

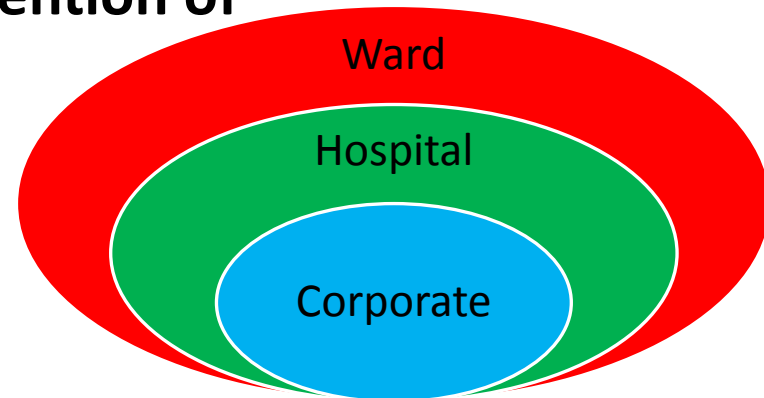
Improvement in Fall Assessment and Prevention among Nursing Staff after Refresher Training in Department of Geriatrics, RTSKH



YVONNE PO
WARD MANAGER
DEPARTMENT OF GERIATRICS
RTSKH

About Fall Prevention

- Top 5 Risk Registry in HKEC / RTSKH
- ONE of the Nursing Quality Indicator (NQI) in Hospital Authority
- Nursing Service Department, Head Office:
“Recommended Practices for Prevention of Patient Fall – 3 Levels”¹



1. Rutledge DN, Schub T. Evidence-based care sheet – fall prevention in hospitalized patients. Glendale, CA: Cinahl Information Systems, EBSCO Publishing; 2016. adopted in Nursing Service Department (2016). *Nursing Quality & Safety Annual Report 2015-2016*. HK:

HAHO. Available from:

<http://nursenet.home/Coordinating%20Committee%20%20Grade%20Nursing%20Approved%20Pap/Nursing%20Quality%20and%20Safety/Report/Nursing%20Quality%20and%20Safety%20Annual%20Report%202015-2016.pdf>

Guide for Practice - HKEC Guideline

 HONG KONG EAST CLUSTER 香港東區醫院聯網	HONG KONG EAST CLUSTER	Doc. no.	HKEC-Q&S-AA-GL-004-R0
		Effective date	18 Aug 2014
	Quality & Safety Office	Last review date	
	Guidelines on Fall Prevention	Custodian	Chairman, WG on Fall Prevention
		Approver	Chairman, CQ&S Committee

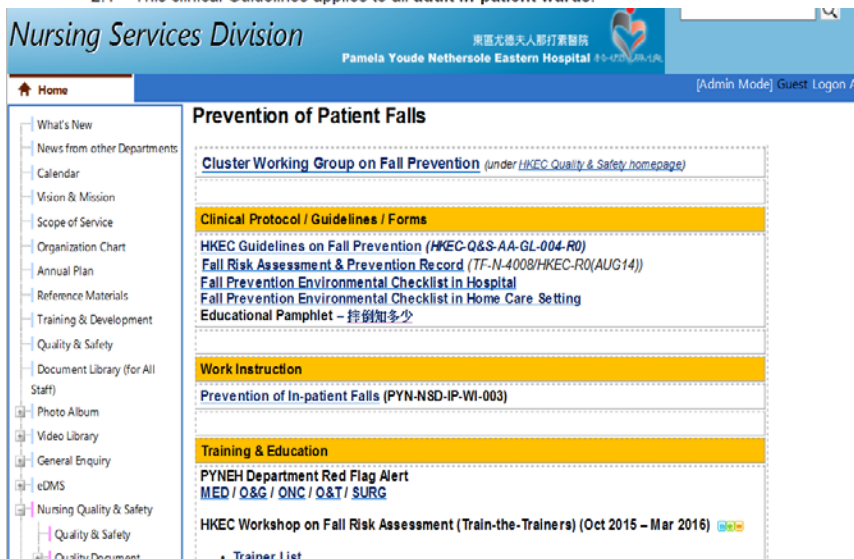
HKEC Guidelines – 5 Core Principles

1. Objective

- 1.1 This multi-disciplinary clinical Guidelines is to serve as a guide for hospital health care providers (HCP) in the prevention of fall for adult patients. It assists HCP to identify patients at risk of fall; and provides health care team the rationale in the prevention.

2. Scope

- 2.1 This clinical Guidelines applies to all adult in-patient wards.



Nursing Services Division
Pamela Youde Nethersole Eastern Hospital

Prevention of Patient Falls

[Cluster Working Group on Fall Prevention](#) (under HKEC Quality & Safety homepage)

Clinical Protocol / Guidelines / Forms

HKEC Guidelines on Fall Prevention (HKEC-Q&S-AA-GL-004-R0)
[Fall Risk Assessment & Prevention Record \(TF-N-4008/HKEC-R0\(AUG14\)\)](#)
[Fall Prevention Environmental Checklist in Hospital](#)
[Fall Prevention Environmental Checklist in Home Care Setting](#)
[Educational Pamphlet – 跌倒知多少](#)

Work Instruction

[Prevention of In-patient Falls \(PYN-N8D-IP-WI-003\)](#)

Training & Education

PYNEH Department Red Flag Alert
[MED / O&G / ONC / O&T / SURG](#)

HKEC Workshop on Fall Risk Assessment (Train-the-Trainers) (Oct 2015 – Mar 2016)

• [Trainer List](#)

General measures;

Specific measures for high risk

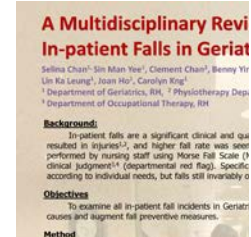
Environmental screening;

2^o Prevention

Discharge planning

Multidisciplinary Post Fall Review Group

- set up in March 2015 in the Department of Geriatrics, RTSKH
- review every in-patient fall incident happening in Geriatric wards prospectively (post fall visit by Dr., Nurse, Physiotherapy & Occupational Therapist)
- make suggestions for **secondary fall prevention** for the rest of the individual's hospital stay and **discharge planning**.



HKEC Guidelines – 5 Core Principles

General measures;

Specific measures for high risk

Environmental screening;

2° Prevention

Discharge planning



Post-fall Review Finding (1-2Q2017)

- Discrepancies between the Morse Fall Scale (MFS) rating & patient's condition
 - Accurate assessment is the first and the most important step for fall prevention & provision of appropriate targeted preventive measures
- ➔ Refresh training is indicated.

HOSPITAL AUTHORITY Hong Kong East Cluster		Hospital No.: _____ ID.No.: _____	
FALL RISK ASSESSMENT & PREVENTION RECORD		Name: _____	
		Sex: _____ Age: _____ Chinese Name: _____	
		Ward: _____ Bed: _____ Dept.: _____	
Morse Fall Scale (MFS): Please fill in scores for the following items:		Date	
		Time	
1.	History of falling (within 3 months)	No Yes	0 25
2.	Secondary diagnosis	No Yes	0 15
3.	Ambulatory aid	None / bed rest / nurse assist / use wheelchair Use crutches / cane / walker	0 15
4.	IV therapy or Heparin Block	No Yes	0 20
5.	Gait	Normal / wheelchair / bed rest Weak: stoop, steps are short and shuffle Impaired: poor balance, difficulty rising to stand	0 10 20
6.	Mental status (Ask: Are you able to go to the bathroom alone, or do you need assistance?)	Oriented to own ability Overestimates or forgets limitations	0 15
Total Score			
High Fall Risk (indicate by "✓")			
Assessed by MFS ≥ 55 in acute hospitals (i.e. PYNEH, RTSKH); MFS ≥ 45 in non-acute hospitals (i.e. TWEH, WCHH, SJH and CCH) OR supplemented by clinical judgment #			
A. Universal Fall Preventive Measures to ALL patients (indicate by "✓" as appropriate)			
1	Conduct fall risk assessment on admission / transfer in / significant change in condition / following a fall AND reassess at regular interval		
2	Orient patient to ward environment e.g. bed area, toilet & bathroom		
3	Educate on proper clothing, footwear, hearing aids & spectacles		
4	Ensure personal belongings and assistive devices are within reach of patient		
5	Reinforce patient to inform staff about lower limb weakness / dizziness / unstable walking		
6	Educate patient / relatives about the precautions to fall-prone medications (if indicated)		
7	Ensure call bell within reach for patient calling for assistance		
8	Ensure the bed is in a low position and the wheels of all furnishings are locked		
9	Ensure patient's needs are anticipated e.g. diet, elimination		
10	Liaise with doctors to review patient's medications on admission and regularly		
B. Additional Preventive Measures to HIGH FALL RISK patients (indicate by "✓" as appropriate)			
	Appropriate signage should be in place to alert healthcare team		
	Reassess fall risk regularly (according to departmental policy) and whenever indicated		
1.	History of falling (within 3 months)		
	Advise patient / relatives of the high fall risk		
	Assist / encourage relatives to participate in patient's daily activity e.g. toileting / feeding / drinking / exercise etc.		
2.	Secondary diagnosis		
	Liaise with doctor on the management of the secondary diagnosis		
3.	Ambulation		
	Ensure patient is accompanied during mobilization		
	Ensure appropriate ambulatory aid / footwear is readily accessible and properly used		
	Remind patient to call for help whenever necessary		
4.	IV therapy or Heparin Block		
	Check postural blood pressure if patient is at risk of postural hypotension e.g. dehydration or on vasodilator etc.		
	Ensure the proper placement of IV line and/or tubing(s)		
5.	Gait		
	Ensure pain is relieved adequately		
	Mobilize patient early and liaise with doctor to consult PT / OT if appropriate		
6.	Mental status		
	Allocate patient close to nursing station for easier observation in selected cases		
	Consider the appropriate use of physical restraint according to guidelines		
7.	Others		
Nurse's Signature			

Please see opposite page taken from Appendix II of the Guidelines on Fall Prevention R1(SEP16)

Objective

To refresh nursing staff's concept and knowledge of Morse Fall Scale (MFS) to promote precise fall assessment and provide appropriate preventive measures.

Process

Set up Ad-hoc team

Design training

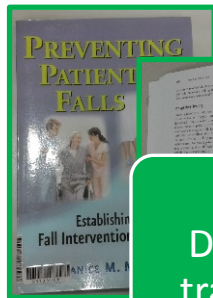
Post-workshop audit

Review recent fall cases & Surprise audit:

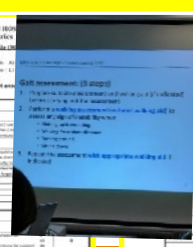
- Ambulatory aid,
- Gait,
- Mental Status

3 Scenario-based training workshops

Evaluation



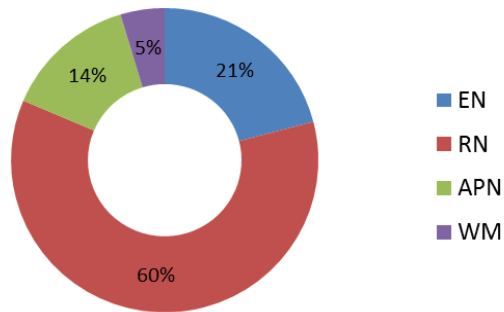
Item	Score	Assessment	Intervention	Re-assessment
1. History of falling (within 3 months)	0	No		
2. Secondary diagnosis	0	No		
3. Ambulatory aid	0	None / bed rest / assist / use wheelchair		
4. IV therapy or Hepatin Block	0	No		
5. Gait	0	Normal / wheelchair / bed rest		
6. Mental status (ask: Are you able to go to the bathroom alone, or do you need assistance?)	0	Weak, sleep, steps on floor and shuffle		
7. Overtiredness or forgetfulness	0	Overstressed or forgetful symptoms		



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Results (1)

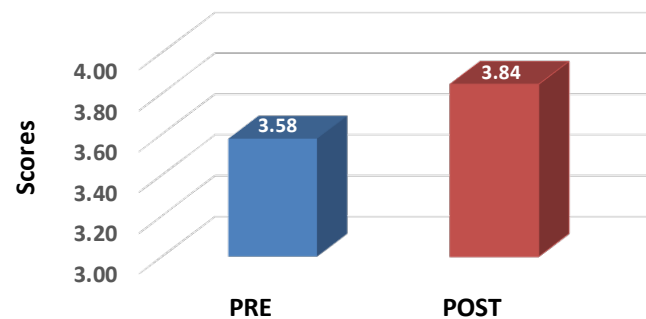
Fig. 1 - Staff Group (n=45)



Total participants of the 3 workshops were 45 with different staff groups (Fig. 1)


Post-workshop quiz mean score > pre-workshop quiz (Fig. 2)

Fig. 2 Results of Pre & Post Workshop Quiz




Results (2)

Fig. 3 Staff Feedback



RUTTONJEE & TANG SHIU KIN HOSPITALS

Department of Geriatrics



Evaluation: Smart Tips on Morse Fall Scale

Course Date: 1st, 4th & 7th Aug, 2017
 Venue: GDH, 2/F, Main Block, RTSKH
 Lecture Time: 15:15 – 16:15

Total numbers of participants:	45
Questionnaires returned:	44
Response rate:	98%

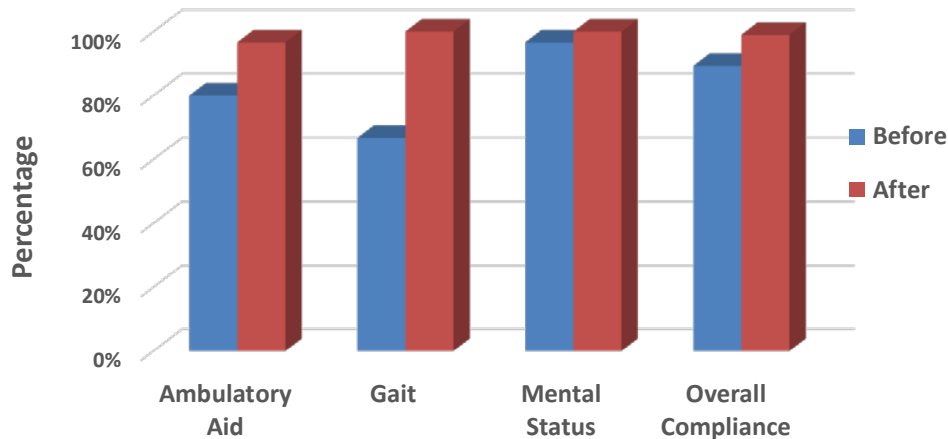
問題編號 Item No.	問題內容 Description	極不同意 Strongly Disagree	不同意 Disagree	少許同意 Slightly Disagree	少許同意 Slightly Agree	同意 Agree	極同意 Strongly Agree
1	你是否同意此課程已達到所訂目標? Do you agree that this lecture has achieved its stated objective?	0%	0%	2%	2%	66%	30%
Mean Score		5.23 / 6					
2	你是否同意課程內容深淺適中? Do you agree the depth of the lecture content is appropriate?	0%	0%	2%	2%	64%	32%
Mean Score		5.25 / 6					
3	你是否同意課程內容對工作有實用之處? Do you agree the lecture content is practical for use in the workplace?	0%	0%	2%	2%	64%	32%
Mean Score		5.25 / 6					
4	你是否同意此課程的時間長短適中? Do you agree that the lecture duration is appropriate?	0%	0%	2%	2%	68%	27%
Mean Score		5.20 / 6					
5	你是否同意導師能助長你在課程中的學習? Do you agree that lecture facilitator(s) has/have enhanced your learning in the course?	0%	0%	2%	2%	64%	32%
Mean Score		5.25 / 6					
6	你是否同意此課程的課室安排是妥當的? Do you agree that the venue arrangement of the lecture is appropriate?	0%	0%	2%	2%	68%	27%
Mean Score		5.20 / 6					
7	你對整個課程是否感到滿意? Do you agree that you are satisfied with this lecture as a whole?	0%	0%	2%	2%	66%	30%
Mean Score		5.23 / 6					
8	你會推薦這個課程給其他同事? Do you agree that you will recommend this lecture to your colleagues?	0%	0%	2%	2%	68%	27%
Mean Score		5.20 / 6					
9	個人感想 My comments: Update my clinical concept						

Staff Feedback

- ✓ Return rate of staff evaluation after the workshops reached 98%.
- ✓ > 95% satisfied with the workshops (overall mean score: 5.23, 6 is the highest).

Results (3)

**Fig. 4 Compliance in Scoring of Morse Fall Scale
(High Variance Categories & Overall)**



Post compliance audit:
accuracy of high variance
categories of MFS:

- ✓ Ambulatory aid (80% → 96.7%);
- ✓ Gait (66.7% → 100%);
- ✓ Mental Status (96.7% → 100%).

Overall compliance:

89.3% → 98.5% ($Z=4.745$;
 $p<.001$, 2-tailed).

Conclusion

- 1) Post-fall Review can create a platform to review practical issues regarding the current Fall Prevention and Management for further improvement.
- 2) Refresher training on Morse Fall Scale can help nursing staff to enhance the accuracy in fall assessment and appropriateness in implementing preventive measures subsequently.
- 3) Scenario-based workshops motivate staff's interest during the course of training with positive feedback.
- 4) The significant improvement in the fall assessment and management documentation supports the effectiveness of the refresh workshop.

Thank You

