

# PREVENTING PATIENT FALLS ON A MEDICAL PSYCHIATRIC UNIT

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## Purpose

A hospital-wide falls prevention program was initiated, however patient falls continued to be a problem on a medical psychiatric unit. The project question was, "In a population of Medical Psychiatric inpatients what are the best evidence based practice interventions to reduce falls?"

## Background

Stanford's Fall Risk policy includes the Morse tool for fall assessment and a fall prevention care plan that includes recommendations from medical surgical literature. Few studies have focused on falls among psychiatric patients who are often ambulatory and different from the general medical/surgical population. Falls factors raised in other psychiatry populations were; medication associations, intentional falls, over sedation, gait, balance, confusion, and continence.

## Methods

One year of detailed falls data was analyzed to determine the characteristics of this medical psychiatric population. Then, hospital-wide interventions were adjusted: 1) Fall focused rounds for bathroom assistance and patient teach back; 2) Post fall debriefings to adjust care plans and prevent repeat falls; and 3) Medication monitoring and education of frequently used psychiatric medications. Multi-modal staff nurse education was also completed, specifically around medication side effects linked to falls, and peak action times.

## Results

Patients who fell were ambulatory and <60 years of age. Falls occurred during meals, bedtime and peak medication effect times. 12 were repeat falls. Medication types were: Sedatives (60%); Anti-depressants (57%); Mood stabilizers / Anti-seizure (9%); Cardiac (28%). Staff education was completed over 4 months reaching 95% of RNs. As of 9/09, repeat falls dropped to 0 and the Falls/Pt Day rate returned to summer 2008 rate. Three falls occurred on night shift instead of D/E shifts, related to sleep medication. Documentation of falls risk assessment is inconsistent.

## Conclusions

Falls prevention interventions adjusted for the medical psychiatric populations can be effective. Outcome data suggests the 3 intervention bundles be continued with further monitoring.

**Keywords:** Falls prevention, psychiatry, evidence-based practice

## Selected References

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