

ABSTRACT

Falls are a major public health concern that overutilizes resources in the healthcare system, with up to 1,000,000 inpatient falls occurring annually in the United States (U.S.) and associated medical costs greater than \$30 billion. Falls significantly impact morbidity and mortality among psychiatric patients, affecting recovery from illness, increasing length of stay, and increasing healthcare costs. Falls are three to four times greater in psychiatric units as compared to general medical units. Falls in inpatient psychiatric settings have a higher incidence and severity than skilled nursing facilities and medical-surgical units. This capstone project's purpose was to decrease falls on an inpatient psychiatric unit by implementing a provider-to-patient safety agreement, as part of a comprehensive fall prevention program, using a quality improvement (QI) design. While there was no relevant statistical significance evident in the data analysis, there was clinical significance in that patients who experienced a fall event during the intervention period were young adult males. Clinical significance was also evident in that the patients who completed a patient safety agreement did not experience a fall event, which supports the success of the project intervention. Although not statistically significant, this project contributed to literature pertaining to falls in inpatient adult psychiatric patients.