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Fall Prevention Initiatives in NHCS Wards

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Introduction

Falls are the 2nd leading cause of accidental or unintentional injury deaths globally and fall-related injuries increase health care utilisation.

In line with the institution's goal to target zero harm, we embarked on this quality improvement project aiming to target zero falls, where physiotherapists can be actively involved in reducing risk of fall through our daily work.



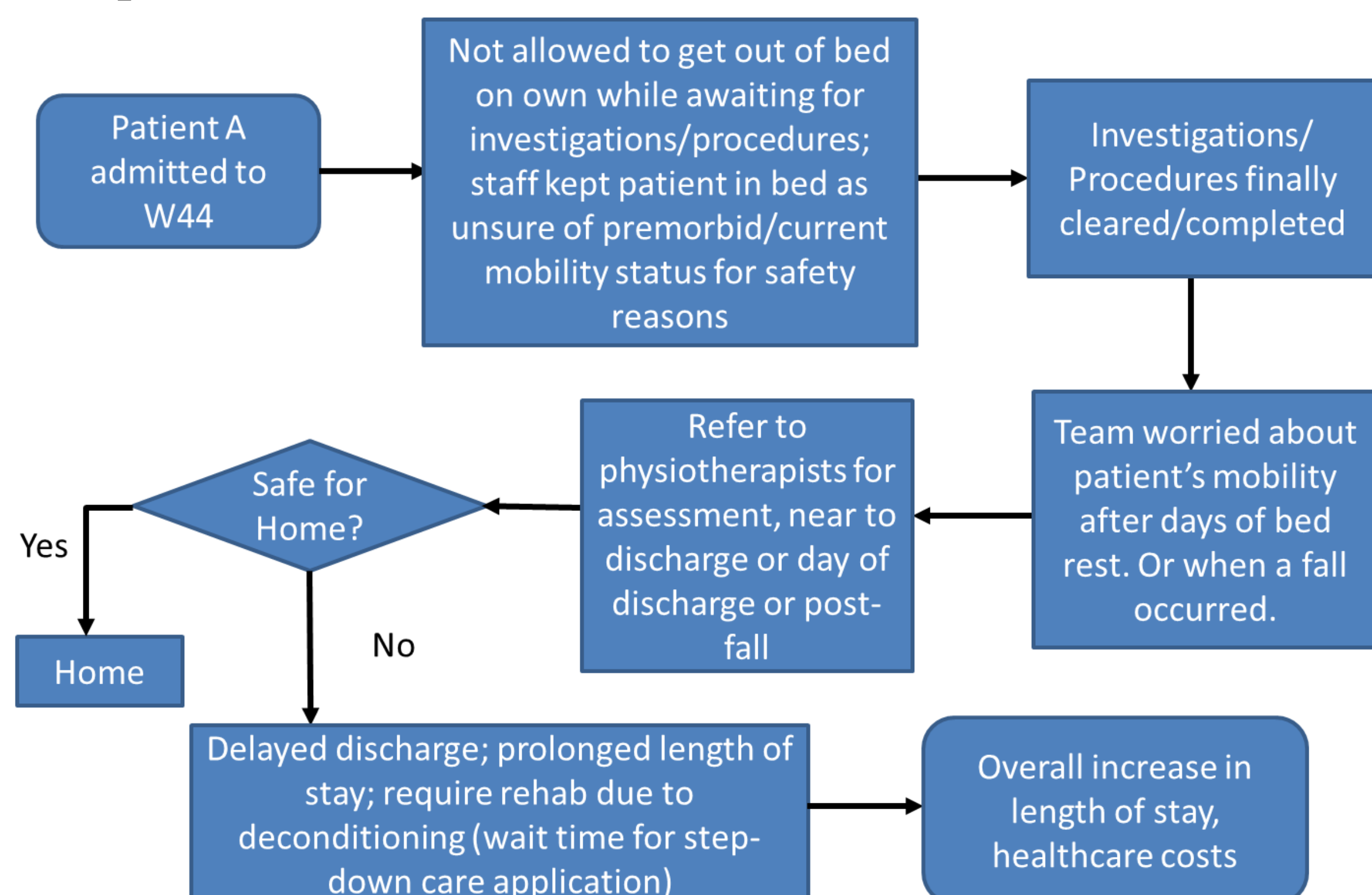
Aim:

To Target Zero Inpatient Falls in Patients with Moderate-High Fall Risk from all NHCS wards, in 6 months.

Pre-Implementation

There was a lack of pro-activeness and often delays in referrals to physiotherapists in patients with moderate-high risk of falls. Data was collected and analysed on the reasons for patient falls in the wards. Amongst the factors, falls related to having poor balance and slipped/tripped incidents were deemed amendable by physiotherapist interventions.

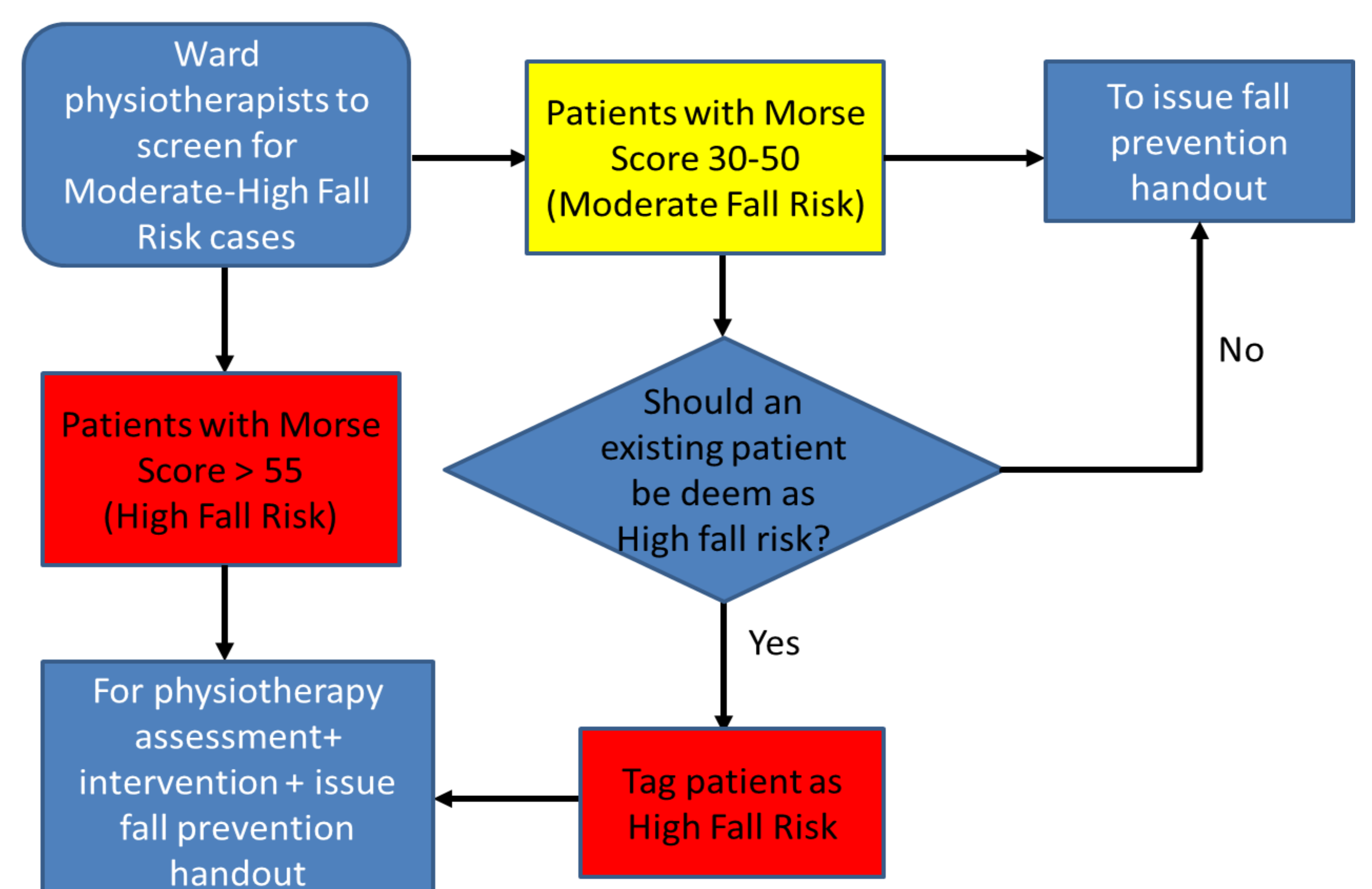
The flow chart shows the work flow of the pre-implementation referral process on patients with fall risk.



Post-Implementation

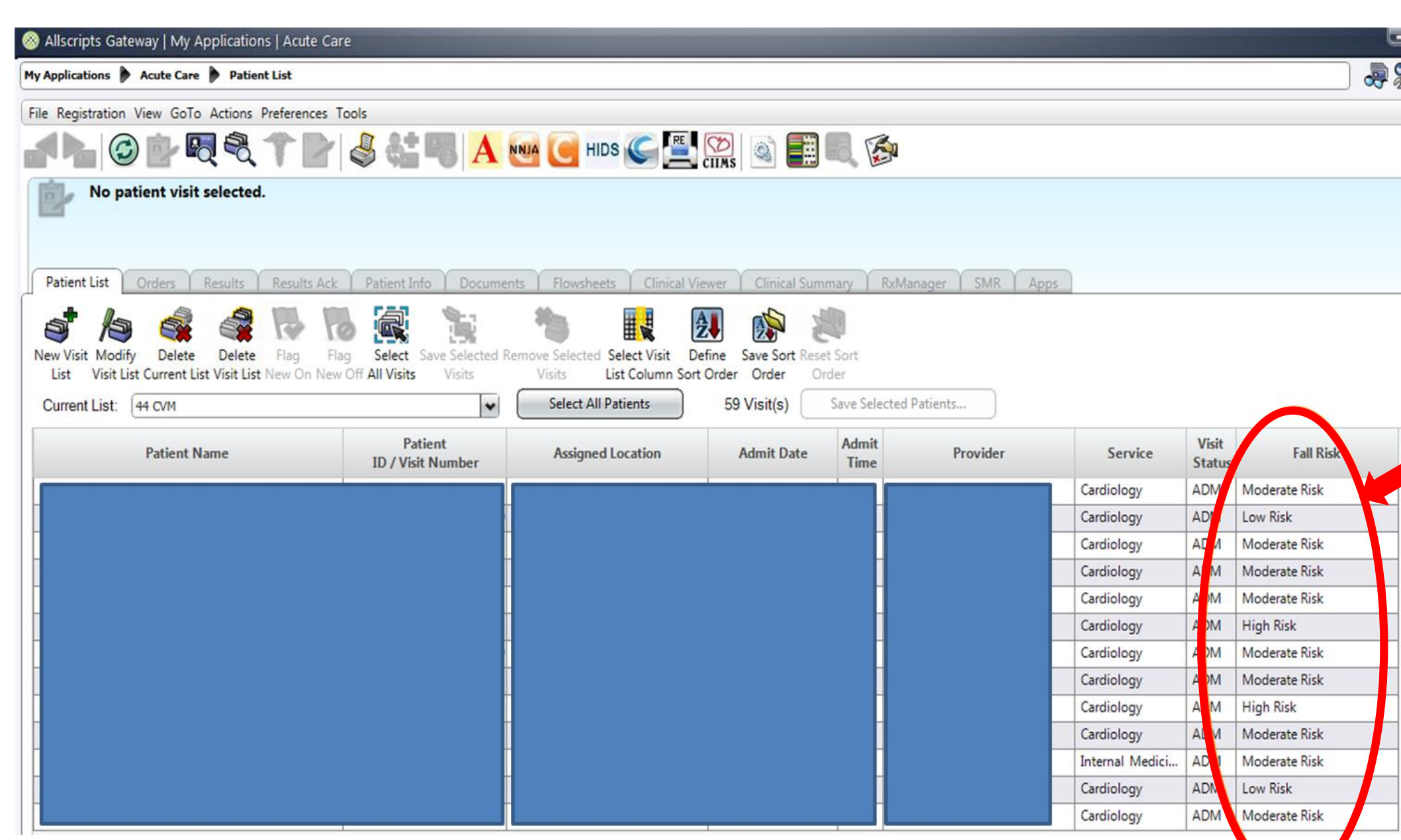
The electronic-documentation with acronym expansion tool improved communication within the multidisciplinary team and timely documentation. Hence, the efficiency in screening or identifying the target groups improved greatly.

The intervention by the therapist assistant (tagged yellow) and physiotherapist (tagged red) remained unchanged.



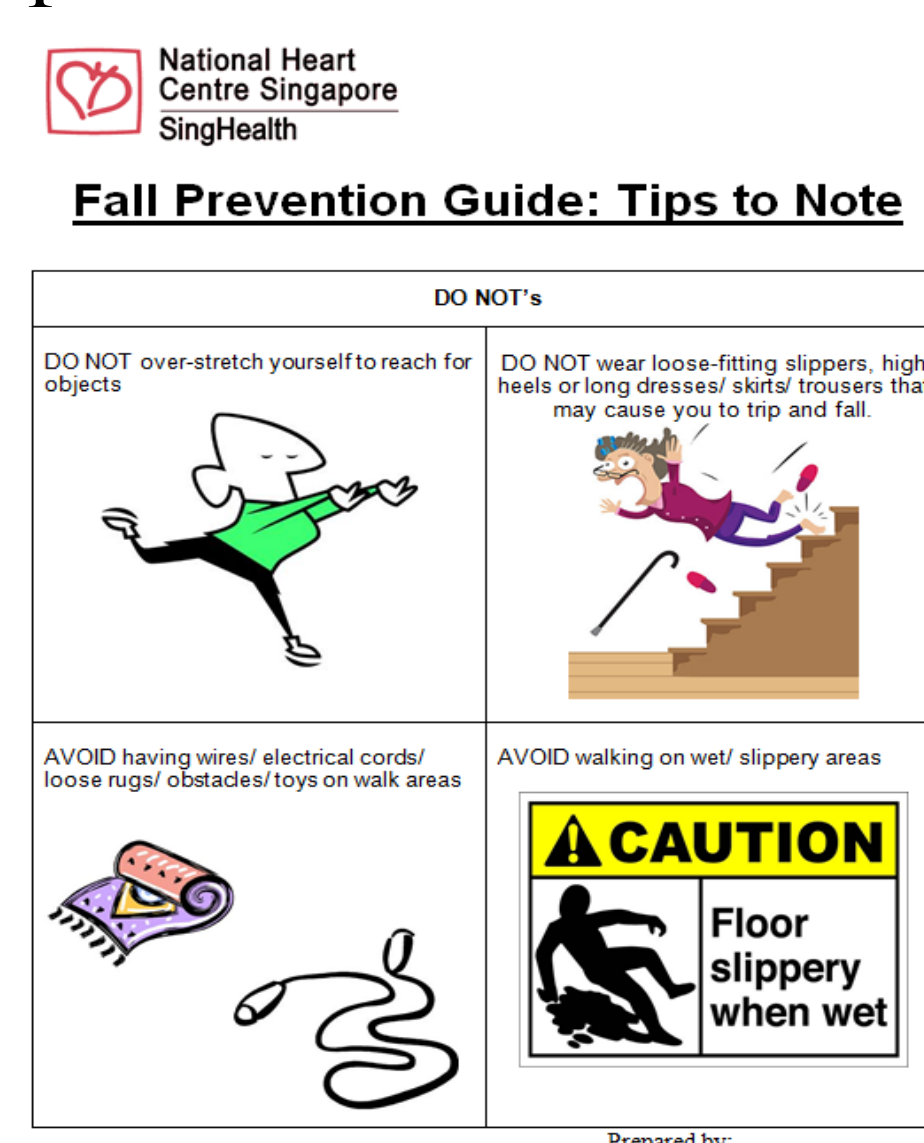
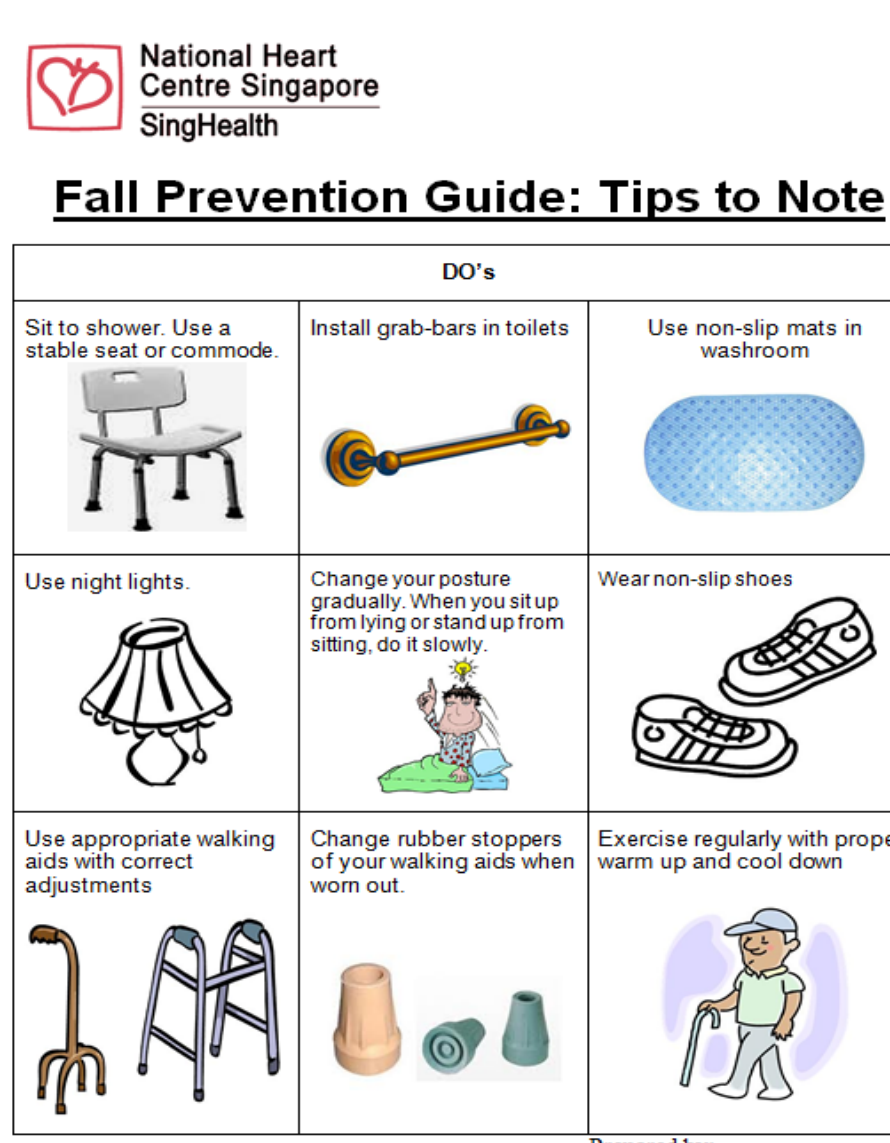
Methodology

- Active daily screening of new admission patients with moderate-high fall risk via patient electronic medical records.



Screenshot example of patient electronic medical record with level of Fall Risk identified.

- Fall prevention handout were issued to patients at moderate risk of fall.



- Physiotherapists to follow up with assessment and intervention in patients with high fall risk.

Results

Factors of Fall in Patients with Moderate to High Fall Risk

	General Unsteady/ Loss of Balance	Slipped/ Tripped
Before Implementation	3	7
After Implementation	2	1

10 Number of Falls reduced from 10 to 3 03

Intangible Benefits

- Improved Patient Safety
- Greater Patients' Confidence
- Improved Multidisciplinary Team Communication

Conclusion

There was a significant reduction in falls due to general unsteadiness/loss of balance, or slipped/tripped. This could possibly be attributed to the physiotherapy department initiatives. However, fall is multifactorial and there will be an ever-shifting trend in the factors. Therefore, inpatient fall prevention initiatives will require continuous and active engagement of all healthcare professionals, patients and their families.

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