

Reducing Falls on the Senior Care Unit of the Institute of Psychiatry

Combined Internal Medicine and Psychiatry and Geriatric Psychiatry Residency Programs
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BACKGROUND

In-hospital falls are a common complication of hospitalization

Risk factors for falls include: advanced age, impaired gait, orthostasis and frailty

Many medications can contribute to falls

The Senior Care Unit (SCU) a geriatric inpatient psychiatric unit has the highest incidence of falls at MUSC Health Charleston averaging 58.5 falls/year

SCU patients have a combination of many patient level risk factors including: older age, polypharmacy, impaired cognition

The SCU clinical area increases risk for falls due open therapeutic milieu, most patients being ambulatory and limited physical therapy

All patients are screened for fall risk using the Edmonson Fall Risk tool

AIM STATEMENT

Reduce falls on the senior care unit by 10% by December 31st, 2021

MUSC Pillar: Quality (falls)

METHODS/INTERVENTION

Education to psychiatry, medpsych and neuropsych residents about fall and fall risk scores

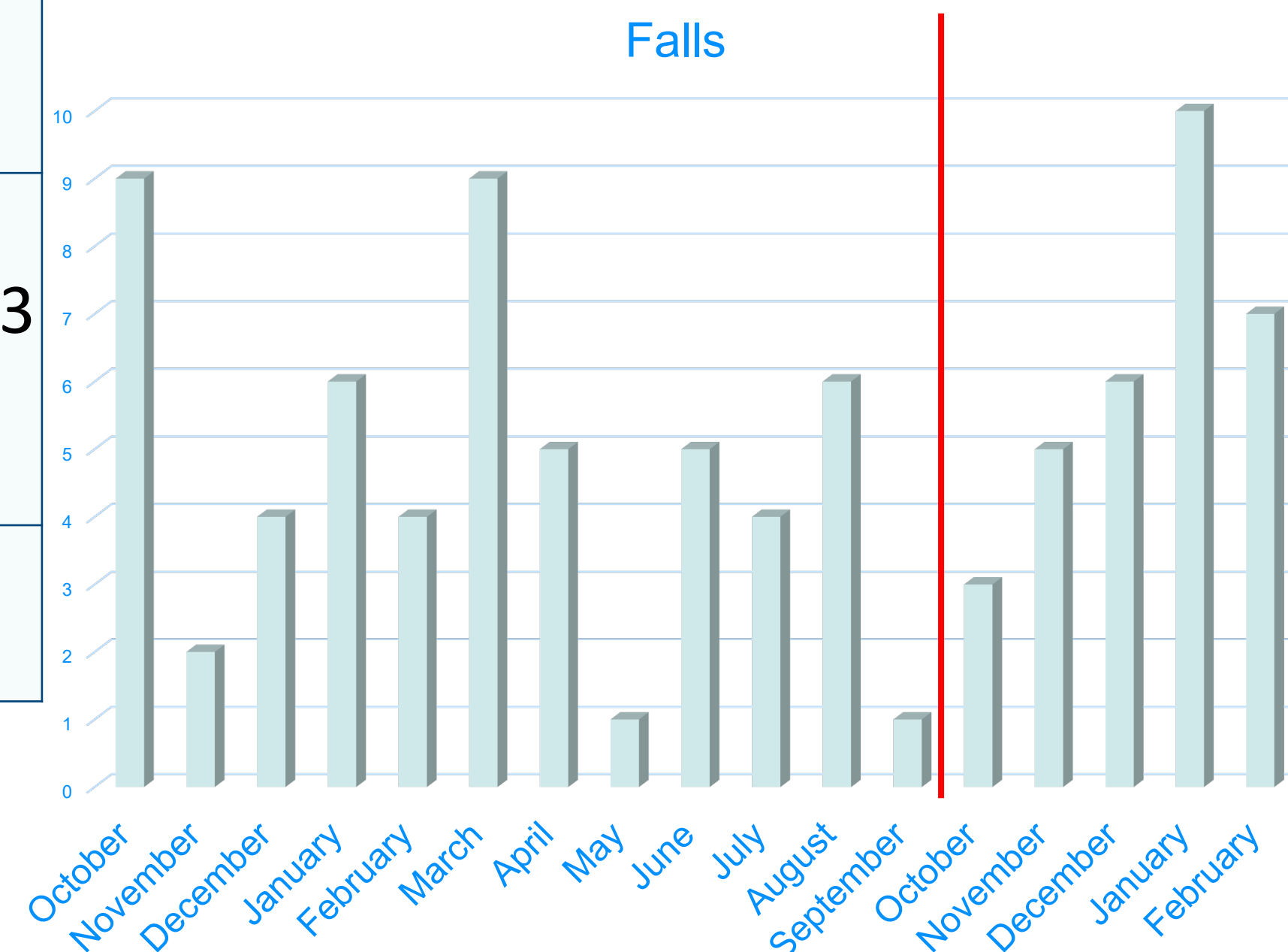
Incorporate Edmonson fall risk score into patient care at sign-out and wrap up/daily rounds

No specific intervention if fall risk elevated. Consideration of more frequent vital signs, changes to medications, etc.

Compare incidence of falls/month in 12 months prior. Measure falls during Oct-Dec. Assess progress and consider changes to protocol. Measure falls Jan-March.

RESULTS

3-month period	Total falls	
Q2 AY2020	15	Pre-intervention 3 month average=14
Q3 AY2020	19	
Q4AY2020	11	
Q1 AY2021	11	
Q2AY2021	11	
Q3 AY2021	17	



CONCLUSIONS

Although the specific AIM was met, further study revealed inconsistency in the impact of the intervention

The first quarter post intervention was below the previous years average

The second quarter post intervention was above the previous years average

Incorporating fall risk into SCU patient discussion did not improve falls

Single patients drove high fall month (January)

BARRIERS:

- Cycling residents each month
- Most patients high fall risk.

NEXT STEPS

Build Edmonson Fall score (fall risk) into Epic signoff sheet (Complete)

Attach score to specific interventions (PT consult, more frequent orthostatics)

Retrospective analysis of falls in this specific population

Improve educational tools and frequency of education. Increase from weekly to bi-weekly