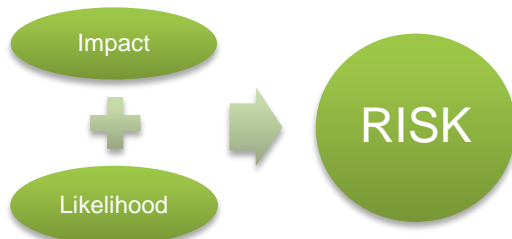


Introduction

Management of patient fall risk at SingHealth has been mainly incident based. This project seeks to enable the collection of more granular data on patient falls so that at the cluster level we would be able to:

1. Trend and analyze fall incidents to profile impact and likelihood associated with different patient groups



2. Review the effectiveness of current approach to patient fall risks management. This would optimize resource allocation for improved falls prevention initiatives.

Methodology

Current State Assessment

Institutions' reporting of patient fall incidents to the Ministry of Health formed the basis of the current monitoring framework at the cluster level. A literature evaluation was then carried out (*Hendrich II Fall Risk Model, Morse Fall Scale*) to identify the gaps and data required for better understanding of common risk factors associated with patient falls.

Confusion/Disorientation/Impulsivity		4
Symptomatic Depression	Heinrich II Fall Risk Model	2
Altered Elimination		1
Dizziness/Vertigo		1
Male Gender		1
Any Administered Antiepileptics		2
Any Administered Benzodiazepines		1
Get Up & Go Test		
Unable to rise in a single movement – No loss of balance with steps		0
Pushes up, successful in one attempt		1
Multiple attempts, but successful		3
Unable to rise without assistance during test (OR if a medical order states the same and/or complete bed rest is ordered) (If unable to assess, document this on the patient chart with the date and time)		4
A Score of 5 or Greater = High Risk	Total Score	

Identify the Ideal State

The process review and literature search guided the development of a revised template for collection of granular data required for the ideal state in patient fall risks management.

Bridging the Gaps

The revised template was used from April 2013 after consultation with key stakeholders, mainly nursing colleagues. The data collected would be reviewed and analyzed to identify appropriate new initiatives to further enhance patient fall risks management at SingHealth.



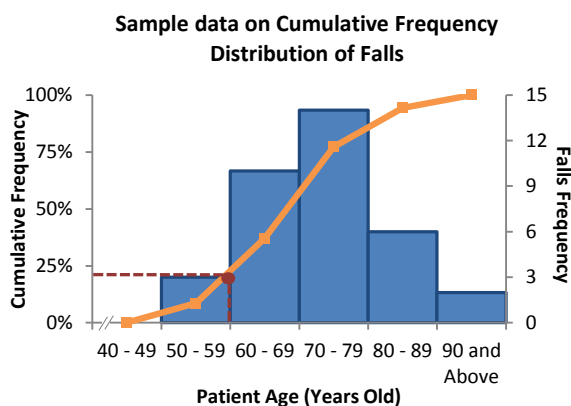
Result

A streamlined reporting process that allows for capturing of required data is now in place. This provided the following benefits:

Identification of emerging risks or shifts in patient risk profile

Address cluster-wide risk factors centrally, while institutions focus on institution specific risks

Devise targeted mitigation plans to further enhance patient safety



Conclusion

The project has enhanced the falls incident reporting process. The next step will be to enable real time updating of patient fall incidents by risk factors – age, gender, co-morbidities, medication and etc. This would help save man hours and freed resources could be re-allocated for improved falls prevention initiatives and better patient care.

Acknowledgements

The project would not be possible without the support and guidance from Prof Ng Han Seong, Dr Tracy Carol Ayre, Ms Karen Perera, Mrs Tan May Yan, Ms Ang Shin Yuh, nursing and clinical governance colleagues.

References

1. Predicting Patient Falls Using the Hendrich II Fall Risk Model in clinical practice. November 2007, AJN, Vol. 107 No. 11
2. The Morse Fall Scale Training Module. Brigham and Women's Hospital
3. Steady, Stable and Safe, SingHealth Academy Publication