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Fall Prevention program in Psychogeriatric Day Hospital (PGDH) --"防跌計劃"之不倒翁行動
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empowerment, skill demonstration & transfer
multidisciplinary team collaborate patient, carer

Introduction
Prevention of Patient Fall has been ranked as the 1st priority in the Department Risk Register in 2017. On implementing fall prevention strategies, there were variations between in-patient & day-patient setting. In PGDH, attendants were different in each service day (Patient Registry was around 80 patients). On top of numerous attendants, patients wore private clothing and majority of them were ambulatory which imposed greater difficulties for the team in identifying patient with high fall risk. Thus, the Integrated Fall program (IFP) intended to find effective strategies to enhance alertness of the team in identifying & facilitate observation on patients with high fall risk & execute preventive measures accordingly. Furthermore, empower & provide support to patient & their carers by the multi-disciplinary team was essential aspect of care. Finally, evaluation of the program not only by Fall Rate but feedbacks from patient, carers & the team via survey were our core concern.

Objectives
Goal: 1. IFP is effective in reducing Fall rate that coincide with its name "不倒翁" 2. Carers apply learned skill at home/ community setting, can gain more confident in taking of care of patients & thus lessen the carer stress. 3. Participants understand the symbolic meaning of "identifiable flower 向逸攜" that its stamen (IFP), petal (team), stem& leaves (patients & carers) are interrelated that remind them to collaborate with team in achieving stated goals; striving for quality of living for the elderly. Objective: 1. To facilitate the team on accurate identification, observation focus on fall risk patient & execute caring strategies in PGDH 2. To explain the rationale of IFP to all parties to gain their cooperation in achieving stated goals 3. To empower carers to reduce carer stress 4. To strengthen patients on their cognitive & daily functional capabilities, perform home assessment & provide community support. 5. To evaluate the effectiveness on IFP via survey from all parties

Methodology
1. Program promotion to enhance & arouse interest of patients & carers by inviting

them to participate in the "Naming Competition" 2. Attractive "Identifiable Flower 向逸攜" was designed. Rationale of IFP & its purpose was introduced via poster display. Target patients were encouraged to place the "flower" on patient card which facilitate easy identification of fall risk patient by carers & team. 3. Caring strategies: 3a) Expert Assessment by each discipline & critically review on patient's fall risk, mobility, cognition, ADL performance, IADL performance & home environment were provided 3b) Training & evaluation on patient's performance was done 3c) Platform for skills demonstration, modeling & coaching was provided 3d) Through Home Visit the team can perform environmental assessment & give advice on home modification with assistive equipment/device to improve home safety 4. Evaluation of program was done by pre & post questionnaire from participants & staff satisfaction survey.

Result

1. IFP significantly reduced patient's fall risk reflected in MFS with mean score from 61.88 to 56.46 2. No Fall episode was noted in PGDH throughout IFP. 3. Participant Survey revealed they gained knowledge on Fall prevention measures on self–efficacy, patient's balance & mobility; carers stress was lessened. 4. Although patient expressed they had adequate knowledge, small no. of them had fall incident at home/community. Reasons were analyzed: overestimate/ forget their limits, declined need for suggested home modification. 5. Staff survey revealed IFP enhanced effective communication & team collaboration; they appreciated the use of "Identifiable Flower" which facilitate easy identification & help maintaining observation focus on target patients. Besides, they responded quicker to perform immediate action before becoming fall episode. 6. Conclusion: IFP was an effective & useful program that its on-going process required collaboration & compliance to interventions by all parties.