CHRISTUS Santa Rosa Health System

"Safety Huddles"

To Reduce the Rate of Falls in a Senior Behavioral Unit

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Problem Statement

Falls in geriatric psychiatric units continue to average 18/1000 patient days[1]. Falls are amplified by the presence of psychotropic drugs and the presence of mental disorders[2]. The Senior Behavioral Health Care unit (SBHC) had an average fall rate of 14/1000 patient days. Although this fall rate is less than the national average, the health care staff of SBHC believe there is an opportunity for improvement.

Literature Review

Despite improvements in fall prevention in an acute inpatient setting, psychiatric units continue to have high fall rates[1]. Traditional prevention methods are not applicable to a population that remains ambulatory and independent in their activities [2,3]. Additionally, psychiatric patients have an increased risk of falls due to psychotropic medications[4]. Despite the common occurrence of falls, there has not been a successful prevention method identified for psychiatric units[5].

Goals and Measurement

Decrease and maintain rate of falls for inpatient Senior Behavioral Unit to less than 18/1000 patient days within six months.

The *Merry Walker* is used to help provide a sturdy, safe device while promoting independent walking and reducing fall risk.

Interventions

1. Functional status and fall risk using *Morse Fall Risk Assessment* is assessed early in the patient's admission. (Education completed 9/29/15)
2. Nurses and Staff participate in **Safety Huddle** every morning to discuss fall risks and related interventions in place. (Initiated 10/1/15)

3. Patients at risk are placed on alarm (bed and/or chair) and positioned close to Nurse's station. Use of alarms are communicated during **Safety Huddle**. (Initiated 10/1/15)
4. *Morse Fall Risk Assessment* was used for one hall and *Edmonson-Psychiatric Fall Risk Assessment* was used for the other hall. *Morse Fall Risk* implemented a yellow star for score of ≥ 25 and a red star for a score of ≥ 60. *Edmonson-Psychiatric Fall Risk* implemented a red star for a score ≥ 90. Fall risk scores are communicated during **Safety Huddle**. Falls and risk scores were compared. (Initiated 12/1/15).
5. The use of Merry Walkers was implemented for patients scoring ≥ 20 on the Get Up and Go Test. (Initiated 12/22/2015).

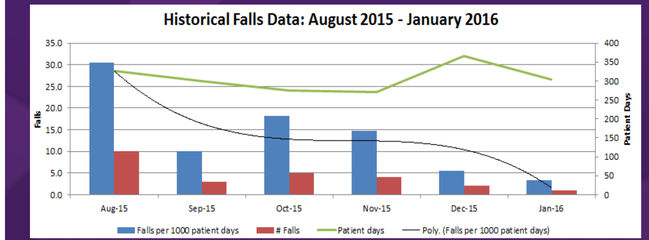
Results

The process improvement was initiated on 10/1/15. PDSA model was used. Every 30 days the process was re-evaluated. After initial interventions a decline was noticed, however it did not sustain. Safety Huddles continued as they are the primary component that kept the team informed. Between 10/1/15 and 11/1/15 falls on the SBHC continued to rise. A total of 15 falls occurred during this timeframe. The increased falls, despite the implementation of new interventions, was addressed at the morning huddle on 11/23/15. During this huddle a concern was raised that the Morse Fall Risk Assessment tool may not be appropriate for this population. The unit council voted to trial the Edmondson-Psychiatric Fall Risk Assessment Tool. The Edmonson-Psychiatric tool was initiated 12/1/15 for one hall (rooms 14,15,17,18,19,20,21,22) while the Morse tool was continued for the other hall (rooms 4,5,6,7,8,11-1,11-2,13). Between December 1, 2015 to January 31, 2015 there have been a total of three falls using the Edmonson-Psychiatric Fall Risk Assessment tool and zero falls using the Morse Fall Risk Assessment tool. The use of Merry Walkers was initiated on December 22, 2015 for patients scoring greater than 20 on the Timed Get Up and Go Test. This intervention was initiated as soon as walkers arrived on the unit.

The falls occurred as follows: Aug – 10 falls, Sept – 3 falls, Oct – 5 falls, Nov – 4 falls, Dec – 2 falls, Jan – 1 fall.

Conclusion/Recommendations

Across the nation patient falls continue to be an ongoing area of concern for health care facilities. Behavioral units have the added challenge of the necessary use of psychotropic medications[1,2]. For the elderly this problem is often compounded by the presence of varying levels of cognitive decline and/or dementia[1,2]. The implementation of a **Safety Huddle** is imperative to maintain communication regarding patient risks and any interventions which have been initiated for that patient. To date, the evidence indicates that no individual intervention on its own can identify and prevent patient falls. However, the data does suggest the use of a merry walker may significantly aid in preventing falls. More time is needed to evaluate the use of this device. In regards to the presence of any significant difference between the use of the *Morse Fall Risk Scale* and the *Edmonson-Psychiatric Fall Risk Scale*, more time is needed to collect data and perform comparison tests. In conclusion, no matter which intervention is initiated, the desire for elderly patients to maintain their independence while preventing the occurrence of falls requires the devotion and fidelity of the health care team.



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