Background

It is a known fact that older adults are at an increased risk for falling due to numerous physiological factors (CDC, 2013). However, it is less known that psychiatric inpatients of this age group are at a further increased risk for falls due to certain population-specific risk factors such as: confusion, use of psychotropic medications and electroconvulsive therapy treatment (Estrin et al., 2009).

Meyer 6 is a geriatric psychiatry unit at JHH with the highest fall rate among all hospital psych units. Their rate of falls in 2013 was 6.88 falls per 1,000 patient days (Johns Hopkins Department of Nursing, 2014). Thus, the Otago Exercise Program was identified as an evidence-based practice to improve balance and strength, and thereby reduce fall risk among community-dwelling older adults (Thomas, Mackintosh, & Halbert, 2010, p.682). We are also extending its use to reduce “deconditioning” among patients which includes physical losses common to periods of inactivity (Gillis & MacDonald, 2005). To apply this intervention to Meyer 6, this program has been tailored to meet the needs of the unit population.

Objectives

• Reduce physical deconditioning on the unit as evidence by pre-test/post-test balance and strength measures.
• Reduce the monthly fall rate to ≤4 falls per 1,000 patient days for ≥6 months.

Methods

1) Systematic review of 15 articles using Cochrane database
2) Identification/tailoring of intervention
3) IRB application submission
4) Pilot testing based on approved Otago exercises

Results

The project began with the systematic review from Cochrane database during which 15 articles were evaluated. This revealed confirmation that the Otago exercise program was applicable to our unit population but that we would have to focus on individual-tailored exercises to be successful.

Pilot testing began after IRB submission and lasted about 3 months. Preliminary participants were identified by PT based on inclusion/exclusion criteria and were evaluated based on set pre-test/post-test measures. Exercises were inconsistently completed for 6 patients, without staff involvement. Findings from the pilot testing were inconclusive (TUG t=1.38, p = .28; Tinetti Balance Scale t=-1.15, p=.34).

Conclusions

• Identified appropriate intervention to be tailored for unit.
• Pilot testing revealed insignificant findings and little effect on deconditioning, possibly due to limited participant approval by PT.
• Deficiency of staff buy-in for project limited implementation capabilities.

Future Directions

• Identify additional project champions
• Interdepartmental collaboration and communication to plan exercises around other therapies
• Improve communication strategies with PT to coordinate participant referrals
• Proceed to full project implementation following IRB approval

References


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