Falls prevention program: A care bundle approach
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Introduction
Patient fall is the most reported incident in inpatients. It is also a devastating problem among older people. If we prevent older people from walking, we may achieve our aim of fall prevention but with unacceptable consequences for independence and rehabilitation. There is growing interest in prevention strategies and, as part of this, in risk assessment tools. Yet, numerical risk prediction tools are not a vital part of falls prevention in hospitals. One size does not fit all. Patients need interventions targeted at their individual risk factors. According to the 2013 National Institute for Health and Care Excellence guidelines on fall prevention, all patients aged 65 years or older, and patients aged 50 to 64 who are judged by a clinician to be at risk of falling because of an underlying condition are considered at risk of falling in hospital. A multifactorial assessment and a multifactorial intervention are recommended. Hence, instead of dependence of a prediction fall risk assessment tool, a quality improvement project aiming to promote and enhance the implementation of fall prevention strategies by a care bundle approach was initiated in Shatin Hospital. The initiative was piloted in two medical and geriatric wards (M&G) since mid December 2014.

Objectives
The care bundle approach aims to guide nurses to identify the individual fall risk factors, and to target at specific fall prevention strategies according to the identified risks.

Methodology
The care bundle elements include multifactorial assessment that identifies patient’s individual risk factors for falling that can be treated, improved or managed. These include falls history, appropriate footwear, avoiding night sedation, syncope syndrome, continence problems, cognition impairment, visual and mobility problems. A pre- and post evaluation of the compliance of these care bundle elements implementation
would be conducted. Qualitative outcome that consists nurses feedback on the helpfulness of the care bundle in preventing patient falls will also be collected.

**Result**

Prior to implementing the care bundle elements, ward management was on board to promote smooth implementation of the new initiative. Nurses of the two pilot wards were engaged in the planning to ensure their buy-in. The preliminary outcomes of the project will be evaluated in March that focused on the compliance of the care bundle elements. Fall rate will be a secondary outcome. Falls prevention requires a wide range of interventions. Identifying risk factors is pointless unless interventions to reduce or manage them are implemented and evaluated.