Reinforcing staff roles in fall prevention in Gynaecology

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Introduction
In May 2015, the increase of falls happened in the Gynaecology ward aroused nurses’ attention. The age groups of gynaecology patients are various thus the reasons of fall are also various greatly. They can be classified into anticipated and non-anticipated factors. A working group including ward manager, a nursing officer and 3 registered nurses was formed focusing on the anticipated factors.

Objectives
1. To reduce the number of falls
2. To increase the awareness of staff on fall prevention
3. To strengthen team approach on fall prevention

Methodology
Three main focuses are identified with the use of cause effect diagram: Patient Education, Staff Knowledge and Team Approach. For patient education, a specially designed fall prevention pamphlet is given to Gynaecology patients on admission for their awareness. A fall prevention notice board was set up at the main entrance of the ward for public education. The result of the pre-implementation audit showed initial fall assessment was not preformed correctly which might affect appropriateness of preventive measures. So, education classes for nurses and supporting staff were conducted in June and August 2015. The idea of named supporting staff was introduced for strengthening the cooperation and communication between named nurse and supporting staff. In March 2016, an audit on fall prevention was conducted. Two different audit forms were designed for nurses and supporting staff respectively.

Result
Two nurses and four supporting staff were interviewed and the compliance rates were 93.75% and 98.33% respectively. The result showed fall assessment was done on patient admission with correct score and appropriate measures were taken. However, fall prevention pamphlet was not given to every patient on admission and regular
reassessment was not constantly done. During the interview, the supporting staff did not aware their significant role in fall prevention. In view of the audit result, several improvement strategies were implemented for reinforcing fall prevention: shared the result with staff during ward improvement meeting, briefed the supporting staff for their significant role on fall prevention, conducted non-scheduled ward round by shift in-charge and ward manager. After a series of improvement strategies, a success on fall prevention has been proved by 46.15% decrease in fall in 2016 compared with 2015. Preventing fall is an innate responsibility of a nurse. The impressive result of the Gynaecology fall prevention program demonstrated that success will only be achieved with effective team effort and clear goal.