



**Service Priorities and Programmes**  
**Electronic Presentations**

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**Carer empowerment program through phone reinforced education in enhancing reduction of recurrent falls, A&E attendance and readmission rates for geriatric patients with fall-related hip fracture**

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**Introduction**

Hip fractures represent one of the most common orthopaedic diagnoses leading to hospital admissions, morbidity and mortality and nursing home admissions in the elderly population (Rocca et al, 2013). Over 90% of hip fractures results from a fall. Falls are the leading cause of fatal and nonfatal injuries to older people. According to the Hospital Authority Statistical Report (2010-2011), there were 9822 hospital admissions for hip fractures. In addition, study shows that 24.5% elderly fallers became recurrent fallers within six months (Formiga et al, 2008). Nurses play a key role for preventing recurrent falls; thus the readmissions and the mortality. Also, evidence for reducing falls in cognitively-impaired patients is limited and to date no intervention has consistently been shown to reduce falls in systematic reviewed (Vassallo M, 2009). Therefore we initiated an enhancement program for geriatric fractured hip patients to empower the carers through a phone reinforcement education with a 3-months follow up phone surveillance. It shows a significant improvement results as compared with the pre-program study.

**Objectives**

The objectives in improving care for the discharged patients with treated hip fractures are as follows: (1) To empower carers/care givers in preventing recurrent falls in the community; (2) To decrease recurrent fall and readmission rates; (3) To increase nursing staffs' level of awareness on recurrent falls; thus (4) To improve quality of life for this patient group ultimately.

**Methodology**

Period: from 1 January 2013 to 31 January 2014. Subjects: All first time fall-related hip fracture patients aged  $\geq 65$  years old admitted to our unit are recruited. Major carers of these patients are empowered through a reinforced phone education two weeks after patients' admissions. Data collection: Demographic and recurrent fall related data are collected. 3-months follow up phone surveillance and CMS relevant data retrieval. A carer satisfaction survey is conducted. In addition to a pre-test before briefing sessions to all nursing staff about recurrent fall and a post-test after one month are conducted in early 2013.

## **Result**

There are 236 participants were recruited into the program with 27 recurrent falls in the first 3 months post fractured. As compared with the pre-program study, the recurrent fall, A&E attendance, the re-admission and mortality rates due to recurrent falls were significantly decreased by 25.6%, 25.4%, 14% and 1.88% respectively. The sexual characteristics and cognitive function are become non-significant factors to recurrent falls in this program where they showed statistically significant in the pre-program study which might indicate the success of our intervention in these two groups in preventing recurrent falls. There were 85% of the carers being satisfactory with the phone reinforced education and strongly agreed that could increase their awareness on prevention of recurrent falls. Furthermore, nursing staff's level of awareness on recurrent fall was also increased by 15%. The results showed that the program to empower major carers in preventing recurrent falls in the community which could enhance patients care as well.