

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

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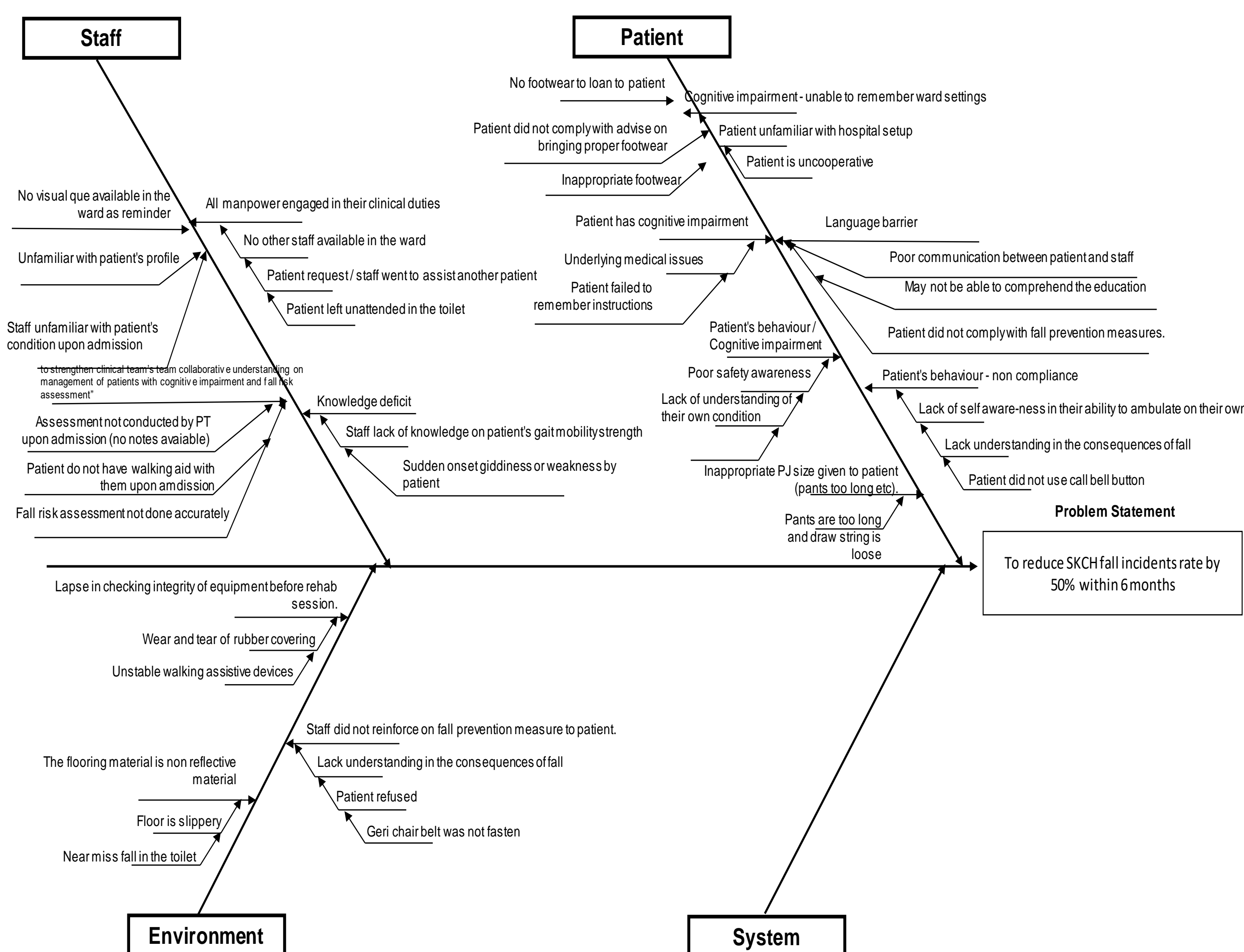
BACKGROUND

SKCH fall rate was 1.27 per 1000 patient days (Jul 19 - Jun 20) which was above CH average of 0.9 per 1000 patient days. Being a community hospital, SKCH team faced challenges in managing patients with cognitive impairment or post stroke conditions. Hence, the standard fall prevention measures may not be applicable for these group of patients. The management team has requested for QI project to be conducted to establish appropriate interventions to reduce fall rates in SKCH within a year.

MISSION STATEMENT

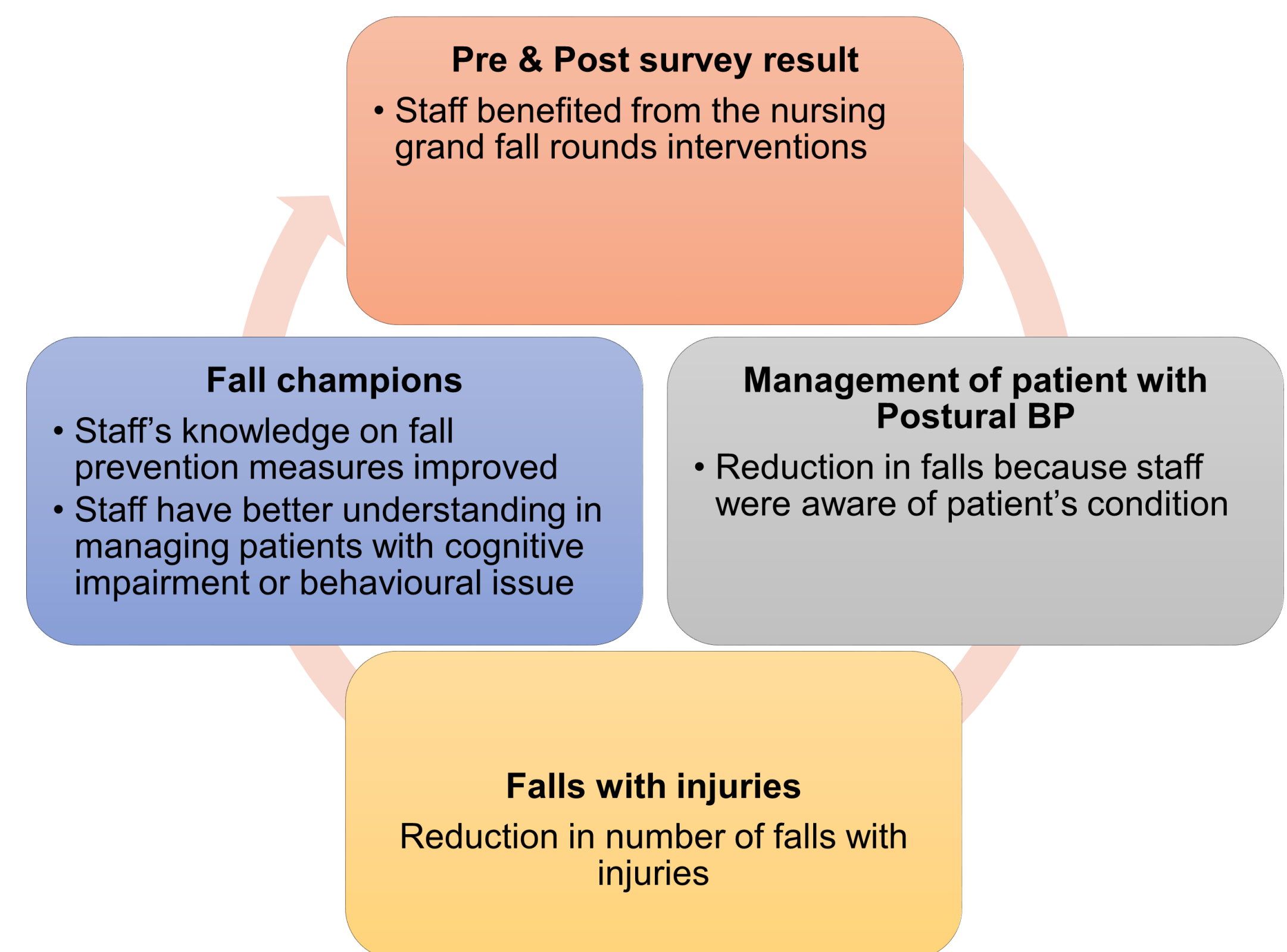
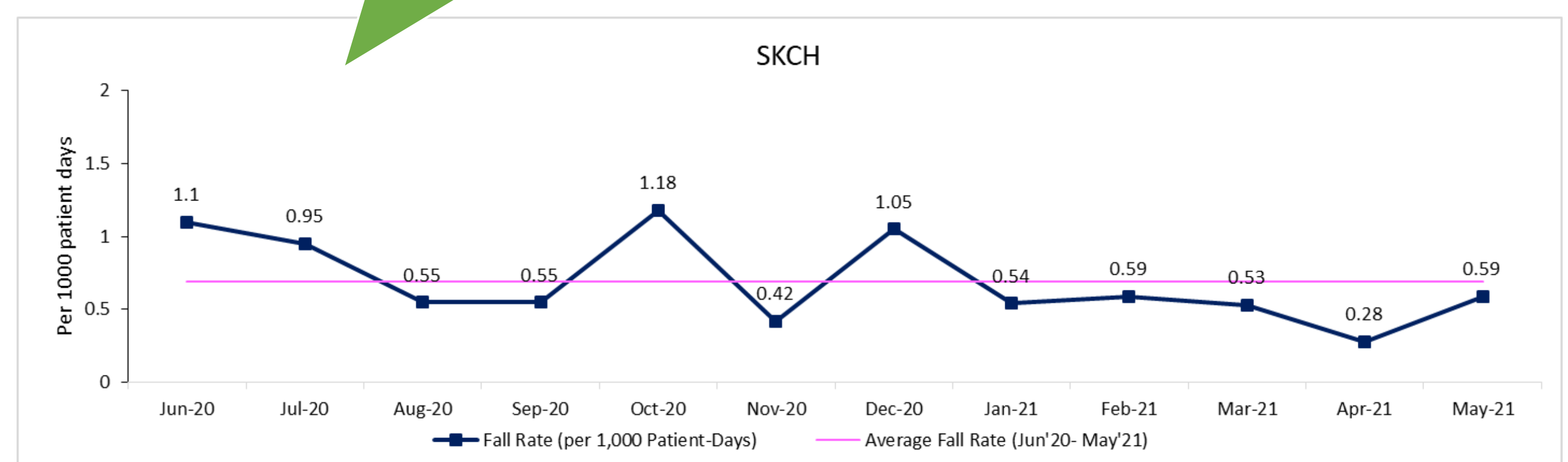
To reduce fall rate of all patients at SKCH to less than 0.99 patient fall per 1,000 patient days within 6 months.

ANALYSIS OF PROBLEM



RESULTS

SKCH fall rate reduced to 0.69 per 1000 patient days!



SUSTAINABILITY AND SPREAD

STAYING STEADY!

MEET THE SKCH FALL CHAMPIONS.

SCRATCHES, Bruises, Fractures. These are some possible consequences when elderly patients fall. While patient safety is a common responsibility, some shoulder the duty of fall prevention more than others. They are our fall champions - a group of more than 40 nurses and ancillary staff across the SKCH and OCH wards.



Fig 1. SKCH fall champions featured in In'sync publication

The QI project interventions were piloted in Ward 87 and 89 which were the two identified high fall risk wards. The team conducted a survey to measure the effectiveness of the interventions. The interventions managed to reduce fall rates in SKCH which resulted in the interventions being spread to the rest of the SKCH wards. Fall champions appointed in the wards helped to strengthen the fall prevalence efforts by the nurses

INTERVENTIONS / INITIATIVES

The medical, nursing and rehab team collaborated to established the following interventions,

1. Established high fall wards for patients with high risk of falling.
2. Fall prevention brochures were printed for distribution to NOK in all wards.
3. The rehab team created A3 mobility board and abbreviation form to guide the nursing staff on patient's mobility status.
4. The medical team conducted postural blood pressure assessment for new admissions.
5. Fall prevention script and education for patient and Next of kin was established.
6. Nursing grand fall rounds helped to educate staff on fall prevention measures in timely manner.
7. Fall champions appointed in the wards helped to strengthen the fall prevalence efforts by the nurses.
8. Rehab team established fall Prevention Booklet/Guide for patient/NOK.
9. The walk steady award was implemented to recognised ward with zero fall on that month. The ward with zero falls for consecutive 3months would receive Walk steady CEO fall free award.
10. Sharing of successful fall prevention measures and fall champions' effort in reducing fall rates in In'sync publication.

The implementation of Walk Steady monthly award and Walk Steady CEO quarterly Fall free Award were continued as to motivate staff to continue driving patient safety, reducing falls incidents at SKCH.

Fig 2. Fall free award certificates displayed at SKCH Ward 85

