



# Reducing Inpatient falls in a Community Hospital

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## Background

Annually, the falls incidence was high as compared with all the community hospitals. The incidence of injuries was concurrently high too. Despite the high level of attention given to falls prevention, it remains high.

## Aim

**Reduce Inpatient Average Fall Rate by 0.4 per thousand patient days**

## Assessment of problem and analysis

Using the Kaizen Genchi Genbutsu concept, the Falls Prevention Quality Assurance Sub-Committees went to ‘Go, See, Ask’ people and processes at the ‘shop floor’.

The findings were:

- Environment – toilet and shower facilities located at one end of wards making it challenging for patients to access
- Patient profile – mainly beyond 65 years old with multiple comorbidities with and without cognitive impairment
- Manpower assignment – distributed amongst 8 cubicles with each cubicle comprising 6 to 8 beds

Solutions planned to address

- Early identification of patients getting out of beds without calling for help
- From task-focused to team-work

## Strategy for Change/Intervention

Method used was ‘Plan, Do, Check and Act’ model to implement the actions plans.

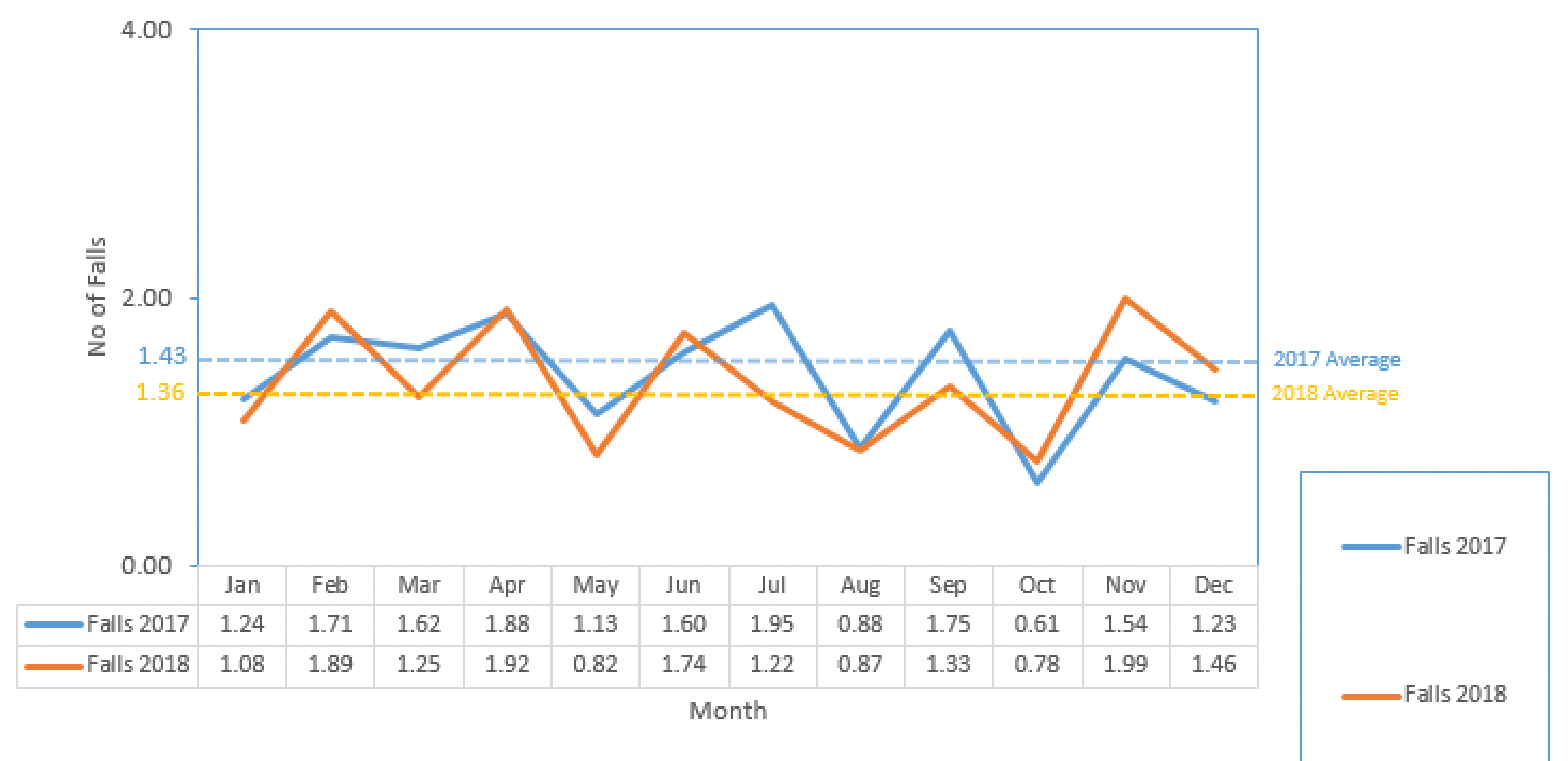
Solutions were introduced one at a time:

- Obtain feedback from staff through 2-weekly meetings with the ward supervisors and monthly meetings with shop-floor nurses
- Monitor the measurement of falls sensor mats
- Introduce the skill-mix and acuity-based staffing model
- Conduct mini RCAs since Feb 2019
- Share appropriate interventions and lessons learnt among all the nurses via daily ward roll call
- Collate and consider interventions from the mini RCAs as preventive interventions, which are relevant and appropriate to the six variables in the Morse Fall Scale

## Measurement of Improvement

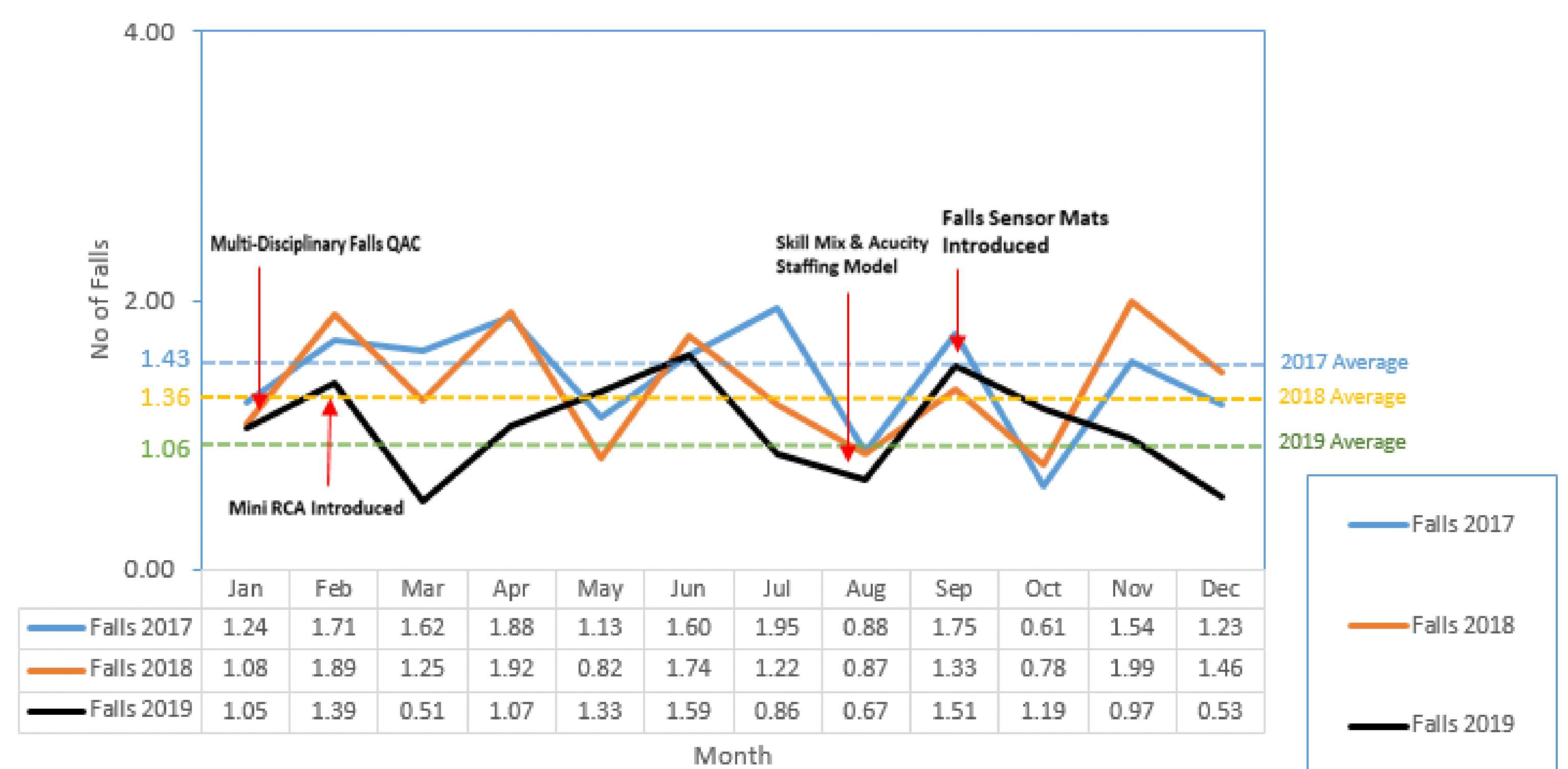
### Pre-Project 2017-2018 Results

FALLS INCIDENCE: 2017 - 2018 (PRE PROJECT)



### Post-Project 2017-2019 Results

FALLS INCIDENCE: 2017 - 2019 (POST PROJECT)



## Lessons Learnt & Conclusion

- We had observed a reduced 0.4 incidence of inpatient falls per 1000 patient days. With any change, some forms of resistance and teething problems were expected.
- This was not started as a project but a hospital-wide patient care improvement endeavour, which has no end date. With technology-enabled devices, risk factors such as patient profile and volatile, uncertain, complex and ambiguous environment could be mitigated.
- Even though the outcome was encouraging, continuous monitoring and sustainability need to be considered to ensure the fall prevention interventions remain relevant and / or maintained if applicable.
- From the healthcare system perspective, our mental models, paradigms and mindsets would need to change and look beyond our circumstantial barriers or challenges.