Fall prevention in rehabilitation and extended care wards
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Introduction
Adults older than 65 years suffer the greatest number of fatal falls (WHO 2016). 89% patient in DREC are over 65 years old in 2015-16. Fall is one of the higher priorities in risk registry of DREC since 2004. DREC enhance patient safety on fall in four convalescent wards, palliative ward, two rehabilitation wards, two infirmary wards and Geriatric Day Hospital. The following is a 5 years’ retrospective review.

Objectives
Proactively manage potential risk of fall to patients.

Methodology
Four of DREC wards continue action plan in risk registry of fall in order proactively managing potential risk of fall to patients. In rehabilitation ward, characteristics of patients are “poor dynamic standing balance”, “poor static standing balance”, “unaware of self limitations” & “fall during toileting”. Fall preventive measures included skill consolidation (e.g. transfer, toileting, balance training) & reinforcement patient awareness program to patient and carer; case sharing to staff and orientation & induction for new staff, using fall risk assessment and care plan, Morse Fall Scale (MFS) and Safety awareness questionnaire; installation of rail in toilet and corridor, and using commode for toilet training; promoting open reporting culture; redesigned of ward setting according to “Elderly Friendly & Barrier-free” with 4 mini-stations improved observation & reinforced safety.

Result
1. The trend of fall rate 1Q 2015 - 3Q 2016: downward trend
2. Severity index of fall 1Q 2012 to 3Q 2016 in severity 1 and 2 is similar, severity 3 is from 8.4% to 2.8% and Severity 4 is from 4% to 1.4%
3. Staff feedback for elder-friendly ward design facilitate easy observation of assigned patient with setting up of mini-stations; and is safe for transferring of patient in ward.
4. Audit result for nursing documentation after adopting Morse Fall Scale (MFS) is 99.4% compliance in critical criteria.

Conclusion:
The trend of fall rate is on downward trend. It demonstrated that we should not only focus on the fall rate in evaluation. Looking forward, we shall continue fall preventive measure and analyse data in order to arouse staff awareness for the root cause and foci of remedial actions.