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A Care Bundle Approach to fall prevention: Bringing practice in line with NICE Guidelines

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Introduction

According to the National Institute for Health and Care Excellence, age ≥ 65 or between 50 to 64 with underlying condition(s) contributing to fall would be classified as at risk of fall. The best-practice approaches for preventing falls include implementation of standard fall-prevention strategies, identification of fall risks, and targeting interventions for modifiable fall related risk factors. The STRATIFY and Morse were tools used to screen fall risk patients in the Medical and Geriatric (M&G) department and other departments respectively at a convalescent hospital. Nevertheless, sensitivity of these tools was about 60%. Some patients at risk of fall were not detected. Instead of dependent on a prediction fall risk assessment tool, this project develops a care bundle approach to fall prevention.

Objectives

This project aims to guide nurses to identify the individual fall risk factors systematically and implement targeted fall prevention strategies for accordingly through a care bundle approach.

Methodology

A list of evidence-based fall prevention strategies was included in this care bundles. Prior to implementation, nurses were engaged in the planning and trained on the new approach to fall prevention. It was first piloted in two M&G wards since December 2014. The effectiveness of the approach was evaluated in June and December 2015 respectively. Retrospective case note review, surprise audit were used to evaluate the compliance of implementing the care bundle elements. Nurses' satisfaction and fall rate were also measured.

Result

The preliminary findings in June 2015 showed the overall compliance was 97%. There was improvement in the use of call bell was within patient's reach ($\chi 2 = 42.6$, $p < 0.05$). Besides, there were 1% at risk fallers with inappropriate footwear. Nurses' feedback positively that the "Care Bundle approach" could help them to identify fall risk factors more appropriately instead of watching at risk score. However, nurses expressed it was time consuming in documentation. There showed a slight decrease in the fall rate

during the pilot period (0.26 vs 0.44 per 1,000 patient days). Yet, it is too early to say its significance due to the limited data. To conclude, identifying the fallers by fall risk assessment tool is pointless if we do not implement appropriate fall preventive strategies according to individual patient's risk factors.