Results (continued)

- Limited evidence related to the 3-step fall prevention process was found.
- No evidence-based interventions were identified.
- Three fall risk assessments were identified, all with limitations in validation process.
  1. Edmonson Psychiatric Fall Risk Assessment Tool (EFFRAIT) – Figure 4
     - Developed through literature review and chart review.
     - Content overlap and includes non-modifiable risk factors.
     - Limitations include retrospective chart review and cumbersome scoring.
  2. Wilson-Sims Fall Risk Assessment Tool (WORTH) – Figure 4
     - Same development and limitations as EFFRAIT (listed above).
     - Content was developed through context validity index testing and comprehensive medication assessment.
  3. Baptist Health High-Risk Falls Assessment (BHRFA) – Figure 5
     - Developed through patient interview and literature review.
     - Content includes clinical judgement.
     - Limitations include non-modifiable risk factors and unclear rationale for weighting (e.g., medications).

Conclusions

- Based on our literature review, there is a gap in fall prevention evidence specific to psychiatric inpatients.
- Two of the three identified fall risk assessments addressed the risk factors common predictors of psychiatric inpatient falls as identified by Oliver et al. (2017), such as impaired judgement or polypharmacy. The one tool that included all predictors too lengthy to implement and thus poses workflow issues.

Next Steps

- Collaborate with stakeholders to modify FTTK for use in psychiatric settings.
- Refine fall risk interventions to suit the needs of the patient population and psychiatric inpatient milieu.

Table 6: Common Predictors of Inpatient Falls Addressed in No-Fall Risk Assessment Tools

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<thead>
<tr>
<th>Tool</th>
<th>No-Fall Risk Assessment</th>
<th>Psychiatric Risk Assessment</th>
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</thead>
<tbody>
<tr>
<td>EFFRAIT</td>
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<tr>
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References