



Eliminating Fall Rates for High Fall Risk Patients at Emergency Department

Suzette, V.D. Singapore General Hospital
 Ho, S.L. Singapore General Hospital
 Loy, C.K. Singapore General Hospital
 Mustafa Muqtasidatum B. Singapore General Hospital
 Poh, A.H. Singapore General Hospital
 Tay, I. Singapore General Hospital
 Sim, W.S.G. Singapore General Hospital
 Ong, L.S. Singapore General Hospital

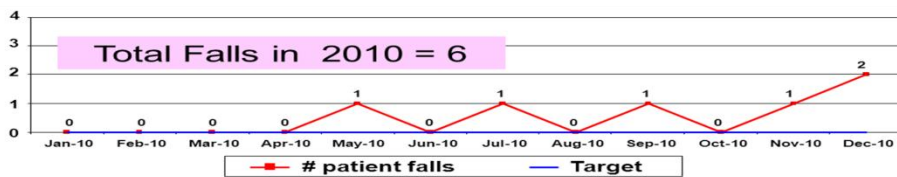
AIM

To eliminate the number of falls for alcohol intoxicated patients and elderly patients with altered mental state in Critical Care Area to zero within 12 months.

CONTEXT & PROBLEM

Department of Emergency Medicine (DEM) sees an average of 400 patients per day and the fall risk incidents are at times preventable. Over the years, the statistics of fall incidents in DEM is on the upward trend in spite of hospital fall measures in place for all patients.

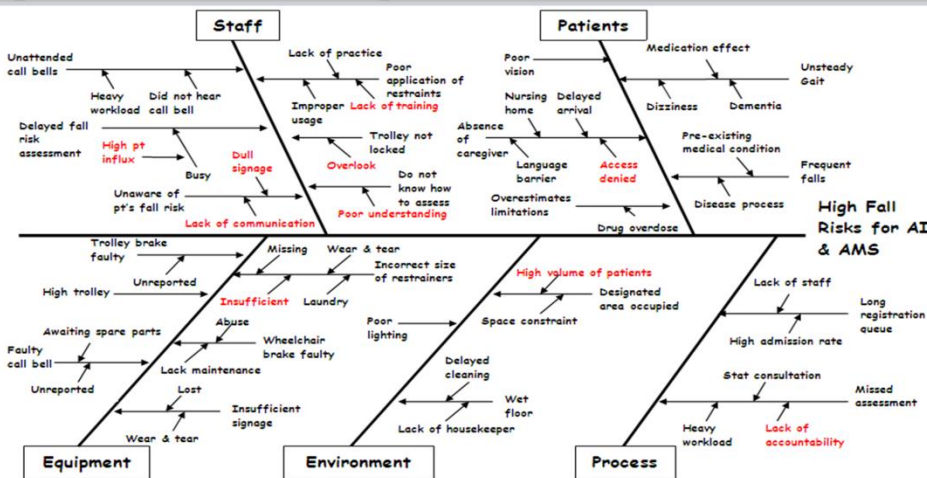
In 2012, there are a total of 6 patients with high fall risk who fell down in Critical Care Area, of which 4 are alcohol intoxicated patients and 2 are elderly with Altered Mental State. Therefore, the team decided to look into the aspect on how to eliminate fall rate for high fall risk patients in DEM.



ANALYSIS

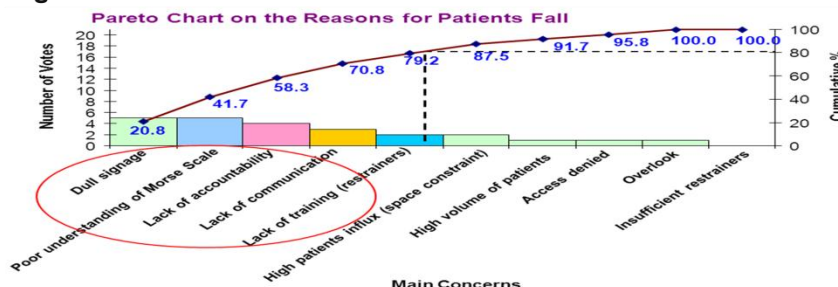
The team identified patients falls with the aid of Cause and Effect diagram (Figure 2). By applying the 5 'Whys' technique, the team managed to narrow down to possible root causes which are written in red.

Figure 2: Cause and Effect Diagram



The Pareto chart (Figure 3) uses the 80/20 principle of which the 'vital few' are responsible for 80% of the problem. A second round of multi-voting was done to decide on the following 5 causes as the main causes.

Figure 3: The Pareto Chart



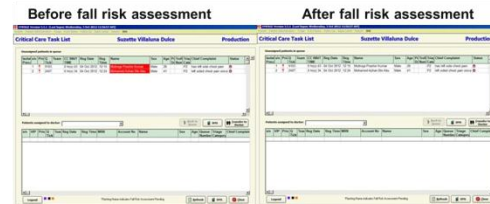
CHANGES IMPLEMENTED

1 New signage



2 Education on modified Morse Scale

- Conduct in-service on fall risk assessment for all staff



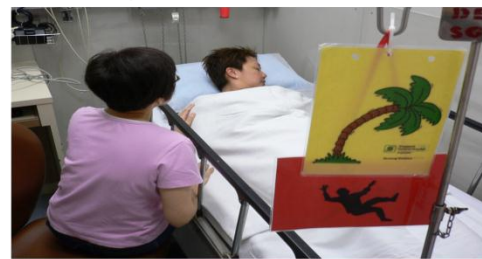
- Fall risk to be done within 30 minutes for early identification of patients with high fall risk

3 Reinforce accountability

- Accountability of staff continues until patient leaves Critical Care Area
- Daily audits were done to check on staff compliance

4 Proper handover, Closer monitoring, Allow care-givers

- Triage staff must alert team members of high fall risk patients
- Place high fall risk patients in cubicles near Nurses' station for close monitoring



- Encourage care-givers to stay with patient to allay fear and anxiety of elderly patients with altered mental state

5 Education on restrainers

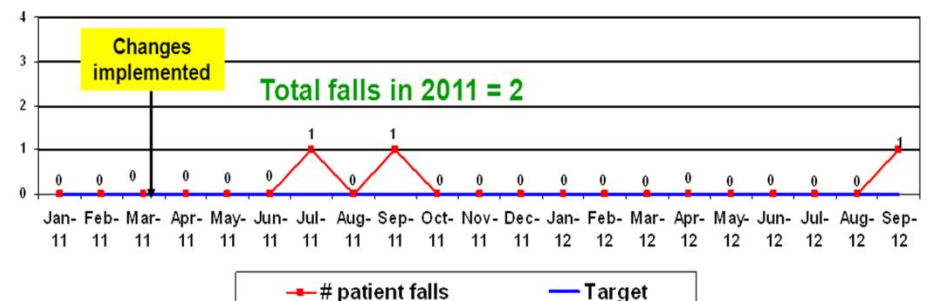


- Conduct in-service training on proper use of restrainers

TANGIBLE AND INTANGIBLE RESULTS

With the implementations done in March 2011 there is a decrease in fall rate as compared to year 2010.

Figure 4: Number of Patient Falls in Critical Care Area from Jan/2011 to Sept/2012



With the decrease of fall in DEM, we are able to align ourselves with the International Patient Safety Goal—"Reduce the risk of patient harm resulting from falls".

PROJECT SUSTAINABILITY

- New staff joining would be trained and briefed on patient safety and fall risk assessment.
- Ad-hoc audits are done to monitor staff compliance.
- Feedback sessions with stakeholders are carried out.

OVERALL ORGANIZATION IMPACT

DEM supports SGH's quality commitment of "Best Outcome, Best Experience" and complies with JCI standard in improving hospital quality.