Reducing Falls in Older Adults Using Antipsychotics During Hospitalization: Implementing of a Fall Risk Screening and Prevention Protocol

BRITTANY MUNFORD, BSN, RN, MEDSURG-BC; JEREMY MILLS, DNP, APRN, PMHNP-BC; HEIDI KING, BSN, RN, CCRN

BACKGROUND

- Falls are the leading cause of injury-related death among adults aged 70+, with the WHO reporting 684,000 deaths and 37.3 million injuries from falls each year [9]
- Antipsychotic use in older adults significantly increases the risk of falls, fractures, and related injuries or death, largely due to their anticholinergic and sedative side effects
  - Typical antipsychotics increase fall risk by 48% (fractures by 61%)
  - Atypical antipsychotics by 72% (fractures by 94%) [6,12]

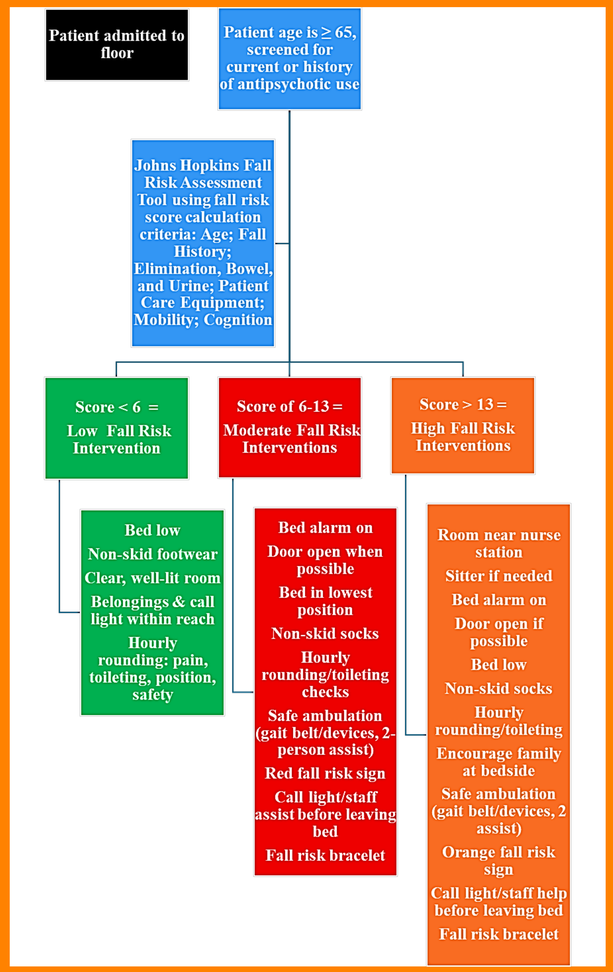
LOCAL PROBLEM

- 30-bed medical-surgical unit serving primarily adults aged 65+ with acute and chronic medical conditions, many prescribed antipsychotics
- After JHFRAT screening began, inpatient falls with injury dropped from four (in the prior six months) to one
- Purpose: Implement a standardized screening tool and fall risk prevention interventions for older adults taking antipsychotics
- Specific aims:
  - Achieve 50% compliance with fall risk assessment protocols for patients on antipsychotics during the 90-day period
  - Ensure 50% adherence to fall prevention interventions for those identified as at risk during the 90-day period

METHODS

- The project utilized the Evidenced-Based Practice Improvement model
- Critical appraisal of literature demonstrated strong evidence that screening protocols for fall risks caused by antipsychotics in older patients and developing a fall prevention program may reduce falls [1,2,6,9,17,18]
- The Johns Hopkins Fall Risk Assessment Tool (JHFRAT) was selected for this project because it evaluates multiple risk factors and offers good predictive performance statistics in acute care settings [11]
- Process and outcome measures included JHFRAT completion rates, intervention adherence, and fall incidence

Using a standardized fall risk screening tool (JHFRAT) and targeted prevention strategies ***falls with injury were reduced among older adults taking antipsychotics*** during hospitalization.



Scan me

THE UNIVERSITY OF TENNESSEE KNOXVILLE
COLLEGE OF NURSING

INTERVENTIONS

- Patients aged 65 and older on antipsychotics were screened for fall risk using the JHFRAT during admission to the unit
- Based on risk level, patients received either standard safety measures, extra monitoring, or additional supervision

RESULTS

- Of 262 patients aged 65 and older, 66 (25%) were prescribed antipsychotics and screened using the JHFRAT
- 33 (50%) of these patients had JHFRAT screening completed correctly; 64 (97%) received appropriate fall prevention interventions
- Fall-related costs decreased from $193,578 to $64,526, yielding savings of approximately $129,052
- The reduction from 4 (6 months prior to implementation) to 1 fall with injury among patients 65 and older taking antipsychotics represents a 75% decrease in falls following project implementation

CONCLUSIONS

- Staff adherence to risk assessment and prevention improved through effective fall tracking and team reviews
- While standardized screening reduced falls and costs, sustaining these improvements remains a challenge due to declining screening rates post-implementation
- Ongoing audits, EHR integration, and regular training support long-term adherence
- Expanding screening to other high-risk medications and units will further improve patient safety

ACKNOWLEDGEMENTS/FUNDING DISCLOSURE:
Many thanks to the staff UTMC, Knoxville, TN & the graduate faculty of the College of Nursing, University of Tennessee, Knoxville
No funding was received for this project