



Singapore Healthcare Management 2022

Reducing Inpatient Falls at Outram Community Hospital (OCH)



Bright Vision • Outram • Sengkang

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BACKGROUND

OCH fall rate was 1.15 per 1000 patient days from Nov 2019 to Jun 2020. SCH management team expressed concerns over the high fall incident rate at OCH and had requested for QI project to be conducted to establish appropriate interventions to reduce fall rate and ensure patient safety within a year.

MISSION STATEMENT

To reduce fall rate of all patients at OCH to less than 0.99 patient fall per 1,000 patient days within 6 months.

ANALYSIS OF PROBLEM

Root cause analysis was conducted in June 2020 and these root causes were identified:

Patient:

- Poor self awareness and overestimation of own ability
- Ineffective communication among team members

Staff:

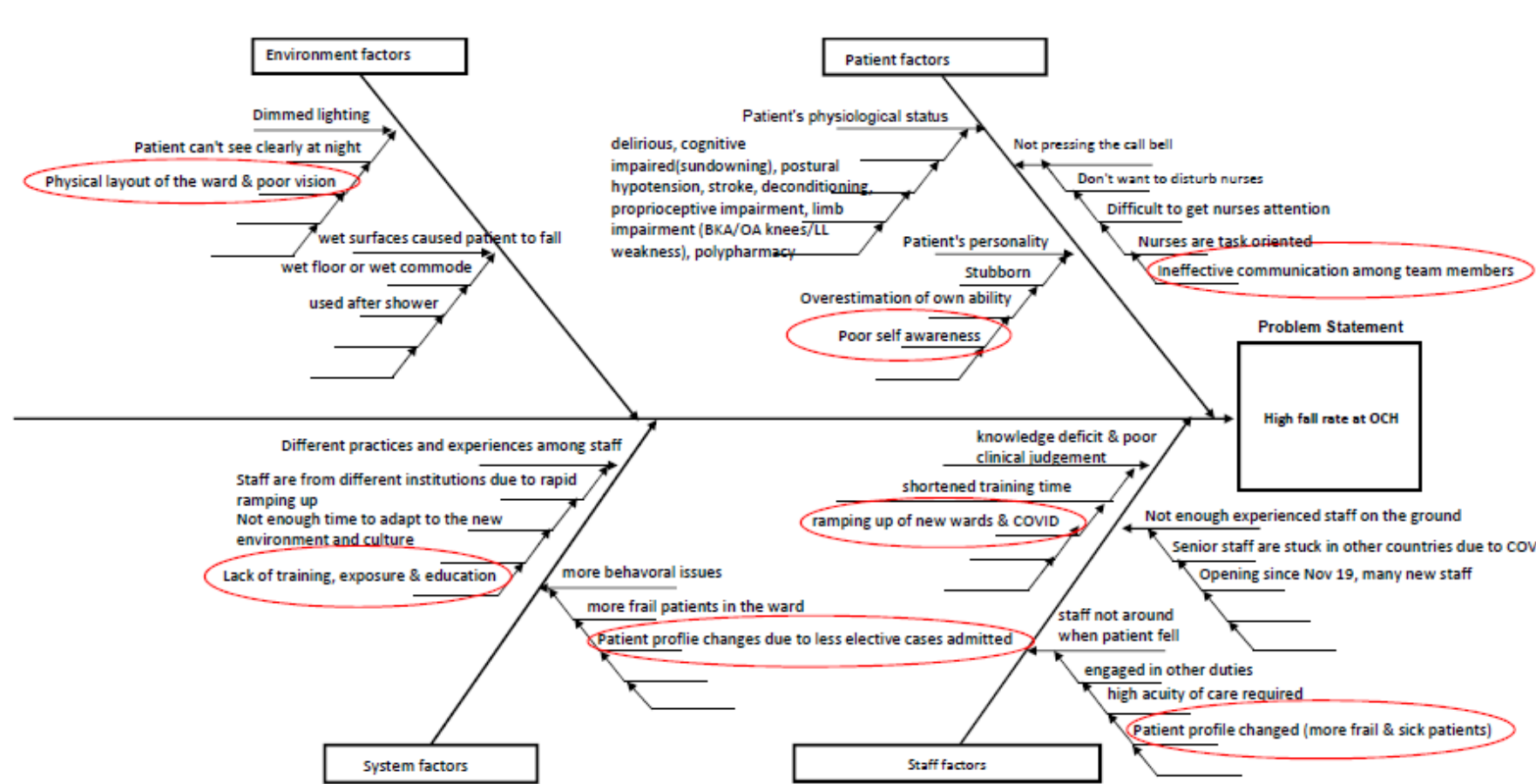
- Ramping up of wards during COVID situation.
- Changing of patient profile in the wake of COVID.

Environment/Surroundings

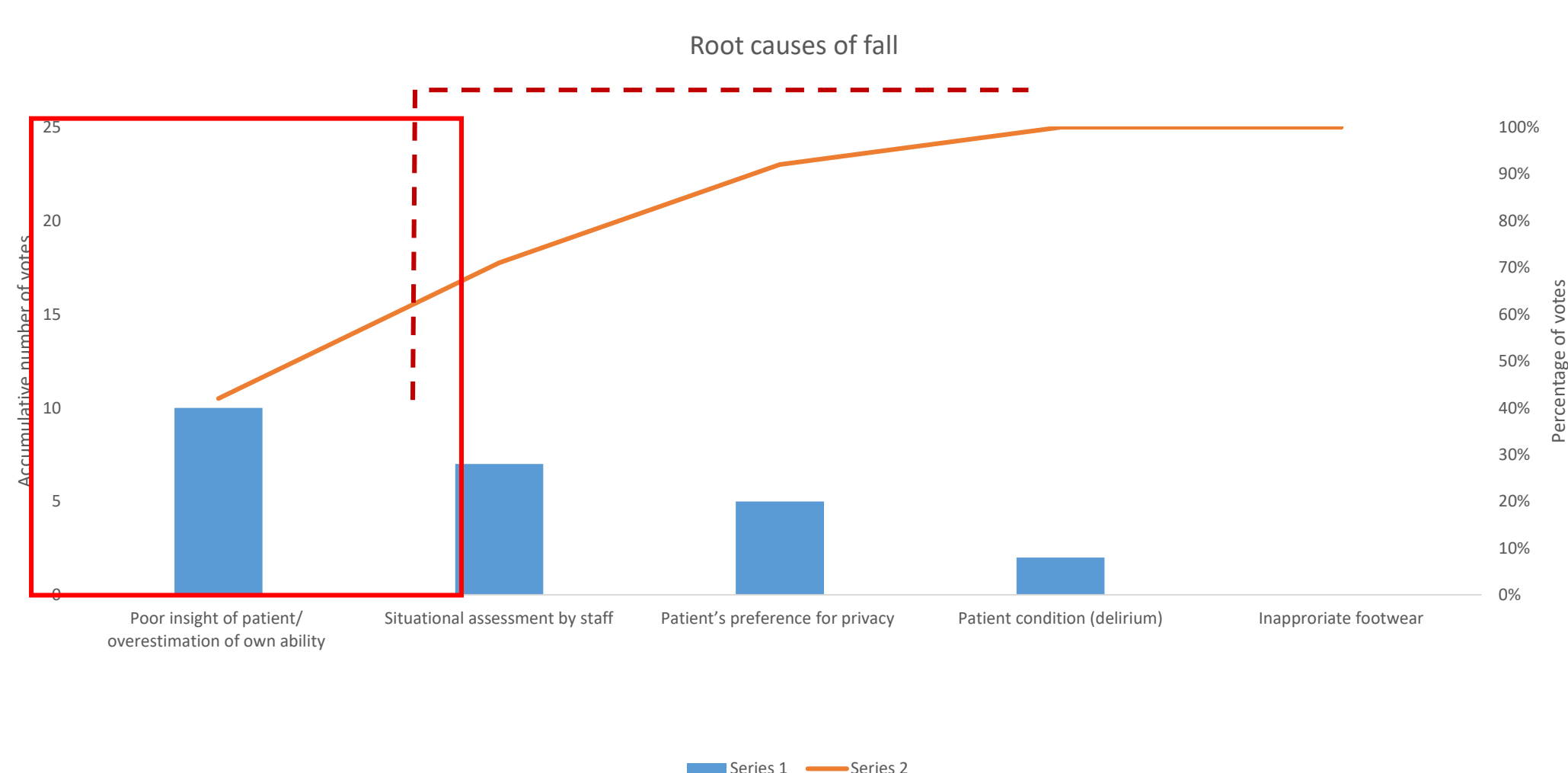
- Physical layout of the wards, which contributed to blind spots as staff struggle to cover certain areas of the ward.

System

- Lack of training due to rapid ramp-up and COVID.



The members identified patient's poor insight/ over-estimation of own ability and staff's situational assessment as the primary causes of fall in OCH through voting.



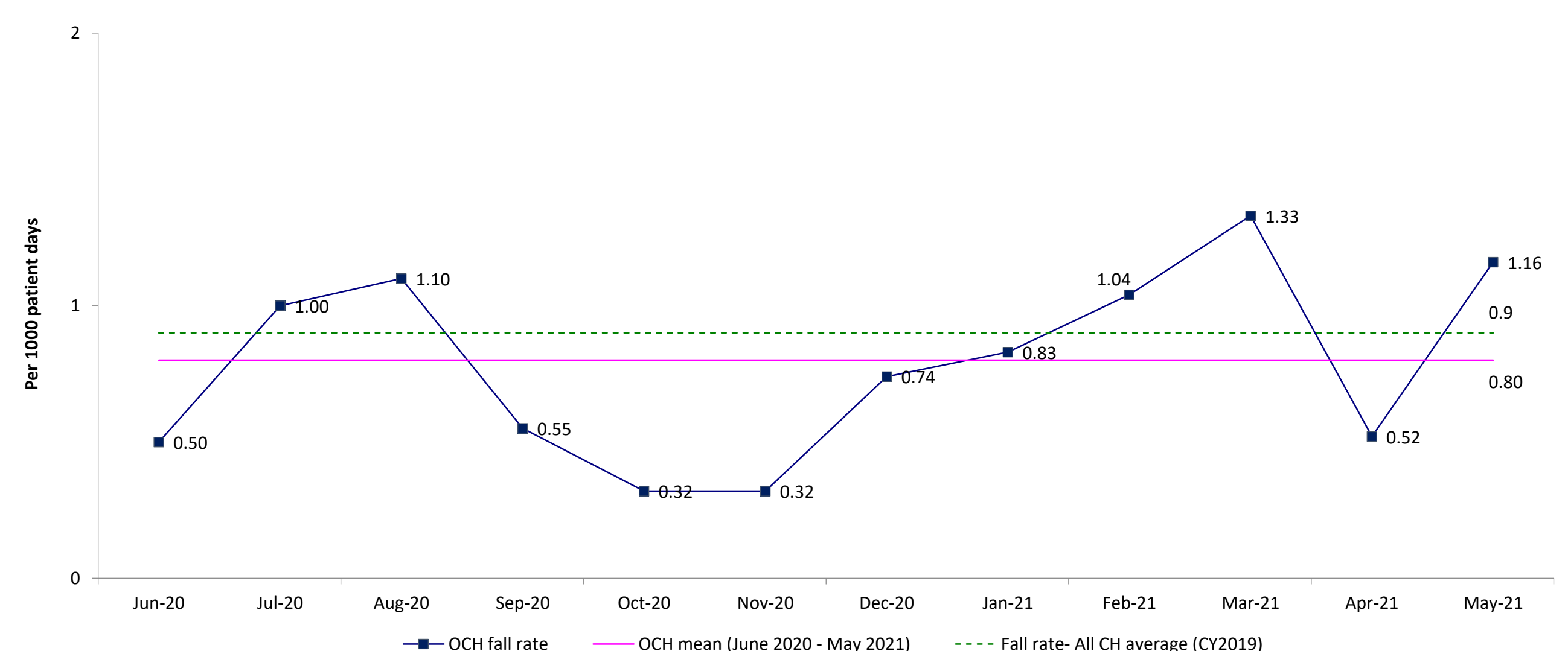
INTERVENTIONS / INITIATIVES

The workgroup has implemented the following interventions:

- Established high fall ward for patients with high fall risk. This allowed the multi-disciplinary team to provide more targeted care to patients with high fall risk, eg. patients with cognitive impairment who are not able to comprehend to fall prevention measures.
- Multidisciplinary communication board to communicate on patient's mobility status.
- Piloted tango commodes for use in OCH wards to prevent patients from falling off the commode chair.
- Implemented monthly Falls Free Award and CEO award for wards with zero fall for 3 months.
- Fall champions at each ward were identified to reinforce the fall prevention practices to ground staff and create awareness.
- Placed signage on toilet doors and shower doors to remind staff and patients that patients should not be left alone in toilet.
- TEMI robots were piloted to display fall prevention message and video to patients.
- Nurses would role play and discuss on the best course of action to prevent patient fall post fall incident for learning purpose.
- Conducted Nurse-led IPE on management of patients with dementia which helps in fall prevention among the large population of cognitive impaired patients in community hospital.

RESULTS

OCH fall rate had been reduced to 0.80 per 1000 patient days from Jun 2020 to May 2021.



SUSTAINABILITY AND SPREAD

The QI project interventions were piloted in Ward 8C which was identified as high fall risk ward. The interventions were then spread to other wards within OCH.

