

Fall Prevention: Environmental Modifications and Staff Transfer Training on a Geriatric Inpatient Psychiatric Unit

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Background and Significance

Background

- The **Integrated Health and Aging Program (IHAP)** at **Western Psychiatric Hospital (WPH)** aims to return older adult patients with psychiatric and neurocognitive disorders to the community and/or other placements that allow for recovery in a least restrictive environment.
- Co-occurring disorders can lead to falls in these older adult patients.³
- One-third of falls amongst this population are preventable, highlighting the potential impact of **fall prevention programming**.²

Significance

- Increased rate of **inpatient falls** on the unit, which prolongs hospital stays, leads to injuries, and declines in patient functioning.
- Direct patient care staff do not currently receive formal **transfer training**
- Patient dependence on staff to complete functional transfers, a lack of formal training among staff increases fall risk and compromises the safety of both patients and staff completing the transfer.

Objectives

- 1: Train staff in body mechanics that are required to complete safe patient transfers to and from different surfaces.
- 2: Train staff in recognizing and removing environmental hazards that pose a risk for falls.
- 3: Understand occupational therapist's role in implementing fall prevention programs related to transfer training and environmental modifications.

Methods

Participants

- Staff working on the IHAP unit: milieu therapists, patient care technicians, student behavioral associates, and nurses.

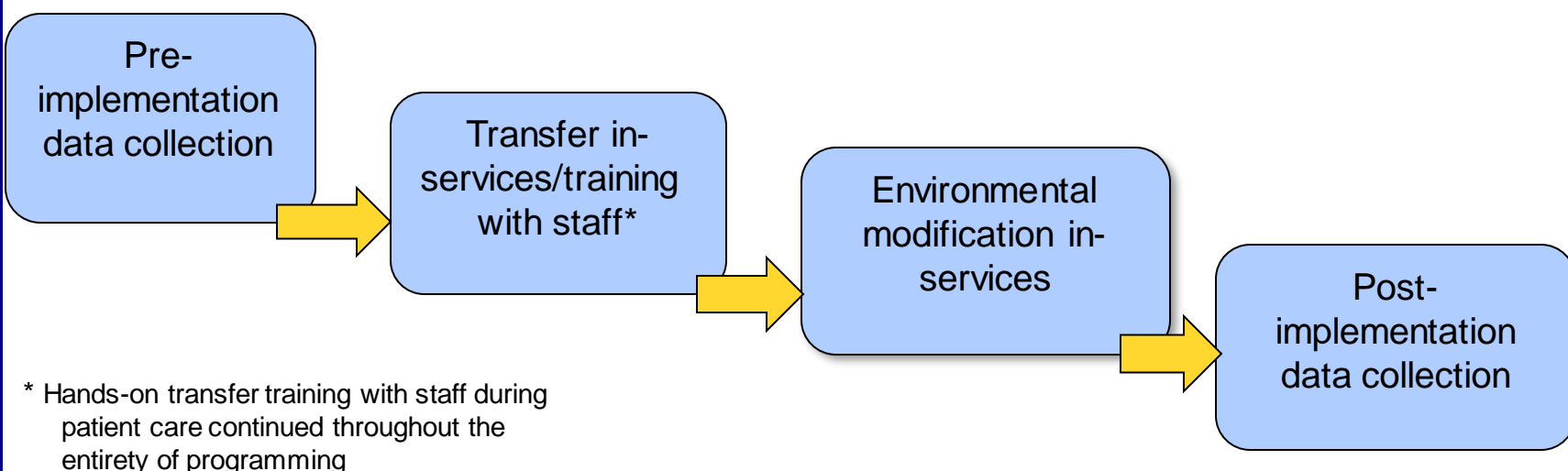
Outcome Measures

- Staff concern of injury to self-and/or patient
- Environmental modifications
- Patient falls

Assessments

- Pre/post implementation survey:** Administered to staff to assess transfer confidence, transfer competence, and healthcare environment.
- Pre/post implementation environmental checklist:** Observational tool recording environmental factors in patient rooms, common areas, bathrooms, and hallways.

Process



Fall Prevention Programming

Educational Materials

- Written educational materials** were provided to staff and hung up at designated location on-site.
- Video demonstrations** featuring specific transfer techniques were incorporated into new hire training.

Transfer Training & In-Service Sessions

- Didactic teaching:** Transfer body mechanics, modifiable fall risk factors, unmodifiable patient fall risk factors, healthcare environment, and equipment management.
- Hands-on training:** Step-by-step demonstrations, and staff practice of different transfers and fall recovery strategies.

Sustainability

- Created transfer training **video demonstrations** and **written step-by-step instructions** to be included in new hire orientation.
- Created **educational materials** on initial transfer procedure, transfer techniques, equipment management, environmental modifications, and in-service presentations to be placed in a binder in common location for staff to reference as needed.
- New hires are placed with a current staff member on the unit to gain comfortability with daily tasks.

Discussion

Conclusions

- Staff-reported concern of risk of injury to self and patients during transfers decreased following fall prevention programming.
- Environmental fall hazards (relating to lighting, clutter, patient orientation) decreased following fall prevention programming.
- Written educational handouts, transfer video demonstrations, and in-service session material have been incorporated into new hire onboarding to ensure sustainability of programming.

Limitations

- Staff turnover and vacancy on the unit.
- Lack of research on fall prevention within this specific population.
- Changing patient population.
- Staff hesitation with new transfer techniques.

Implications for Practice and Future Directions

Implications for Clinical Practice

- Transfer education should be incorporated in new hire orientations for all direct patient care staff to prevent injury that improper techniques pose for staff and patients.
- Establishing a rapport with staff and seeking staff feedback/input prior to and throughout programming is crucial in promoting active engagement with training materials.
- Fall prevention programming must be multifaceted to address the everchanging needs of patient factors, the environment, and the task on fall risk.

Future Directions

- Pair transfer techniques with patient independence descriptions/evaluations.
- Explore patient call bell alternatives that meet guidelines set by the Environmental Steering Committee.
- Consider programming to improve staff efficiency during morning ADLs to maximize the number of patients alert during morning hours.

Acknowledgements

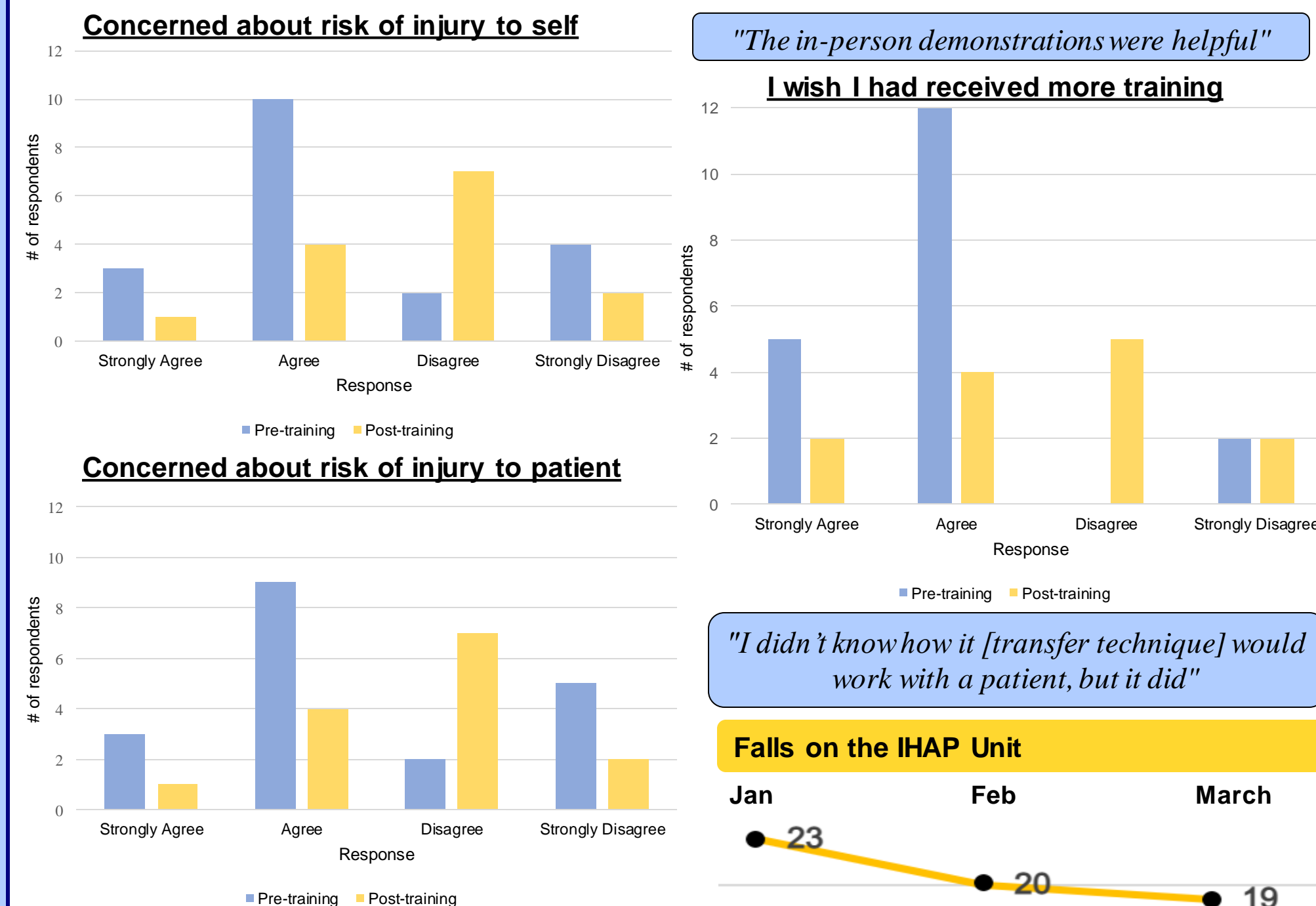
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Results

Pre- and Post-Transfer Training Staff Survey



Healthcare Environment Outcomes

Pre-training

- Lights on (common areas): 50%
- Lights on (patient rooms): 12.5%
- Clutter: 87.5%
- Orientation: 37.5%

Post-training

- Lights on (common areas): 87.5%
- Lights on (patient rooms): 87.5%
- Clutter: 12.5%
- Orientation: 100%