



## Service Priorities and Programmes Electronic Presentations

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### **A Continued Quality Improvement Program (CQI) on Prevention of Physiological Fall at NDH**

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#### **Introduction**

Prevention of patient fall was one of the continued quality improvement programs in Department of Medicine in NDH. As number of patient fall was increased in 2013 from January to June, fall cases were investigated and showed that not all fall incidents were directly related to high Morse Scale. One of the crucial causes was due to patients' changes physiological condition, such as drug related (anti-hypertensive or diuretics). Therefore, a Continued Quality Improvement (CQI) on Prevention of Physiological Fall was proposed and implemented in 24 June 2013.

#### **Objectives**

The purpose of the program was to reduce number of patient physiological fall by simple and feasible strategies with three focuses. Firstly, bedside call bell was provided to each patient with education on its usage. Secondly, environmental scan checklist was completed in every shift to ensure environmental safety. Lastly, a maximum of five high risk cases with physiological fall were identified every shift to enhance alertness of all staff.

#### **Methodology**

A pre and post review design was adopted. It included all number of fall incidents in eight acute medical wards in Department of Medicine NDH in 2012 and 2013. Outcome measures of number of fall incidents were categorized as (1)every month (2) every three months in terms of 1Q, 2Q, 3Q and 4Q in 2012 and 2013 before and after the implementation of the program to facilitate comparison.

#### **Result**

The total number of patient fall from January to June 2013 was 25 (11 in 1Q and 14 in 2Q respectively). The CQI Program on Prevention of Physiological Fall was implemented in 24 June 2013. In December 2013, the total number of patient fall from July to December was collected and reviewed which was reduced to 12 (both 6 in 3Q and 4Q respectively). The number in 3Q and 4Q (total 12) reduced 52% as compared to 1Q and 2Q (total 25) after implementation of the program. In addition, it also

reduced 33% as compared to 3Q and 4Q (total 18) in 2012. In conclusion, to enhance patient safety, the Prevention of Physiological Fall Program was effective in reducing patient fall via providing one patient one call bell; performing one shift one environmental scan; and identifying maximum five high physiological fall risk cases. Therefore, these measures would be continued and reviewed for further improvement.