Decreasing Falls by Engaging Patients in Diversional Activities

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Background

Among adults aged sixty-five years and older, falls are the leading cause of injury. Falls occur at higher rates for hospitalized psychiatric patients compared to medical-surgical inpatient areas. On psychiatric units, conditions such as depression, psychosis, dementia, agitation, confusion, and memory deficits may contribute to increased falls. The use of psychotropic medications and medication changes also increase the risk of falls. Non-pharmacological interventions, such as distraction and diversional activities, are recommended as first-line treatment for agitation in older adults with dementia.

Objective/Purpose

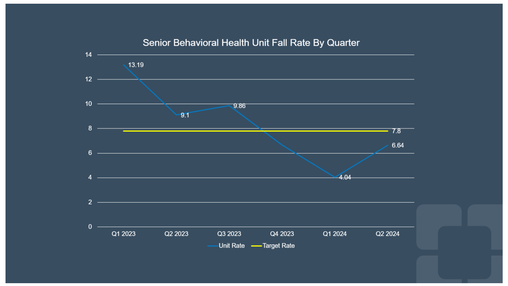
Our Senior Behavioral Health unit's fall rate was above the target goal of 7.8%. 2023 fall rates were: 13.19% (Q1), 9.10% (Q2), and 9.86% (Q3). We did not have formal nurse led groups nor a formal process for use of diversional activities. Additionally, nurses were not actively encouraging patients to attend groups led by the programming caregivers. The Geriatric Resource Nurses (GRNs), unit-based caregivers, therapeutic programming caregivers and NICHE coordinators collaborated to decrease the unit's fall rate.

Methods

Several interventions were implemented to decrease the unit's fall rate:

- Nurse led group activities
- Individual patient activities
- Increasing patient participation in groups led by therapeutic programming caregivers

Outcomes



- Implementation dates:
  - March 2023: nurse led group activities
  - September 2023: use of individual activities
  - November 2023: nursing caregivers encouraging and assisting patients with attending scheduled programming groups
- The fall rate decreased to below the target goal: 6.65% (2023 Q4), 4.04% (2024 Q1), 6.64% (2024 Q2)
- 2024: the unit had zero falls with injury through Q2

Conclusions

It takes an interdisciplinary team approach and a variety of diversional activities to decrease patient falls. Collaboration with GRNs, unit caregivers, therapeutic programming caregivers, and NICHE coordinators decreased patient fall rates on our unit.

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