



Service Priorities and Programmes Electronic Presentations

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Ward-based Fall Prevention Program with 4M1E in Respiratory ward 6A

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Introduction

Fall is an adverse patient safety incident in hospitals. Fall increases length of stay and patient care costs which is also a serious healthcare issue causing injury or even death. In United Christian Hospital (UCH), fall prevention is an emphasize measure to optimize nursing quality indicators. In view the fall incident rate (no. of falls per 1000 inpatient occupied bed days) of Respiratory ward within 1&2Q2015 is average 2.15 which are higher than the UCH 0.68 and M&G 0.81. Thus, 4M1E implementation plan was established.

Objectives

1.To decline the average ward fall incident rate below 1 in 3&4Q2015 and under the rate of UCH and M&G. 2.To enhance staff awareness of fall prevention and knowledge.

Methodology

The program was implemented after 2Q2015 and 4M1E are Man-power, Machine, Material, Method and Environment. For Man factor, it emphasizes on staff training. Fall Prevention Team (FPT) is formulated. The Team conduct and evaluate the fall prevention program with monitor fall rate. FPT regular leads nursing round to implement optimal fall prevention measure to high risk patients. It supervises fall incidents management and reminds staffs with adequate clinical handover of fall. FPT give education to high fall risk patients and relatives. Relatives are encouraged liberal visit to accompany high fall risk patients. For Machine factor, it emphasizes on equipment usage. FPT regular demonstrate and encourage using assistant tools with monitoring the maintenance and effectiveness. For Material factor, it emphasizes in management of materials. FPT tightens up restrictor and patrols the proper use of restriction method. Set up bulletin board and poster of fall. For Method factor, it emphasizes on risk assessment and management. FPT regular round and assess staff performance with fall prevention tools. FPT execute audit quarterly. Refer Allied Team to enhance patients' ability and assign regular toilet round to patient at night. For Environment factor, it emphasizes on safety in workplace and ensuring colleagues have communication and collaboration.

Result

After implemented the program, the average fall incident rate in 3&4Q2015 is 0.4.

There is no patient falls occurred in 4Q2015 and the rate is lower than UCH and M&G.
Conclusion The outcomes are convincing and meet the target rate in 3&4Q2015.
The program was shared in Meeting with Fall Prevention Ward Coordinators in
Dec2015 and will be revise regularly in the future.