

H.E.A.R.T. program

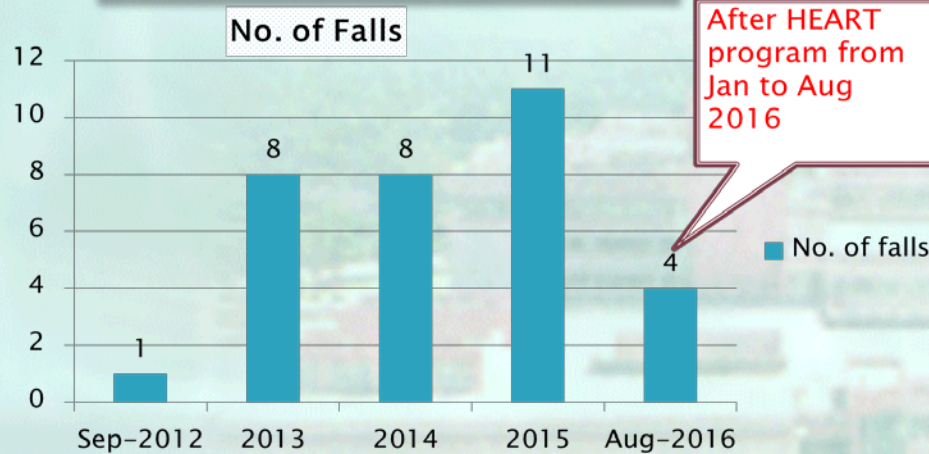
for Patient Fall Prevention(2017)

F-P4.25

Mixed Ward, Department of Orthopaedics &
Traumatology



Trend of Fall Incidents



What should we do?

Established an **in-house fall prevention workgroup**:

- Members: Nurses & SS
- Review **staff attitudes / Alertness / education** towards fall prevention Review fall statistics
- Review our fall prevention performance
- Explore workable innovations
- Monitor the outcomes
- Patient engagement?

Aims

- ▶ To engage staff and care-givers in patient fall prevention
- ▶ To reduce number of patient fall incidents
- ▶ To minimize the severity of patient all injury



H.E.A.R.T. program

- **H**andover high risk cases
- **E**ducate patient and care-giver
- **A**lert and Assess
- **R**educe harm
- **T**imely patrol

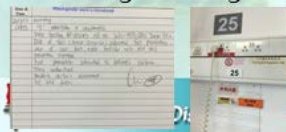


Handover

NO FALL



- Handover high risk cases
- Label outside the cubicle
- Tidy all curtains
- Reachable call bell
- Fall alarm sensors
- Fall prevention education shows during visiting hour



Education

NO FALL

- To patient and care-giver
- Use of call bell & return demonstration
- Suitable foot wear
- Suitable clothing
- Possibility of fall risk
- Video show during visiting hours



Assess

NO FALL

- On admission:
 - Assess fall risk
 - Cognitive impaired
 - Provide special preventive measures
 - Fall alarm sensor
- Reassess & record the fall risk after procedures with sedation done



Reducing harms

NO FALL



- Lower the bed
- Open the curtain after procedure
- No cords on floor
- No slippery floor
- Remove other unused obstacles



Timely Patrol

NO FALL

- Timely patrol
 - Hourly round
 - Check functions of fall alarm system
 - Check reachable call bell
 - Document actions done



Review & Monitor

NO FALL

- Evaluate quarterly
- Retrieve data from AIRS for numbers of fall incidents and severity
- Share information with others / among the team / relatives
- Collect feedbacks from staff, patients and care-givers



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愛心, 用心, 齊心, 就放心!



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Staff and care-givers **engagement** in patient fall prevention is absolutely **vital**



H.E.A.R.T. for Patient Fall Prevention

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Background

- In 2015, it was quite alarming that there were 11 patient fall incidents with severity ranging from 0-2 in mixed ward despite a comprehensive fall preventive measures being in place since admission.
- Although the severity of fall was not high, the post-fall investigations or even prolonged hospitalization have contributed a lot in costing.
- It is well documented that most of fall is preventable and avoidable.
- To review the fall incidents & explore some innovative preventable measures, an in-house fall prevention workshop was established. **HEART** was implemented since 10 2016.
- Members include nurses and supporting staff.

Aims

- To engage staff and care-givers in patient fall prevention
- To reduce number of patient fall incidents
- To minimize the severity of patient fall injury

Staff and care-givers engagement in patient fall prevention is absolutely vital



Result

- 4 fall incidents after implementing HEART
- Reduced patient fall incidents
- Increased staff engagement in fall prevention
- Reduced patient fall severity
- Reduced patient fall costs
- Reduced patient fall hospitalization

