determination still applies and will forward their determination and associated documents to the IRB Office.

Any dissemination for a nursing project or study determined to be non-human subject research, needs to be reviewed/cleared by a nurse IRB representative prior to sharing outside SHC.

Please include "2111806 Fitzpatrick" in the subject line of all future correspondence to the IRB regarding this project.

Thank you and please feel free to contact the IRB Office at 858-939-7195 or 858-939-7161 if you have any questions.

Sincerely,
Caryn Burgess, CIP
IRB Specialist

Appendix D

Podium Abstract and Poster

Decreasing Falls on a Locked Inpatient Psychiatric Unit

September 30, 2022

Sharp Healthcare

Poster and Podium Abstract

Terri Lynch Fitzpatrick, MSN, LMFT, CNS, DNP

DECREASING FALLS ON A LOCKED INPATIENT PSYCHIATRIC UNIT

Terri L. Fitzpatrick, DNP Student, MSN, LMFT, CNS

Loralie Woods, PhD, RN, Brenda Boone, PhD, RN

Keywords: falls, risk assessment, falls in psychiatry

Purpose: The purpose of this project was to implement an RN nursing staff education on the fall risk assessment tool in effort to decrease falls on one adult locked inpatient psychiatric unit. The assumption was that an educational review of the fall risk variables for inpatient psychiatric patients for falls and subsequent initiation of a fall risk care plan will lead to decreased falls on one adult locked inpatient psychiatric unit.

Background: A fall can be defined as a sudden unintentional change in position causing an individual to descend to a lower level or onto an object, the floor or ground, or another surface with or without injury. Review of over 24,000 fatal falls has shown a cost of over $3 billion in healthcare for medically treated nonfatal falls with injuries. Incidentally, fall rates are higher among women than men.

Method: Unit Setting: One adult locked inpatient psychiatric unit. Participants: Assigned RNs on the unit. Intervention: Education of fall risk factors and the fall risk assessment tool. This education was conducted on each of three shifts. The education included review of fall risk assessment tools and fall risk factors. Outcome Measure: Number of falls on the adult locked inpatient psychiatric unit.

Result: Preliminary data show fewer falls after the intervention of education of the fall risk factors and the fall risk assessment tool.

Evaluation: Several factors may have impacted these results. The RNs were knowledgeable of the falls on their unit. During the education, the unit had COVID patients and short staffing due to some RNs being out on leave. The reduction in falls may be attributed to a heightened awareness of the importance of assessing falls and subsequently implementing the fall risk plan of care after this educational program was discussed on the unit.

Implications for Clinical Practice: Repeating the education on this locked inpatient unit in 6 months may help evaluate whether a second intervention on the fall risk assessment tool would continue the downward trend in falls on this locked inpatient psychiatric unit.

DECREASING FALLS ON A LOCKED INPATIENT PSYCHIATRIC UNIT

Decreasing Falls on a locked Inpatient Psychiatric Unit

Terri Fitzpatrick DNP student, MSN, LMFT, CNS

University of San Diego
HAHN SCHOOL OF NURSING AND HEALTH SCIENCE
Betty and Bob Beyster Institute for Nursing Research, Advanced Practice, and Simulation

Background

A definition of a fall can be defined as an planned decent to the floor and can occur with or without injury. The Center for Disease Control and Prevention estimates a rise in falls as the population ages. The rise in falls will impact the cost of healthcare and is estimated to soar up to the billions of dollars by 2030

and is estimated to soar up to the

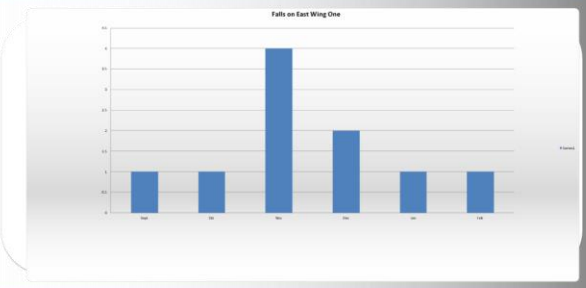
Purpose

The purpose of this project is to decrease the falls on an inpatient locked psychiatric unit.

Project Plan Process

Gain IRB approval
Review fall data on East One locked psychiatric unit Implement educational presentation on the fall risk assessment tool Evaluate results.

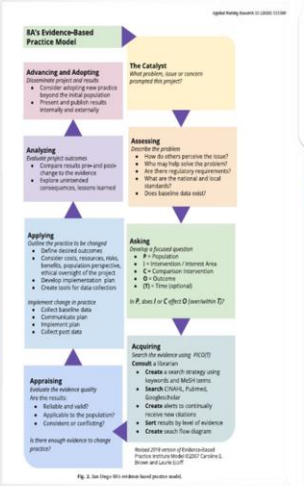
Evaluation Results



Evidence for Problem

A local psychiatric hospital shows an increase in falls on a locked inpatient psychiatric unit.
Literature review shows falls on locked inpatient psychiatric units as a safety risk.
Falls on locked psychiatric units has several variables and factors that can impact a patient fall.
The cost of falls can decrease the revenue of the hospital

Framework/EBP Model



Conclusions

The Hypothesis is that there will be a decrease in falls on the inpatient locked psychiatric unit with education on the fall risk assessment tool and subsequent increase in implementation of the fall risk plan of care. The data collection is ongoing.

Evidence-Based Intervention/Benchmark

Intervention was an educational presentation on the fall risk factors and the fall risk assessment tool and subsequent implementation of the fall risk plan of care..

tool actors and the fall risk assessment tool. If the fall risk factors and the fall risk

assessment tool.

Cost-Benefit Analysis

CBA= Program Benefits
One less patient fall =14,000

Program Costs =3,399.80

ROI=Program Benefits14,000.00-3,399.80=10,600.20.

ROI =3.12%

Implications for Clinical Practice

A decrease in falls on a locked inpatient psychiatric unit will improve patient safety and decrease the cost of care. Decreasing falls are part the national patient safety goals.

Appendix E

Conference Application

Abstract Submission Form

(Complete for all types of submissions)

Are you:
☐ A clinical nurse (a registered nurse who spends the majority of his or her time in direct patient care)
☒ A nurse leader (manager, director, clinical nurse specialist, educator, etc.)
☐ An interprofessional team member. Please identify role: _____

List your Entity/Organization/Employer SDSU,USD,Kaiser

Select one category for which you are submitting this abstract. If multiple abstract/art are submitted, complete documentation for each separate submission and send in separate emails.

☒ Process improvement Project	☐ EBP Project	☐ Innovation Project	☐ Research Study	☐ Artwork

Please indicate your preferred format (if QI, EBP, innovations or research):

☒ Poster ☐ Podium ☒ Poster or Podium

Complete all sections below (first author is responsible to notify all co-presenters)

First Author's Name Terri Lynch Fitzpatrick MSN, LMFT CNS DNP candidate

(

Mailing Address 2575 Pheasant Drive, San Diego, Ca. 92123

Email tlfitz3@sbcglobal.net

Phone 858-442-8971

Organizational Affiliation University of San Diego/Sharp Healthcare

For all types of submissions: electronically submit the Abstract Submission Form, Title Page, and Abstract as Microsoft Word attachments to karen.flowers@sharp.com. For art submissions, attach the file in a jpeg, png, pdf or mp4 file. For questions about acceptable types of media files, please contact Kristine Mendoza at Kristinemay.Mendoza@sharp.com.

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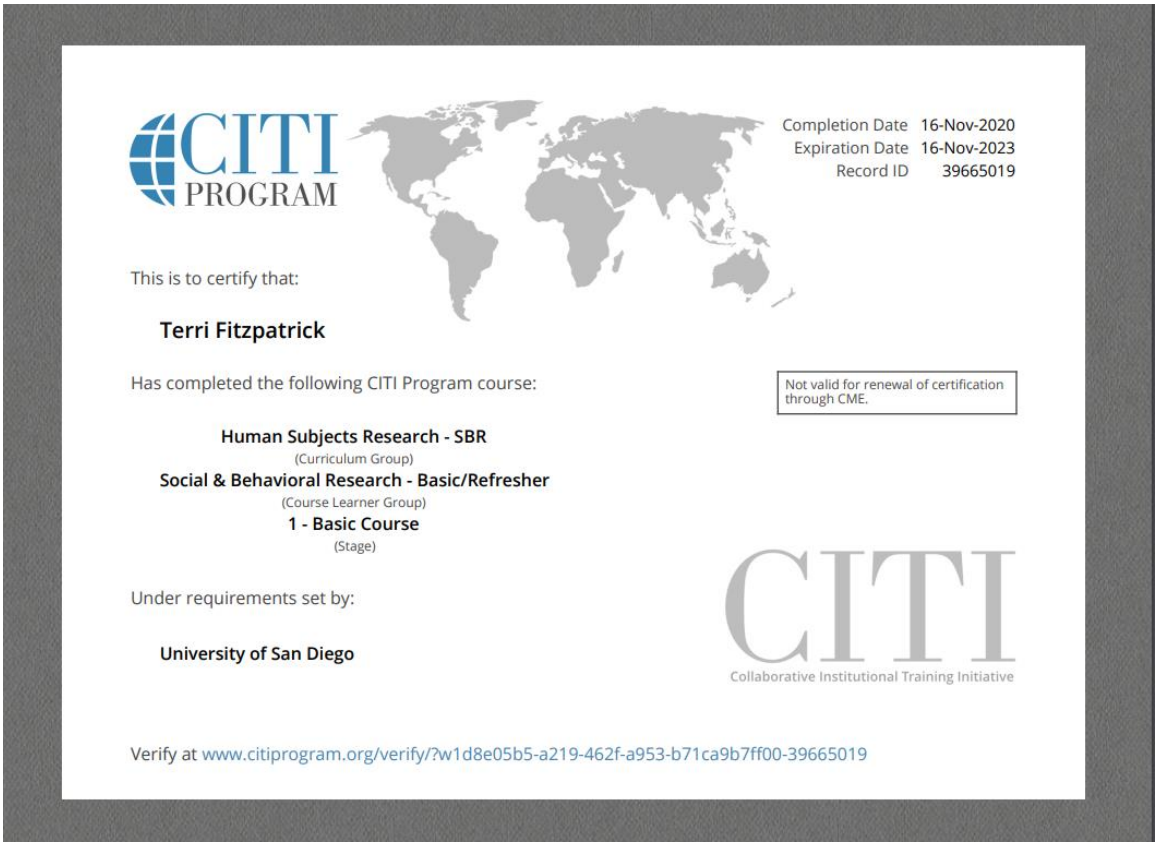
Appendix F

Completion of CITI Training



CITI PROGRAM

Completion Date 16-Nov-2020
Expiration Date 16-Nov-2023
Record ID 39665019

This is to certify that:

Terri Fitzpatrick

Has completed the following CITI Program course:

Not valid for renewal of certification through CME.

Human Subjects Research - SBR
(Curriculum Group)
Social & Behavioral Research - Basic/Refresher
(Course Learner Group)
1 - Basic Course
(Stage)

Under requirements set by:

University of San Diego

CITI
Collaborative Institutional Training Initiative

Verify at www.citiprogram.org/verify/?w1d8e05b5-a219-462f-a953-b71ca9b7ff00-39665019

Appendix G

DNP Exemplars

AACN DNP Essentials & NONPF Competencies	USD DNP Program Objectives	Exemplars
DNP Essential I: Scientific Underpinnings for Practice NONPF: Scientific Foundation Competencies The scientific foundation of nursing practice has expanded. It includes a focus on both the natural and social sciences including human biology, genomics, science of therapeutics, psychosocial sciences, as well as the science of complex organizational structures. In addition, philosophical, ethical, and historical issues inherent in the development of science create a context for the application of the natural and social sciences.	2. Synthesize nursing and other scientific and ethical theories and concepts to create a foundation for advanced nursing practice.	***Fall 2020*** DNP 625: CITI completion DNP 611: EBP project outline ***Spring 2021*** DNP 686: refined EBP plan ***Summer 2021*** *Exemplar Competency* DNP 630: IRB submission process begins ***Fall 2021*** DNP 630: completion of IRB process through transformational Leadership DNP630: presentation Falls on an Inpatient Psychiatric Unit ***Spring 2022*** DNP 630: poster presentation DNP 630: final manuscript development

DNP Essential II: Organizational & System Leadership for Quality Improvement & Systems Thinking NONPF: Leadership Competencies/Health Delivery System Competencies Advanced nursing practice includes an organizational and systems leadership component that emphasizes practice, ongoing improvement of health outcomes, and ensuring patient safety. Nurses should be prepared with sophisticated expertise in assessing organizations, identifying system's issues, and facilitating organization-wide changes in practice delivery. This also requires political skills, systems thinking, and the business and financial acumen needed for the analysis of practice quality and costs.	5. Design, implement, and evaluate ethical health care delivery systems and information systems that meet societal needs and ensure accountability for quality outcomes.	***Fall 2020*** DNP 611: performed literature search for falls and fall risk tools in a psychiatric setting DNP 660: met with leadership of hospital for fall risk education project plan ***Spring 2021*** DNP 686: continued literature search of fall risk tools and falls in psychiatric settings DNP 686: mock stakeholder PowerPoint presentation for falls in a locked psychiatric setting ***Summer 2021*** DNP 610: reflective review of purpose for DNP project with peers DNP 630: continued meetings with entity senior nursing specialist for IRB approval process ***Fall 2021*** DNP 630: IRB approval from entity and University DNP 630: initiate EBP to decrease falls in a locked inpatient psychiatric setting ***Spring 2022*** DNP 630: implementation and evaluation

DNP Essential III: Clinical Scholarship & Analytical Methods for Evidence-Based Practice NONPF: Quality Competencies/Practice Inquiry Competencies Scholarship and research are the hallmarks of doctoral education. Although basic research is viewed as the first and most essential form of scholarly activity, an enlarged perspective of scholarship has emerged through alternative paradigms that involve more than discovery of new knowledge. These paradigms recognize: (1) the scholarship of discovery and integration "reflects the investigative and synthesizing traditions of academic life"; (2) scholars give meaning to isolated facts and make connections across disciplines through the scholarship of integration; and (3) the scholar applies knowledge to solve a problem via the scholarship of application that involves the	4. Incorporate research into practice through critical appraisal of existing evidence, evaluating practice outcomes, and developing evidence-based practice guidelines.	***Fall 2020*** DNP 611: performed literature searches to support evidence for EBP project DNP 611: critically appraised 6 articles to determine value and feasibility of implementation ***Spring 2021*** DNPC-610-02-SP21: Strategic Planning Quality Initiatives DNPC-630-23-SP21: DNP scholarly Practice DNPC-686-02-SP21: Perspectives in Program Planning *Exemplar Competency* DNP 686: continued literature search to locate evidence to decrease falls ***Summer 2021*** DNPC-610-02-SU21: Philosophy of Reflective Practice DNPC-630-17-SU21: DNP Scholarly Practice DNPC-653-02-SU21: Financial Management *Exemplar Competency* DNP 653: financial management in healthcare and the financial benefits of decreasing falls ***Fall 2021*** DNPC-630-18-FA21: DNP Scholarly Practice DNPC-648-01: Health Policy Analysis DNPC-660-01-FA21: Advanced Leadership and Systems Management *Exemplar Competency* DNP 630: initiate EBP to decrease falls in a locked inpatient psychiatric unit

translation of research into practice and dissemination and integration of new knowledge.	***Spring 2022*** DNPC-630-18-SP22: DNP Scholarly Practice DNPC-665-01-SP22: Consumer Health Informatics HCIN-611-01-SP22: Health Care Economics HCIN-625-01-SP22: Digital Healthcare Marketing *Exemplar Competency* DNP 630: EBP implementation and evaluation

DNP Essential IV: Information Systems/Technology & Patient Care Technology for Improvement & Transformation of Health Care NONPF: Technology & Information Literacy Competencies DNP graduates are distinguished by their abilities to use information systems/technology to support and improve patient care and health care systems and provide leadership within health care systems and/or academic settings. Knowledge and skills related to information systems/technology and patient care technology prepare the DNP graduates apply new knowledge, manage individual and aggregate level information, and assess the efficacy of patient care technology appropriate to a specialized area of practice along with the design, selection, and use of information systems/technology to evaluate programs of care, outcomes of care, and care systems. Information systems/technology provide a	7. Incorporate ethical, regulatory, and legal guidelines in the delivery of healthcare and the selection, use, and evaluation of information systems and patient care technology.	***Fall 2020*** DNPC -661-02-FA20: Methods of Translation Science DNPC-625-01-FA20: Epidemiology-Foundations of Evidence-Based Practice DNPC-630-04-FA20: DNP Scholarly Practice HCIN-630-01-FA20: Health Care Law and Risk Management *Exemplar Competency* HCIN 630: reviewed case of medication error in EMR; used fishbone diagram to resolve ***Spring 2021*** DNPC-610-02-SP21: Strategic Planning Quality Initiatives DNPC-630-23-SP21: DNP Scholarly Practice DNPC-686-02-SP21: Perspectives in Program Planning *Exemplar Competency* DNP 660: collaborated with leadership if hospital for access to protected PHI and EMR ***Summer 2021*** DNPC-610-02-SU21: Philosophy of Reflective Practice DNPC-630-17-SU21: DNP Scholarly Practice DNPC-653-02-SU21: Financial Management *Exemplar Competency* DNP 630: IRB process for access to hospital EMR and protection of PHI for project. DNP 660: use of example of Cerner EMR for education

mechanism to apply budget and productivity tools, practice information systems and decision supports, and web-based learning or intervention tools to support and improve patient care.	***Fall 2021*** DNPC-630-18-FA21: DNP Scholarly Practice DNPC-648-01: Health Policy Analysis DNPC-660-01-FA21: Advanced Leadership and Systems Management *Exemplar Competency* DNP 648: development of policy to decrease falls in a locked inpatient psychiatric unit ***Spring 2022*** DNPC-630-18-SP22: DNP Scholarly Practice DNPC-665-01-SP22: Consumer Health Informatics HCIN-611-01-SP22: Health Care Economics HCIN-625-01-SP22: Digital Healthcare Marketing *Exemplar Competency* HCIN-625: develop marketing plan using digital health for long term injectables DNP 665: develop wireframe to improve compliance with long-term injectables DNP 630: implementation and evaluation using Cerner EMR as EBP education

DNP Essential V: Health Care Policy for Advocacy in Health Care NONPF: Policy Competencies Health care policy, whether created through governmental actions, institutional decision-making, or organizational standards, creates a framework that can facilitate or impede the delivery of health care services or the ability of the provider to engage in practice to address health care needs. Engagement in the process of policy development is central to creating a health care system that meets the needs of its constituents. Political activism and a commitment to policy development are central elements of DNP practice.	3. Demonstrate leadership in collaborative efforts to develop and implement policies to improve health care delivery and outcomes at all levels of professional practice (institutional, local, state, regional, national, and/or international).	***Fall 2020*** DNPC -661-02-FA20: Methods of translation Science DNPC-625-01-FA20: Epidemiology-Foundations of Evidenced Based Practice DNPC-630-04-FA20: DNP Scholarly Practice HCIN-630-01-FA20: Health Care Law and Risk Management *Exemplar Competency* DNP660: faculty for SDSU/report to nurse management at Sharp for student RN education DNP 648: member of American Psychiatric Nurses Association HCIN 630: review policy development changes related to MAR medication error that resulted in death of an infant ***Spring 2021*** DNPC-610-02-SP21: Strategic Planning Quality Initiatives DNPC-630-23-SP21: DNP Scholarly Practice DNPC-686-02-SP21: Perspectives in Program Planning *Exemplar Competency* DNP-686: participated in discussion with student RNs for career in psychiatric nursing DNP 660: encourage student RNs to attend Out of the Darkness community event for suicide awareness ***Summer 2021*** DNPC-610-02-SU21: Philosophy of Reflective Practice DNPC-630-17-SU21: DNP Scholarly Practice DNPC-653-02-SU21: Financial Management *Exemplar Competency*

DNP 653: enhance understanding of key financial role of APRN in healthcare delivery

Fall 2021

DNPC-630-18-FA21: DNP Scholarly Practice
DNPC-648-01: Health Policy Analysis
DNPC-660-01-FA21: Advanced Leadership and Systems Management
Exemplar Competency
DNP 648: policy development -implement a decrease of falls in a locked inpatient psychiatric unit

Spring 2022

DNPC-630-18-SP22: DNP Scholarly Practice
DNPC-665-01-SP22: Consumer Health Informatics
HCIN-611-01-SP22: Health Care Economics
HCIN-625-01-SP22: Digital Healthcare Marketing
Exemplar Competency
DNP 630: stakeholders' presentation to decrease falls in a locked inpatient psychiatric unit
DNP-660: encourage student RNs to attend National Alliance for the Mentally Ill community event for awareness

DNP Essential VI: Interprofessional Collaboration for Improving Patient & Population Health Outcomes NONPF: Leadership Competencies Today's complex, multi-tiered health care environment depends on the contributions of highly skilled and knowledgeable individuals from multiple professions. In order to accomplish the IOM mandate for safe, timely, effective, efficient, equitable, and patient-centered care in this environment, health care professionals must function as highly collaborative teams. DNPs have advanced preparation in the interprofessional dimension of health care that enables them to facilitate collaborative team functioning and overcome impediments to interprofessional practice. DNP graduates have preparation in methods of effective team leadership and are prepared to play a central role in establishing interprofessional teams, participating in the work of the team, and	1. Demonstrate advanced levels of clinical practice within defined ethical, legal, and regulatory parameters in designing, implementing, and evaluating evidenced based, culturally competent therapeutic interventions for individuals or aggregates. 3. Demonstrate leadership in collaborative efforts to develop and implement policies to improve health care delivery and outcomes at all levels of professional practice (institutional, local, state, regional, national, and/or international).	***Fall 2020*** DNPC -661-02-FA20: Methods of Translation Science DNPC-625-01-FA20: Epidemiology-Foundations of Evidence-Based Practice DNPC-630-04-FA20: DNP Scholarly Practice HCIN-630-01-FA20: Health Care Law and Risk Management *Exemplar Competency* DNP 625: review health outcomes of epidemiology in various settings DNP-630: meet with hospital management to begin EBP project for fall risk with psychiatric patients ***Spring 2021*** DNPC-610-02-SP21: Strategic Planning Quality Initiatives DNPC-630-23-SP21: DNP Scholarly Practice DNPC-686-02-SP21: Perspectives in Program Planning *Exemplar Competency* DNP-660: faculty instructor for RN students teaching care of people with psychiatric disorders ***Summer 2021*** DNPC-610-02-SU21: Philosophy of Reflective Practice DNPC-630-17-SU21: DNP Scholarly Practice DNPC-653-02-SU21: Financial Management *Exemplar Competency* DNP-610: review of positive health outcomes using methods outside of Western medicine DNP-660: faculty instructor for RN students teaching care of people with psychiatric disorders

assuming leadership of the team when appropriate.

Fall 2021
DNPC-630-18-FA21: DNP Scholarly Practice
DNPC-648-01: Health Policy Analysis
DNPC-660-01-FA21: Advanced Leadership and Systems Management
Exemplar Competency
DNP-660: faculty/instructor for RN students in community health nursing
DNP-660: faculty instructor for RN students teaching care of people with psychiatric disorders

Spring 2022
DNPC-630-18-SP22: DNP Scholarly Practice
DNPC-665-01-SP22: Consumer Health Informatics
HCIN-611-01-SP22: Health Care Economics
HCIN-625-01-SP22: Digital Healthcare Marketing
Exemplar Competency
DNP 611: presentation - meeting the needs of the determinants of health in the homeless population
DNP-660: faculty/instructor for RN students in community health nursing
DNP-660: faculty instructor for RN students teaching care of people with psychiatric disorders

DNP Essential VII: Clinical Prevention & Population Health for Improving Nation's Health NONPF: Leadership Competencies Consistent with national calls for action and with the longstanding focus on health promotion and disease prevention in nursing, the DNP graduate has a foundation in clinical prevention and population health. This foundation enables DNP graduates to analyze epidemiological, biostatistical, occupational, and environmental data in the development, implementation, and evaluation of clinical prevention and population.	6. Employ a population health focus in the design, implementation, and evaluation of health care delivery systems that address primary, secondary, and tertiary levels of prevention.	***Fall 2020*** DNPC-661-02-FA20: Methods of Translation Science DNPC-625-01-FA20: Epidemiology-Foundations of Evidence-Based Practice DNPC-630-04-FA20: DNP Scholarly Practice HCIN-630-01-FA20: Health Care Law and Risk Management *Exemplar Competency* DNP 625: designed evidence-based university screening program for depression screening in college students ***Spring 2021*** DNPC-610-02-SP21: Strategic Planning Quality Initiatives DNPC-630-23-SP21: DNP Scholarly Practice DNPC-686-02-SP21: Perspectives in Program Planning *Exemplar Competency* DNP 625: consistent monitoring of coronavirus pandemic status and prevention. Followed universal precaution guidelines in all settings. Educated RN students about universal precautions and followed guidelines. ***Summer 2021*** DNPC-610-02-SU21: Philosophy of Reflective Practice DNPC-630-17-SU21: DNP Scholarly Practice DNPC-653-02-SU21: Financial Management *Exemplar Competency* DNP 630: collaboration with hospital management for implementation of EBP project

Fall 2021

DNPC-630-18: FA21-DNP Scholarly Practice
DNPC-648-01: Health Policy Analysis
DNPC-660-01-FA21: Advanced Leadership and Systems Management
Exemplar Competency
DNP- 630: implementation of EBP project to decrease falls in a locked inpatient psychiatric unit. Collaboration with nursing leadership to develop times schedule most conducive to educational intervention.

Spring 2022

DNPC-630-18-SP22: DNP Scholarly Practice
DNPC-665-01-SP22: Consumer Health Informatics
HCIN-611-01-SP22: Health Care Economics
HCIN-625-01-SP22: Digital Healthcare Marketing
Exemplar Competency
DNP 630: poster presentation and stakeholder presentation on falls in a locked inpatient psychiatric unit.

DNP Essential VIII: Advanced Nursing Practice NONPF: Independent Practice/Ethics Competencies The increased knowledge and sophistication of health care has resulted in the growth of specialization in nursing to ensure competence in these highly complex areas of practice. The reality of the growth of specialization in nursing practice is that no individual can master all advanced roles and the requisite knowledge for enacting these roles. DNP programs provide preparation within distinct specialties that require an expertise, advanced knowledge, and mastery in one area of nursing practice. A DNP graduate is prepared to practice in an area of specialization within the larger domain of nursing.	1. Demonstrate advanced levels of clinical practice within defined ethical, legal, and regulatory parameters in designing, implementing, and evaluating evidence-based, culturally competent therapeutic interventions for individuals or aggregates.	***Fall 2020*** DNPC-661-02-FA20: Methods of Translation Science DNPC-625-01-FA20: Epidemiology-Foundations of Evidence-Based Practice DNPC-630-04-FA20: DNP Scholarly Practice HCIN-630-01-FA20: Health Care Law and Risk Management *Exemplar Competency* DNP 625: participate in meeting with hospital leadership for care of patients in psychiatric setting. Discuss fall risk assessment tool and EBP to decrease falls in the inpatient setting. DNP-630: initiate EBP fall risk program development with collaboration of hospital and university leadership ***Spring 2021*** DNPC-610-02-SP21: Strategic Planning Quality Initiatives DNPC-630-23-SP21: DNP Scholarly Practice DNPC-686-02-SP21: Perspectives in Program Planning *Exemplar Competency* DNP-686: discuss EBP importance of decreasing falls in a psychiatric hospital with leadership. DNP 660: transformational leadership with hospital leadership, RN management, RN staff on decreasing falls in this inpatient unit. ***Summer 2021*** DNPC-610-02-SU21: Philosophy of Reflective Practice DNPC-630-17-SU21: DNP Scholarly Practice DNPC-653-02-SU21: Financial Management *Exemplar Competency*

DNP 630: initiate project process with interface of IRB staff at hospital entity. Review/develop PowerPoint for hospital IRB on decreasing falls in a locked inpatient psychiatric setting.

Fall 2021

DNPC-630-18-FA21: DNP Scholarly Practice
DNPC-648-01: Health Policy Analysis
DNPC-660-01-FA21: Advanced Leadership and Systems Management
Exemplar Competency
DNP 660: educate individual psychiatric nurses on use of assessment tool for fall risk and subsequent plan of care development for fall risk in the psychiatric setting.
DNP 648: policy development for fall risk in a psychiatric setting

Spring 2022

DNPC-630-18-SP22: DNP Scholarly Practice
DNPC-665-01-SP22: Consumer Health Informatics
HCIN-611-01-SP22: Health Care Economics
HCIN-625-01-SP22: Digital Healthcare Marketing
Exemplar Competency
DNP 630: ongoing communication with faculty, mentors, stakeholders, editors.

Appendix H

Breakdown of Clinical Hours

Date	Activity	Time
Fall 2020	Collaboration with librarian at USD	20
Fall 2020	Literature review on fall risk in a psychiatric setting and fall risk assessment tools	20
Fall 2020	Meeting with hospital RN Leadership	20
Fall 2020	Stakeholder meetings: quality assurance RN, nurse education RN, EMR Cerner design RN	20
Fall 2020	Develop PICOT question	10
Fall 2020	Completed CITI training	10
	FALL 2020 TOTAL	100
Spring 2021	Development of EBP project	60
Spring2021	Literature review and appraisal of the literature	30
Spring 2021	DNP advisor assignment and review of EBP project	10
	SPRING 2021 TOTAL	100
Summer 2021	Begin IRB process with entity requirements	20
Summer 2021	Development of entity PowerPoint for EBP project	20
Summer 2021	Completion of IRB paperwork for project	20

Summer 2021	Meeting with DNP advisor for IRB paperwork and project requirements	20
Summer 2021	Meeting with project mentor at the hospital for EBP IRB requirements	20
	SUMMER 2021 TOTAL	100
Fall 2021	Continued revision of project with DNP advisor	25
Fall 2021	Continued revision of project with mentor at the hospital	25
Fall 2021	Multiple emails changes and adjustments with IRB staff and representative at the hospital	25
Fall 2021	IRB approval from the hospital and the University	25
Fall 2021	Begin EBP project	100
	FALL 2021 TOTAL	200
Spring 2022	Summary of Result of EBP project	20
Spring 2022	Poster presentation	20
Spring 2022	Stakeholder presentation	20
Spring 2022	Completion of exemplars and DNP program	20
	SPRING 2022 TOTAL	80
	PLNU CNS	500
	PROGRAM TOTAL	1080

Appendix I

Sharp Clinical Placement Acceptance

Sharp Healthcare > Sharp Mesa	Complio ID	CID-44-9048	Rotation Name	228377	
Type/Specialty		Department		Program	NP
Course	DNPC 630	Term		Unit/Floor or Location	
# of Recommended Hours		Days	Varied	Shift	
Time	-	Dates	06/25/2021-05/20/2022	Instructor/Preceptor	Loralie Woods
Other Details					
Agency Status		# of Groups		Institution Name	
USD					

Appendix J

Cloud Recording of Education on the Fall Risk Assessment Tool

Hi Theresa Fitzpatrick,

Your cloud recording is now available.

Topic: fall risk tool zoom for east wing one RNs

Date: Jan 4, 2022 08:30 AM Pacific Time (US and Canada)

Click here to view your recording (this link can be used only by the host):

https://SDSU.zoom.us/recording/detail?meeting_id=cEj2rS%2BISdugOKA2tifFyg%3D%3D

Copy the link below to share this recording with viewers:

https://SDSU.zoom.us/rec/share/9jS_089wnEOlZYWIU3HYWJYuGCG9-wliqqR6ZxfguIPQmJQiO4Pq6XKtDxSUFM-r.Zkd_EUxOEj1nQZVC

Thank you for choosing Zoom.

-The Zoom Team