2022

Fall Clinical Practical Guideline in a Psychiatric Hospital

Wendy Carroll Smith
Walden University

Walden University

College of Nursing

This is to certify that the doctoral study by

Wendy Carroll Smith

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee
Dr. Robert McWhirt, Committee Chairperson, Nursing Faculty
Dr. Mary Catherine Garner, Committee Member, Nursing Faculty
Dr. Jennifer Nixon, University Reviewer, Nursing Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

Walden University
2022

Abstract

Fall Clinical Practical Guideline in a Psychiatric Hospital

by

Wendy Carroll Smith

MS, Walden University, 2014

BS, East Tennessee State University, 2010

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

Walden University

February 2022

Abstract

Psychiatric hospitals are a unique environment and therefore pose unique challenges in preventing falls. Current evidence suggests that multidisciplinary committees to update clinical practice guidelines (CPG) will reduce falls and improve patient care in the acute inpatient psychiatric setting. The purpose of this study was to examine current evidence and develop new CPG with a goal to decrease falls in an inpatient psychiatric hospital. The Iowa model collaborative was used as a framework to develop the CPG to promote quality care and serve as an implementation model that supports the training of evidence-based practice. The methodology, design, and data analysis included a literature review to gather data for evaluation using Fineout-Overholdt's grading system. A multidisciplinary fall committee consisted of a Psychiatric nurse, psychiatrist, social worker, and the treatment plan coordinator was established with the goal to make recommendations in the development of the CPG utilizing the AGREE II instrument. The fall committee were required to have a minimal of five years' experience in the psychiatric field. The AGREE II instrument utilizes six key domains to evaluate validity of the CPG. The fall committee made three recommendations: a process to audit and monitor compliance and update the CPG annually. The fall committee recommendations were addressed in the final CPG. The CPG will decrease falls, improve patient care, and effect social change by reducing the cost of hospital stays.

Fall Clinical Practical Guideline in a Psychiatric Hospital

by

Wendy Carroll Smith

MS, Walden University, 2014

BS, East Tennessee State University, 2010

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

Walden University

February 2022

Dedication

This project is in honor of psychiatric nursing professionals. No one can understand the risks of psychiatric nursing better than we do. Our work goes unnoticed because we are not a medical facility. Our workplace provides a therapeutic psychiatric environment to help the mentally ill population.

Acknowledgments

First, I want to acknowledge Jesus Christ. He gives me the strength, both physical and emotional to continue to have influence in the nursing profession. Thank you to my meemaw, Eula Kennedy, who has always encouraged me to reach my dreams and goals. Thank you to my daughter, Alisha Carroll Carden, and my husband, Kenneth Smith, who stand by me and support me to help achieve my goals. Finally, thank you to the professors, mentors, and preceptors that have led by example and helped me to achieve this dream.

Table of Contents

List of Tables

List of Figures

Section 1: Nature of the Project

A psychiatric hospital has unique challenges in preventing patient falls. Patients with mental health disorders are highly mobile but experience frequent changes in cognitive, behavior, and mental states. These patients possess unique fall-related risk factors such as altered mental status, physiological symptoms, history of falls, gait problems, chronic medical conditions, and polypharmacy that might warrant specific tailored fall prevention interventions (Xu, & Xi, 2015).

The project site is an inpatient psychiatric setting that has identified an increase in patient falls. But the clinical practice guideline (CPG) is outdated and is not followed by the nursing staff. The purpose of this project was to develop a CPG that may reduce falls and improve patient care. CPGs are statements developed to assist patient care decisions using current evidence and best practices (Institute of Medicine, 2018). The CPG may include multidisciplinary assessment to identify the following: fall history, medical history, cognitive status, sensory deficits, medication review, and the use of any assistive devices for mobility.

Problem Statement

Preventing or decreasing the number of falls is a challenge in most health care settings, but the challenge is even greater in the inpatient acute mental health setting (Institute for Advanced Medical Science, 2018). More than one-third serious injuries such as fractures and head trauma developed from falls (Joint Commission, 2019). Falls that do not result in major injuries may affect patients psychologically. Patients are afraid to walk related to fear of falling, increased anxiety, loss of self-confidence, and decrease

socialization (Dykes et al., 2017). In the psychiatric or behavioral health setting, fall rates range from 4.75 to 25 falls per 1,000 patient days (Abraham, 2016). Further, patients with a mental illness 50 years or older who are experiencing the acute phase of a mental illness, homicidal ideations, suicidal ideations, loss of mobility, and/or a fear of falling may require a different clinical protocol guideline to reduce falls and improve patient care (Abraham, 2016). However, the CPG at the project site is outdated and not followed by the nursing staff.

The project site is a small, acute, rural psychiatric hospital. The hospital has a total of 150 beds with a 26-bed subacute unit. The most common diagnosis for the patients admitted to the hospital include major depression, bipolar disorder, chemical and substance abuse, schizophrenia, dementia, and general psychosis. Falls in this hospital from October through December of 2019 were 4.28 falls per 1,000 patient days. There are three other psychiatric hospitals in the region, which have 2.72 falls per 1,000 patient days (Quality Data, 2019).

Over the last year, the facility has had an overall 5% increase of falls with major injuries on the units. A total of 46 falls occurred in adults between the age of 18 to 65. As a result of the falls, 13 patients sustained minor injuries, one sustained a moderate injury, and one sustained a severe injury. The fall committee members of the psychiatric hospital discussed the need for a standardized CPG to reduce falls and improve patient care. Thus, the purpose of this project was to develop a CPG that includes an interdisciplinary approach of the falls committee. The development of a new CPG for decreasing falls and improvement of patient care in the inpatient psychiatric hospital may help psychiatric

mental health staff reduce falls, increase the quality of care the patient receives, and decrease the number of fall injuries in the psychiatric hospital.

Purpose Statement

The gap in practice is an outdated fall CPG that is not being used by nursing staff to decrease falls and improve patient care in this rural, acute care, psychiatric facility. The purpose of this project was to utilize a multidisciplinary falls committee to update the CPG for the fall prevention. The practice-focused question was "Will a new evidence-based CPG improve patient care and/or decrease falls in the inpatient psychiatric hospital?"

Nature of the Doctoral Project

The project followed the guidelines set forth in the Walden University Doctor of Nursing Practice (DNP) annual for CPG development (Walden, 2019). CPGs developed to help health care provide care providers with evidence and knowledge to deliver safe, effective care for specific populations. The first step in developing a CPG was to access evidence from the literature through the Walden Library. Search engines included CINAHL, Medline, Psychological Information, Science Direct, and Google Scholar. Inclusion criteria are peer reviewed, full text, English language journals published within the past 5 years. Key word search terms included *fall prevention, fall control, fall redirection, practical guidelines, psychiatric*, and *fall guidelines*. This evidence was placed into a table and graded using the Fineout-Overholt et al. (2010) grading of evidence criteria. The relevant studies were synthesized for the fall committee and a draft was developed for first review. The fall committee consisted of a physician, psychiatric

nurse, social worker, and activity specialist in the psychiatric hospital. The committee used guidelines based on their individual professional expertise and the evidence-based literature findings. The final draft of the guideline was reviewed using the Appraisal of Guidelines Research and Evaluation (AGREE) II tool. The AGREE II is both valid and dependable and includes several domains to be evaluated (Agree Research, 2019).

Significance

The primary stake holders include the nursing staff, families, patients, and medical staff. The nursing staff may reduce falls and improve patient care by using the CPG in the psychiatric hospital. The significance for patients is decreasing the risk and potential harm and anxiety from falls and improving patient outcomes and overall well-being. This project also aligns with DNP Essential VI: Clinical Prevention and Population Health for improving the Nation's Health (American Association of Colleges Nursing Society, 2006). This DNP project demonstrates leadership in the clinical practice setting in supporting psychiatric nursing to use evidence-based CPG to decrease falls and improve patient care. The CPG could also add to the literature and support its use in other psychiatric hospitals.

Summary

The current practicum site has an increase of 1.56 falls per 1,000 patient days, resulting in a higher rate of falls than the other psychiatric hospitals in the area. The gap in practice is the outdated CPGs to reduce falls and improve patient care in this rural, acute care, psychiatric hospital. The purpose of this project was to update the CPG to decrease falls, developing a draft guideline for the fall committee to review using the

AGREE II tool. The adoption of a new CPG may decrease falls and improve patient care. Section 2 provides an in-depth literature review, background, and context of the DNP project.

Section 2: Background and Context

The problem identified for this project is that the acute inpatient psychiatric hospital currently has a CPG that is outdated and not used by the nursing staff. Further, the acute psychiatric mental hospital has increased falls by 5% in the months of October through December 2019. The purpose of this DNP project was the development of a new evidence-based CPG that may improve patient care and decrease falls in the inpatient psychiatric hospital. In this section I will provide a detailed breakdown of the existing literature on the topic and an introduction of the background context of the project.

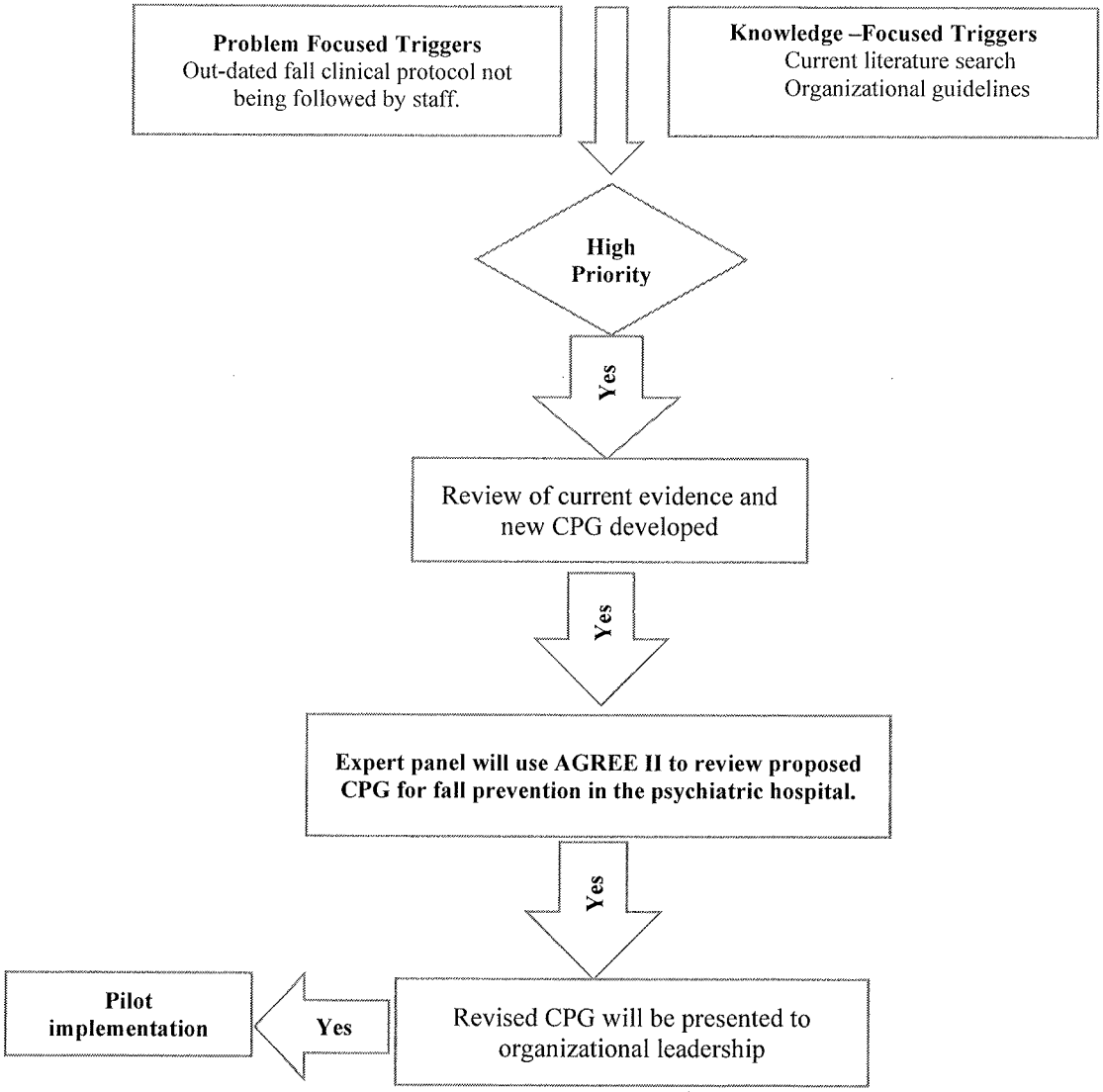
Concepts, Models, and Theories

CPGs are statements and recommendations from national agencies that are utilized to improve patient care (AAFP, n.d.). The development and implementation process of a CPG is a way to promote quality of care and implementing evidence-based practice (EBP) changes. The Iowa model of EBP promotes quality care and is an implementation model that supports the training of EBP changes (Green, 2020). The Iowa model is a framework for the implementation of EBP CPGs (Iowa Model Collaborative et al., 2017). The model includes two types of triggers necessary for an EBP CPG to change in the psychiatric clinical setting: problem-focused triggers and knowledge-focused triggers. Problem-focused triggers include risk management data that impacts the operations in health care organizations that individuals can include a clinical problem. Knowledge-focused triggers examine new research, national agencies, and organizational standard guidelines (Iowa Model Collaborative et al., 2017).

Initially, the clinician will identify a question either from a problem, or a result from being aware from new knowledge (Green, 2020). In the case of this project, the problem question related to whether a new evidence-based CPG may reduce falls and increase the quality of care in the psychiatric hospital. The second step in this model is to determine if there is relevance to the organizational set goals (McEwen & Wills, 2019). The reduction of falls may increase the fiscal yearly budget for the psychiatric hospital for the year 2020. Figure 1 depicts the application of the Iowa model to the project: received permission to use the Iowa model on June 20,2020 from the University of Iowa and Clinics.

Figure 1

Iowa Model



Note. Adapted from "Iowa Model of Evidence-Based Practice: Revisions and Validation," by Iowa Model Collaborative, K. C., L. Cullen, K. Hanrahan, C. Kleiber, A. M. McCarthy, B. Rakel, V. Steelman, T. Tripp-Reimer, & S. Tucker, 2017, *Worldviews on Evidence-Based Nursing, 14*(3), p. 12.

Relevance to Nursing Practice

Fall-related injuries have major implications for patients, staff, and organizations. Reducing falls is important for maintaining health, well-being, and independence among patients. Patients of any age or physical ability can be at risk for a fall due to physiological changes, medical conditions, current medications, surgical procedures, and psychiatric diagnosis (Joint Commission, 2019). The analysis of falls with injury in the Joint Commission database reveals the most common contributing factors to be inadequate nursing assessment, communication failures, non-compliance with clinical protocols and safety practices, inadequate staff training, and lack of leadership. The lack of knowledge of understanding the importance of following a clinical protocol guideline to reduce falls in thc psychiatric hospital increases the risk of serious injuries in the hospital.

Falls in Mental Health

Intrinsic factors such as impaired cognition resulting from dementia, delirium, or psychotropic medications may lead to falls in the psychiatric setting (Abraham b, 2016). Extrinsic factors such as lack of support equipment or lack of durable medical equipment may increase falls in addition to the environmental restrictions on the mental health units to protect patients from harm (Abraham b, 2016). Mental health inpatient falls are a major patient safety issue causing injury and death. Falls without injury may also cause distress to patients and increase their length of stay (Abraham b, 2016). Psychiatric patients who fall even if they are not injured become afraid of falling. This fear may cause a person to decrease their everyday activities (Centers for Disease Control, 2019).

Patient falls in the psychiatric hospital led to quality-of-life issues and legal issues for the caregivers.

Fall Prevention Program

Psychiatric hospitals must rely on clinical expertise and judgment to engage in population specific fall and injury prevention (Abraham b, 2016). A team approach has shown a difference as an effective fall prevention program (Abraham, 2016). An interdisciplinary approach is key. Fall prevention programs that include only nurses are not effective (Abraham a, 2016). Screening and assessment can help nursing facilities identify patients at risk for falls and indicate if a more in-depth multifactorial assessment be assessed (Abraham a, 2016). Multifactorial, multi-disciplinary interventions and those involving exercise, medication review, and increasing staff awareness can reduce the risk of falls (Bunn et al., 2015). Evidence suggests multifactorial interventions are effective decreasing falls in patients with depression, cognitive impairment, and bi-polar disorder.

Preventing falls and fall reduction also includes standardized assessment tools and protocols to identify fall and injury risk factors and need (Joint Commission, 2019). The fall risk tool determines if the patient is at high, moderate, or minimal risk based on the clinician assessment. The fall risk score in addition to a clinical guideline will determine the additional interventions needed to decrease the falls in the psychiatric population.

Fall Clinical Guidelines

Understanding the cause of the fall will help in determining the guideline (Agency for Healthcare Research and Quality, 2019). Physiological anticipated falls are the patients who have risk factors for falls that are identified in advanced. Physiological

unanticipated falls are the minimum risk patients that timing could not be assessed. Accidental falls occur in minimum risk patients primarily related to environmental factors.

Evidence-based research has begun to look at different tool kits that develop assessments to decrease falls in the acute psychiatric setting. The Tailoring Interventions for Patient Safety Fall Toolkit was developed due to the lack of evidence- based fall prevention intervention guidelines (Dykes et al., 2017). The Laminated Falls Toolkit provides bedside nurses a clinical decision support by linking each patient's fall risk to an appropriate intervention. The aim of the Fall Tips Toolkit is to educate and engage patients in a three-step fall prevention process. Based on research, patients were more aware of their fall risk factors and the rate of fall-related injury decreased during the 6-month pilot of this toolkit (Dykes et al., 2017).

The success to a clinical fall protocol is to determine the correct evidence-based strategies to include all the specific components needed to prevent falls in the acute hospital. A clinical pathway is a structured interdisciplinary plan of care designed to support the clinical fall guideline (The Agency for Healthcare Research and Quality, 2019). The master clinical pathway is an overview of how fall prevention care guidelines could occur at the individual facility. This tool can be used by frontline staff, quality improvement managers, and nursing assistants as a guideline in developing a new clinical protocol to prevent falls (The Agency for Healthcare Research and Quality, 2019).

The last tool kit is the Stopping Elderly Accidents, Deaths, and Injuries (STEADI) Toolkit designed by the Centers of Disease Control to help health care providers

incorporate fall risk assessment treatment and referral into clinical practice (Stevens, & Phelan, 2016). The STEADI Toolkit is theory driven based on the chronic care model, which identifies interdisciplinary knowledge gaps among clinical settings, and it incorporates input from a variety of health care providers at each stage of development based on current evidence that prevents falls. The STEADI Toolkit may be utilized for different clinical settings and age groups. It is a broad, evidence-based resource to help facilities individualize fall interventions into clinical practice (Stevens, & Phelan, 2016). See Table 1 for a comparison of the guidelines discussed in this section.

Table 1

Clinical Guideline Comparison

Fall TIPS (Tailoring Interventions for Patient Safety). (Dykes & al.., 2017).	A laminated paper fall tips toolkit with the fall risk assessment on the left side of the poster, and evidence –based interventions are on the right (Dykes & al...2017).	The tool allows for patient and family engagement at the bedside to help implement fall interventions based on the guideline. The tool is at the bedside which allows the frontline staff quick easy access to know what to do to prevent a fall.	Changing the current fall practice guideline in the clinical setting. Physician adherence to the clinical practice guideline.
Master Clinical Pathway for Inpatient Falls. (AHRQ, 2019).	A tool used by quality improvement manager, staff nurses, and nursing assistants as an ongoing reference tool to meet the needs of the current practice for falls. (AHRQ, 2019).	The tool can be modified or a new one created to meet the needs of the clinical setting. (AHRQ, 2019).	Changing the hospital's culture to move away from relying on a summary score (AHRQ, 2019).
Stopping Elderly Accidents, Deaths, and Injuries (STEADI). (Stevens & Phelan, 2016).	A fall prevention tool kit that contains multiple health care provider resources for assessing an addressing fall risk and guidelines in the clinical setting (Stevens & Phelan, 2016).	The tool translates the fall prevention process into specific activities that can fit into a variety of clinical settings. (Stevens, & Phelan, 2016).	The lack of field testing of the various components in health care practice settings. (Stevens, & Phelan, 2016).

Local Background and Context

The project site is an acute psychiatric hospital that serves multiple counties in the southeast. The hospital offers five acute psychiatric care and one subacute unit, comprising a total of 150 adult psychiatric beds. Hospitalizations are on a voluntary or involuntary basis, or patients are referred by the courts for pretrial evaluation. The vision and mission of this hospital is to help individuals with severe and continuing mental illnesses recover. Each unit has a treatment team comprised of a psychiatrist, a nurse practitioner, social worker, a nursing staff, an activity therapist, and a treatment team coordinator. Treatment team members meet with everyone on admission and weekly throughout their stay to discuss goals of their plan of treatment. The psychiatric hospital is accredited by the Joint Commission Regulatory Agency, the Centers for Medicare and Medicaid Services, which continues to focus on falls in the clinical settings as a quality indicator.

The project site has experienced an increase in falls with minor, moderate, and serious injuries. Falls in this psychiatric hospital for October through December 2019 were 4.28 falls per 1,000 patient days. The three psychiatric hospitals in the region have 2.72 falls per 1,000 patient days lower than the current facility.

Role of the DNP Student

The DNP curricula builds on current knowledge and expertise to improve patient outcomes and quality of life. This project translates current research findings to direct evidence-based nursing practice. The patients with mental health diagnosis have a high

incidence of falls and harm on the unit. The project site nursing staff is not following their outdated clinical protocol to ensure safety of this vulnerable population. I performed a literature review with peer-reviewed articles to develop a CPG for the prevention of falls in the psychiatric hospital. I then chaired the interprofessional falls committee to develop a final guideline for hospital level approval. My motivation was to provide a clinical evidence-based protocol for patients at risk for falls in the psychiatric setting. The protocol will provide a systematic assessment of fall risk factors to prevent falls and identify those patients who are at a higher risk. The staff currently place scores to an assessment without individualizing the interventions.

Summary

The gap in practice is an outdated CPG to prevent falls. A CPG will provide evidence-based recommendations for prevention and management of patient falls in psychiatric patients in an inpatient setting. The Iowa model for quality improvement served as the foundation for this approach to the practice problem. The falls committee in the current facility reviewed the systematic review of literature and the first draft of the guidelines for recommendations. The grading of the CPG involved the AGREE II tool. Section 3 provides information on the collection and analysis of evidence and the process for developing the clinical practical guideline to prevent falls in the psychiatric setting.

Section 3: Collection and Analysis of Evidence

The project site is an inpatient psychiatric setting that identified an increase in patient falls. The project site experienced a 5% increase in falls with minor, moderate, and serious injuries compared to the three other psychiatric hospitals in the area. The CPG is outdated and not being followed by the nursing staff. The purpose of this project was to develop a CPG that may reduce falls and improve patient care. Section 3 includes a literature review of falls in mental health, fall prevention programs, and fall clinical protocol guidelines.

Practice-Focused Question

The practicum site has an increase of patient falls on the acute psychiatric inpatient units compared to the other three hospitals in the region. The gap in nursing practice is an outdated CPGs to decrease falls and improve patient care. Will a new evidence-based CPG improve patient care and/or decrease falls in the inpatient psychiatric hospital? The new evidence-based CPG may reduce falls and/or improve patient care in the current practicum site.

Sources of Evidence

Evidence from the literature will be accessed through the Walden Library. Search engines will include CINAHL, Medline, Psychological Information, Science Direct, and Google Scholar databases. Inclusion criteria included full texted, peer-reviewed, English language journals published within the past 7 years. Key word search terms will include *fall prevention, fall control, fall redirection, practical guidelines, psychiatric*, and *fall guideline*.

Critically Appraise the Evidence

A critical appraisal is the process of carefully and systematically assessing the outcome of research to determine the validity and trustworthiness of the information Azzam & Sakka (2017). A first review of the literature led to 24 current articles spanning from the years of 2015 to 2020. The search results included peer-reviewed articles by content experts, systematic reviews, experimental studies, evidence based clinical protocol guidelines, and one international clinical protocol guideline. Each article was reviewed for the aim, background, design, research method, discussion, and validity of the conclusions using Fineout et al.'s (2010) suggested method. For example, D'lima et al. (2016) conducted a systematic review of patient safety using a protocol in mental health. Healy et al. (2015) concluded that introducing evidence base multifactorial assessment and intervention using a clinical protocol guideline reduces falls significantly. Bunn et al. (2015) reduced the high risk of falls by using multifactorial clinical protocol guidelines in the acute inpatient psychiatric setting.

Analysis and Synthesis

The fall committee used the AGREE II instrument and make recommendations. The AGREE II instrument included six domains for each fall committee member to evaluate the CPG. Domain 1 evaluates the scope, and overall aim of the guideline. Domain 2 views the intended stakeholders, and Domain 3 evaluates the process used to synthesize the CPG. Domain 4 evaluates the language, structure and format utilized. Domain 5 evaluates any barriers to implementation or development, and Domain 6 evaluates the formulation of recommendations not being biased (AGREE Research Trust,

2019). It was anticipated that the AGREE tool would used until consensus was established. Once confirmed, the CPG will be forwarded to leadership for approval to implement.

Summary

The literature review supports the need for an interprofessional team to generate new evidence-based CPG to prevent the falls in the inpatient psychiatric population. The literature review provided evidence that interdisciplinary approach developing a CPG will reduce falls in the psychiatric setting. Section 4 will outline the process and describe the CPG.

Section 4: Findings and Recommendations

The clinical site for this DNP project is an acute inpatient psychiatric hospital in a rural area that serves 52 counties for adult psychiatric patients. The hospital has a total of 150 beds with a 26 bed sub-acute unit for long term psychiatric patients. The clinical site had a 5% increase of falls with major injuries on the units. The fall committee members of the psychiatric hospital wanted assistance in developing an updated CPG to decrease falls and improve patient care. The project question was "Based on evidence, will a new CPG improve patient care and/or decrease falls in the acute inpatient psychiatric hospital?" The guideline was designed to help the staff identify patients at substantial risk for falls. In this section, I outline the feedback from the falls committee.

Findings and Implications

The falls committee served as my expert panel, using the AGREE II tool to evaluate the proposed CPG. The panel included a physician, psychiatric nurse, and a social worker. Each panelist has at least 5 years of experience in the psychiatric hospital setting.

The AGREE II tool uses six different domains with each section rated on a scale of 1–7 with a grade of 1 being *strongly disagree* and a 7 being *strongly agree* (Agreetrust, 2019). Table 2 provides the feedback from each of the expert panelist.

Table 2

Expert Panel AGREE II Tool Results

Criteria	Panelist 1	Panelist 2	Panelist 3	Comments
1. The overall objectives of the guidelines were specifically described.	7	7	7	Easy to read and understand
2. Health question covered by the guideline is specifically described.	7	7	7	Very professionally written
3. The population to whom the guideline is meant to apply is specifically described.	7	7	7	
4. The guideline development group includes individuals from all relevant professional groups.	5	7	7	Recommend adding activities
5. The views and preferences of the target population have been sought.	6	7	7	
6. The target users of the guideline are clearly defined.	7	7	6	
7. Systematic methods were used to search for evidence.	7	7	7	
8. The criteria for selecting the evidence are clearly described.	5	6	6	
9. The strengths and limitations of the body of evidence are clearly described.	7	7	6	
10. The methods for formulating the recommendations are clearly described.	7	6	7	
11. The health benefits, side effects, and risks have been considered in formulating the recommendations.	7	6	7	
12. There is an explicit link between the recommendations and the supporting evidence.	6	7	7	
13. The guideline has been externally reviewed by experts prior to its publication.	7	7	7	
14. A procedure for updating the guideline is provided.	3	3	3	Implied but not spelled out
15. The recommendations are specific and unambiguous.	7	6	7	
16. The different options for management of the health condition or health issue are clearly presented.	5	7	6	
17. Key recommendations are easily identifiable.	7	7	7	
18. The guideline describes facilitators and barriers to its application.	6	7	6	
19. The guideline provides advice and/or tools on how the recommendations can be put into practice.	6	5	7	
20. The potential resource implications of applying the recommendations have been considered.	6	6	5	
21. The guideline presents monitoring and auditing criteria.	6	7	6	The system for monitoring needs to be clear
22. The views of the funding body have not influenced the content of the guideline.	7	7	6	
23. Competing interests of guideline development group members have been recorded and addressed.	6	6	7	
Rate the overall quality of this guideline	7	7	7	Needed for fall assessment
I would recommend this guideline for use.	7	7	7	Yes, easy to follow

Domain 1

Domain 1 covered the scope and purpose. The three questions that are included in this domain addressed the health impact that the guideline will make on patients. The targeted population should be concise. The score for Domain 1 is 100%, meaning no edits were needed. This illustrates that the guidelines were met. A comment from reviewer one and three indicated that the CPG easy to read and professionally written.

Domain 2

Domain 2 involved stakeholder involvement. The next three questions were included with this domain and ensured that professionals relevant to the project were included. This domain also confirms that the target users of the guideline have been identified. Domain 2 scored 94%, which illustrates that the guidelines were met. Panelist 1 recommended activities be included on the falls committee. This will be reviewed at the next committee meeting.

Domain 3

Domain 3 included the rigor of development. Questions 7 to 14 were evaluated for this domain. This domain focuses on strategies that were used to search for evidence. Strengths and limitations, as well as recommendations of the project were also addressed in Domain 3. Domain 3 scored 99%. Although this indicates the objectives were met, scoring was the lowest when evaluating the question, a procedure for updating the guideline. There have been additions to add the CPG to Lippincott to be reviewed annually based on current information.

Domain 4

Domain 4 was the clarity of presentation. The next three questions (Questions 15–17) were considered for this domain. This section is looking at the recommendations to ensure they are specific, easily identified, and clearly presented. Domain 4 was scored at 93%. Objectives were met for this domain.

Domain 5

Domain 5 assessed the applicability and included Questions 18–21. This domain addressed any barriers. Auditing/monitoring and needed resources were also evaluated in this domain. Domain 5 scored 84%. Panelist 1 and 3 commented that a process to audit and monitor compliance needed to be more clearly described. The quality department will assess and add their recommendations for compliance.

Domain 6

Lastly, Domain 6 graded editorial independence. This domain ensured that no conflicts of interest or undue influence has been placed on the project. Domain 6 was scored with 92%. The objectives were met with no additional comments from the panel.

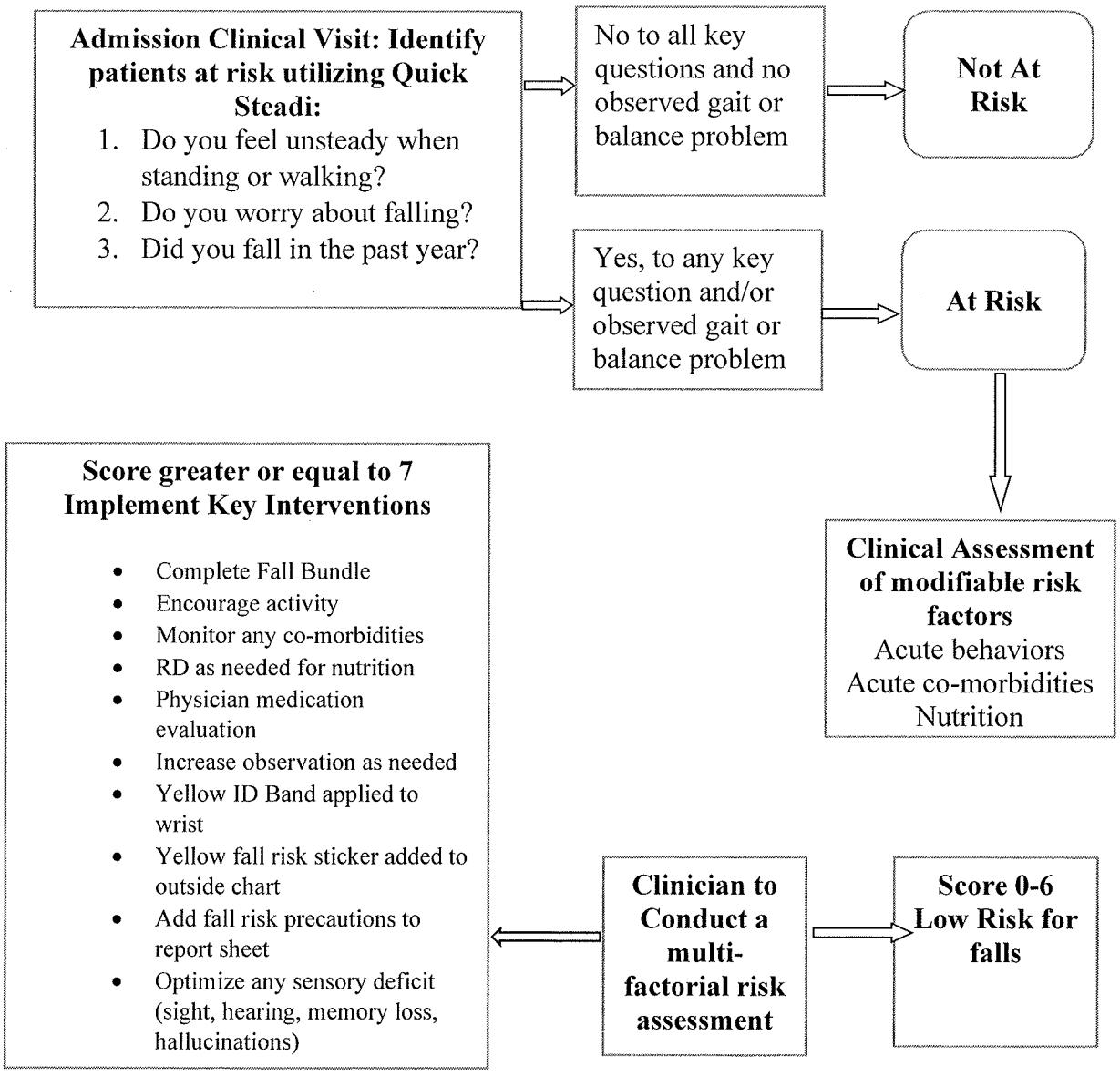
Recommendations

The three expert panelists identified three areas that needed to be addressed: a process for updating the guideline, a process to audit and monitor compliance needs further information, and activities that needs to be added to the falls committee as a stakeholder. Specific information will be added about ensuring auditing and compliance of the CPG is continued. Additional information will also be added to the process of updating the CPG utilizing evidence-based information. The fall committee will

incorporate activities as a stakeholder. All three expert panelist including a physician recommend my CPG be implemented. The final CPG is shown in Figure 2.

Figure 2

Acute Inpatient Psychiatric Clinical Practice Guideline



Strengths and Limitations of the Project

This CPG helped to develop an evidence-based guide to identify acute inpatient psychiatric patients at high risk for falls and allow the staff to provide better care. The guideline outlines evidence-based assessment tools and interventions based on the fall risk scoring. This guideline can be utilized throughout the other acute adult inpatient psychiatric hospitals. The age group would include 16 years of age and up. These facilities do not treat adolescent patients. A potential barrier is the time it takes the leadership team to approve and implement the CPG in the facilities. The process takes months to complete.

Summary

Section 4 included results from the expert panelists using the AGREE II tool and included feedback on edits that should be considered for the final project. My final recommendation for the CPG was included in this section. Strengths and limitations were discussed. Section 5 will explain the dissemination plan.

Section 5: Dissemination Plan

My project involved the development of a CPG to reduce falls and improve patient care in the acute inpatient psychiatric hospital. I used the fall committee as my expert panel who evaluated my guideline using the AGREE II tool. All three panelists recommended my guideline for clinical use. I presented my project to the leadership team at the practicum site and received a positive response. Upon implementation of the guideline, nursing staff, physicians, admission staff, and staff development will be notified to ensure all participants have been educated on the guideline. As with any new process on going quality, monitoring will be performed, and individualized education provided for those who need further training. I can also further disseminate the influence of the guideline to other psychiatric hospitals. Finally, I plan to submit my project for publication to help the information improve patient care and reduce falls in this setting.

Analysis of Self

This project provided me with the opportunity to gain experience as a professional. As a scholar, I learned how to research the literature to help implement evidence-based projects to improve nursing care. As a project manager, the project helped me have a better understanding of being a change agent. Completing a project of this caliber is opening doors for a future project in the hospital.

Summary

My project goal was to develop a CPG that helped identify a current gap in practice with an evidence-based approach. My project will help to reduce falls and improve patient care in the acute psychiatric setting. The growth I have obtained through

the DNP program will continue to help me in identifying areas in nursing that need improvement and mentor future students. I will never stop learning and will continue to take advantage of professional growth.

References

AAFP. (n.d.). Mental health clinical recommendations & guidelines. https://www.aafp.org/family-physician/patient-care/clinical-recommendations.html

AAFP. (2017). Clinical Practice Guideline Manual. http://www.aafp.org/patient-care/clinical-recommendations/cpg-manual.html

Abraham, S. (2016a). Looking for a psychiatric fall risk assessment tool. *Annals of Psychiatry and Mental Health, 4*(2). https://www.jscimedcentral.com/Psychiatry/psychiatry-4-1061.pdf

Abraham, S. (2016b). Managing patient falls in psychiatric inpatient units part 1. *The Health Care Manager, 35*(1), 21–27. https://doi.org/10.1097/HCM.0000000000000094

AGREE Research Trust. (2019). Webpage www.agreetrust.org/agree-ii/

Agency for Healthcare Research and Quality. (2019). Which fall prevention practices do you want to use? http://www.ahrq.gov/professionals/systems/hospital/fallpxtk3.html

American Association of Colleges of Nursing. (2006). The essentials of doctoral education for advanced nursing practice. http://www.aacn.nche.edu/publications/position b/dnpessentials.pdf

Azzam, A. & Sakka, S. (2017). Critical appraisal of clinical research. *Journal of Clinical and Diagnostic Research, 11*(5). https://doi.org/10.7860/JCDR/2017/26047.9942

Bory, K., & Sun, B. (2017). Consensus development for healthcare professionals.

Internal Emergency Medicine, 10(3), 373–383. https://doi.org/10.1007/s11739-014-1156-6

Breimaier, H., Halfens, R., & Lohrman, C. (2015). Effectiveness of multifaceted and tailored strategies to implement a fall prevention guideline into acute care nursing practice. *BMC Nursing, 14*, Article 18. https://doi.org/10.1186/s12912-015-0064-z

Bunn, F., Dickinson, A., Simpson, C., Narayanan, V., Humphrey, D., Griffiths, C., Martin, W., & Victor, C. (2015). Preventing falls among older people with Mental health problems: a systematic review. *BMC Nursing, 13*(4). http://www.biomedcentral.com/1472-6955/13/4

The Centers for Disease Control and Prevention. (2019). Webpage title. https://www.cdc.gov/steadi/materials.html

The Centers for Disease Control and Prevention. (2021). Webpage title. https://www.cdc.gov/steadi/materials.html

The Centers of Medicare and Medicaid Services (2019). Webpage title. https://www.cms.gov/Regulations-and-Guidance.

D'Lima, D., Archer, S., Thibaut, B., Ramtale, S., Dewa, L., Darzi, A. (2016). A systematic review of patient safety in mental health: A protocol based on the inpatient setting. *American Journal of Nursing, 5*(203). https://systematicreviewsjournal.biomedcentral.com/articles/10.1186/s13643-016-0365-7

Dykes, P., Duckworth, M., Cunningham, S., Dubois, S., Driscoll, M., Feliciano, A.,

Fernazzi, M., Fevrin, F., Lyons, S., Lindros, M., Monaham, A., Jean-Pierre, S., & Scanlan, M. (2017). Pilot testing fall tips (tailoring interventions for patient safety): A patient centered fall prevention toolkit. *The Joint Commission Journal on Quality and Patient Safety.* https://doi.org/10.1016/j.jcjq.2017.05.002

Fineout-Overholt, E., Melnyk, B. M., Stillwell, S. B., & Williamson, K. M. (2010). Evidence-based practice step by step: Critical appraisal of the evidence: Part I. *AJN The American Journal of Nursing, 110*(7), 47–52. https://doi.org/10.1097/01.NAJ.0000383935.22721.9c

Gallardo-Aranda, M., Rodriguez-Luna, M., Sanchez-Canca, J., Suarez-Moya, A., & Asencio-Morales, J. (2015). Validation of the STRATIFY falls risk-assessment tool for acute-care hospital patients and nursing home residents: Study protocol *Journal American Nursing.* https://www.readcube.com/articles/10.111

Grealish, L., Chaboyer, W., Darch, J., Real, B., Phelan, M., Soltay, P., Lynn, M. Brandis, S., Todd, J. & Cooke, M. (2018). Caring for the older person with cognitive impairment in hospital: Qualitative analysis of nursing personnel Reflections on fall events. *Journal of Clinical Nursing, 28*(7–8). https://doi.org/10.1111/jocn.14724

Green, C. (2020). Application of the Iowa model, an evidence-based practice model, when initiating clinical project pilots. *Journal of Medicine and Allied Nursing.* https://doi.org/10.4135/9781529743616

Healy. Lowe, D., Darowski, A., Windsor, J., Byrne, L., Husk, J., & Phipps, J. (2015). Falls prevention in hospitals and mental health units: an extended evaluation of

the fall safe quality improvement project. *Journal of Age and Aging.* https://doi.org/10.1093/ageing/aft190

Institute of Medicine. (2018). *Standards for developing trustworthy clinical practice guidelines (CPGs).* Retrieved June 6, 2020, from https://jamanetwork.com/journals/jama/article-abstract/2697202

Iowa Model Collaborative, Buckwalter, K. C., Cullen, L., Hanrahan, K., Kleiber, C., McCarthy, A. M., Rakel, B., Steelman, V., Tripp-Reimer, T., & Tucker, S. (2017). Iowa model of evidence-based practice: Revisions and validation. *Worldviews on Evidence-Based Nursing, 14*(3), 175–182. https://doi.org/10.1111/wvn.12223

Jackson, K. M. (2016). Improving nursing home falls management program by enhancing Standard of care with collaborative care multi-interventional protocol focused on fall prevention. *Journal of Nursing Education and Practice, 6*, 84–96. https://doi.org/10.5430/JNEP.V6N6P84

James, M., Victor, M., Saghir, S., & Gentile, P. (2018). Characterization of fall patients: Does age matter? *Journal of Safety Research.* https://doi.org/10.1016/jjsr.2017.12.010

McEwen, M., & Wills, E. (2019). *Theoretical basis for nursing* (5th ed.). Lippincott Williams & Wilkins.

Stevens, J., & Phelan, E. (2016). Development of STEADI: A fall prevention resource for health care providers. *Health Promotion Practice, 14*(5), 706–714. https://doi.org/10.1177/1524839912463576

Walden University. (2011). Student publications: Vision, mission, and goals. http://catalog.waldenu.edu

Walden University Writing Center. (2018). Course-specific resources: For graduate courses. http://academicguide.waldenu.edu/writingcenter/coursespecificresources

Xu, C., & Xi, H. (2015). Translating evidence from a systemic review to the development of an evidence-based fall prevention program in a tertiary psychiatric hospital *Institute of Mental Health.* https://doi.org/10.408//nurserep.2015.5102