Service Priorities and Programmes

Electronic Presentations

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DKCH-FYKH-MMRC Fall Program
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Introduction

Fall prevention and the use of physical restraint are TWO of the key concern of quality of care in healthcare settings. There is query "if use of physical restraint" is cloaely related to fall prevention:
1)Is the frequency of use of physical restraint is closely related to the frequency of patient's fall risk?
2)What is the implication?

Objectives

Objectives of the program
1)To identify the relationship between the frequency of use of physical restraint and the frequency of patient's fall risk;
2)To evaluate the effectiveness of fall prevention under the current practice;
3)To determine if the current fall risk calculator and/or fall prevention strategy need to be revised;
4)To determine if the study instrument could be used as an evaluation tool for regular evaluation of quality of care.

Methodology

Method:
1)Study instrument:
1.1)The post fall review Excel file (existing file using by HKWC),
1.2)A self reporting data collection sheet "Monthly Patient Fall Risk / Use of Physical Restraint Record",
1.3)A common Excel file for compiling data, principally putting no. into the file under designated category of data;
1)Sample:
1.1)All newly admitted patients and,
1.2)Patients are restrained by physical restraint on / after admission;
2)Data management:

2.1)Investigators:
2.1.1)There would be THREE investigators accountable for running the program in the DKCH-FYKH-MMRC hospitals,
2.1.2)The investigator in FYKH act as the principal investigator,
2.1.3)Investigators in DKCH and MMRC act as the co-investigators;
2.2)Data collection:
2.2.1)Category 1: data on patient admission: patient gum label, Morse Fall Score (MFS), does restraint used, reason for use of physical restraint;
2.2.2)Category 2: data after patient admission (start use of physical restraint): patient gum label, Morse Fall Score (MFS), reason for use of physical restraint;
2.2.3)At the commencement date, information of all patients in ward should be input into the data collection sheet;
2.2.4)All study data are collected by the instrument in ward, in similar workflow as the DNACPR reporting system, i.e. to stick the patient gum label on the data sheet, tick the item(s) as indicated;
2.2.5)Each ward of DKCH-FYKH-MMRC hospitals send data to the investigator of their parent hospital on/before the 5th day of the following month;
2.2.6)Investigator of each DKCH-FYKH-MMRC hospital compile and input data into the common Excel file and forward the file to the principal investigator on/before the 15th day of the following month;
2.2.7)The principal investigator collate and analyze data with co-investigators,
2.2.8)The integrated outcome would be reported on/before the 28th day of the following end of the quarter.
2.3)Data analysis:
2.3.1)Descriptive statistics is used for analysis of data profile;
2.3.2)Inferential statistics is used for analysis against the objectives of this study.
3)Time frame for program implementation:
3.1)Program promulgation: June 2017;
3.2)Program implementation: July 2017;
3.3)Information of the program outcome would be reported quarterly;
3.4)Preliminary report would be promulgated by 1Q2018;
3.5)Interim report would be promulgated by end of 3Q2018;
3.6)Final report would be promulgated by 3Q2019.

Result

1) The rate of "use of physical restraint" s high in the rehabilitation population;
2) The mean/median fall risk score of the study population falls on "median risk level", i.e. score 25-45;
3) There is no significant association on the rate of "use of physical restraint" between gender, "risk of fall/use of physical restraint", and, "age/specialty";
4) Highest rate of "use of physical restraint" falls on "fall prevention/M&G specialty" and "patients at risk of fall", "mental/cognitive impairment (rank second), "interfere with life sustaining device" (rank third);
5) The risk score of fallers are significantly above the cut-off point of the fall risk calculator;
6) There is potential of developing an index for regular evaluation of quality of care.