



Service Priorities and Programmes Electronic Presentations

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Submitting author: Ms P Y LAI

Post title: Advanced Practice Nurse, Princess Margaret Hospital

CQI project on fall prevention in A&E PMH

Lai PY, Leung PSM, Lit CHA, Sham SFR, Leung SY, Wan MY, Cheung PL, Tsang CC, Wong SS, Lee HH

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Introduction

Patient fall is one of the common adverse events in a busy and crowded emergency department. Early identification with appropriate preventive interventions is essential in reducing fall incidents in the A&E. There are a number of risk factors reported worldwide. According to World Health Organization, adult who is older than 65 years of age is at the greatest risk of fatal fall. A history of previous fall is likely to associate with an increased risk of subsequent fall. While other risk factors include impaired cognitive status, underlying medical conditions, impaired balance and mobility as well as an unsafe environment.

Objectives

The ultimate aim of the present project is to reduce the number of fall incidents in the A&E as below:

- (i) hoisting a specific warning signage to clearly identified elderly patients once they are labelled as high fall risk
- (ii) Engaging patient's caregivers or relatives in the prevention program.

Methodology

From the time of triage till disposal, patients who fulfilled the inclusion criteria

- (i) who are older than 65 years of age and presenting to the A&E with fall injuries,
- (ii) Impaired cognitive status, or
- (iii) Impaired balance and mobility

***Before the commencement of the program, all A&E medical and nursing staffs, patient care assistants and portering staffs will be briefed about the interventions and logistics of which require strict compliance. All fall prevention accessories (included: Fall alert signage, sticker and pamphlet) will be provided in each cubicle magazine rack.

- (1) A fall alert signage will be hoisted on the IVF drip pole and the end of the stretcher to alert all medical and nursing staffs that the patient is at high risk of fall after triage if patient fulfilled the inclusion criteria.
- (2) A patient's fall risk bracelet will be applied to patients at risk of fall.
- (3) A fall alert sticker will be applied in A&E record to patients at risk of fall and alert to frontline staffs restrict the fall precaution after triage if patient fulfilled the inclusion

criteria.

(4) Ensure medical staff, nursing staff, health care worker, family member and others in the team are aware of the patient's risk, nature, and seriousness of falls.

(5) Stretchers should be offered to patients with high fall risk as far as possible. Bed side rails should be raised and the height of the stretcher should be adjusted to a suitable level with the brake in its locking position. A stretcher table should also be attached in the far end of the stretcher. If there is no stretcher available, a wheelchair with seatbelt should be offered and the seatbelt must be fastened securely.

Result

Staff awareness has been improved gradually.

Compliance on the captioned program will be reinforced.

Significance and benefits to clinical practice will be continuously monitored.