

Enhancing Patient Safety: Investigating Inpatient Fall Interventions

S. NAIN¹, R. SUNDRAM¹, N.A. SHADAN¹, R.N.A. RAJA ABDUL MANAN¹, R.S. KARUPPIAH¹, P. JAIBALLAN¹, L. WEISON¹, M.H.K. ANUAR¹, M. BAJURI, ¹ M. ALI¹, M.H.A. RAHIM¹, M.H. MUHAMAD¹

1. Institut Jantung Negara, Kuala Lumpur, Malaysia



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INTRODUCTION

Patient falls in healthcare settings carry substantial risks, leading to injuries, prolonged hospital stays, increased costs, and mortality. This study initiates a quality improvement program aiming to reduce patient harm resulting from falls by 20% in general wards by June 2023.

Despite facing challenges, the study outcomes warrant thorough investigation.

AIM

The primary objective is to assess the effectiveness of interventions targeting inpatient falls, including the Bedside Mobility Assessment Tool (BMAT), bed alarms, and Medication High Fall Risk notices. The focus is on evaluating their impact on reducing major and moderate harm resulting from falls in adult inpatients.

METHOD

- The study adopts a prospective observational design to evaluate the interventions.
- Data on inpatient falls were collected from January to December 2022.
- The three interventions were progressively introduced in wards with high fall rates.

CONCLUSIONS

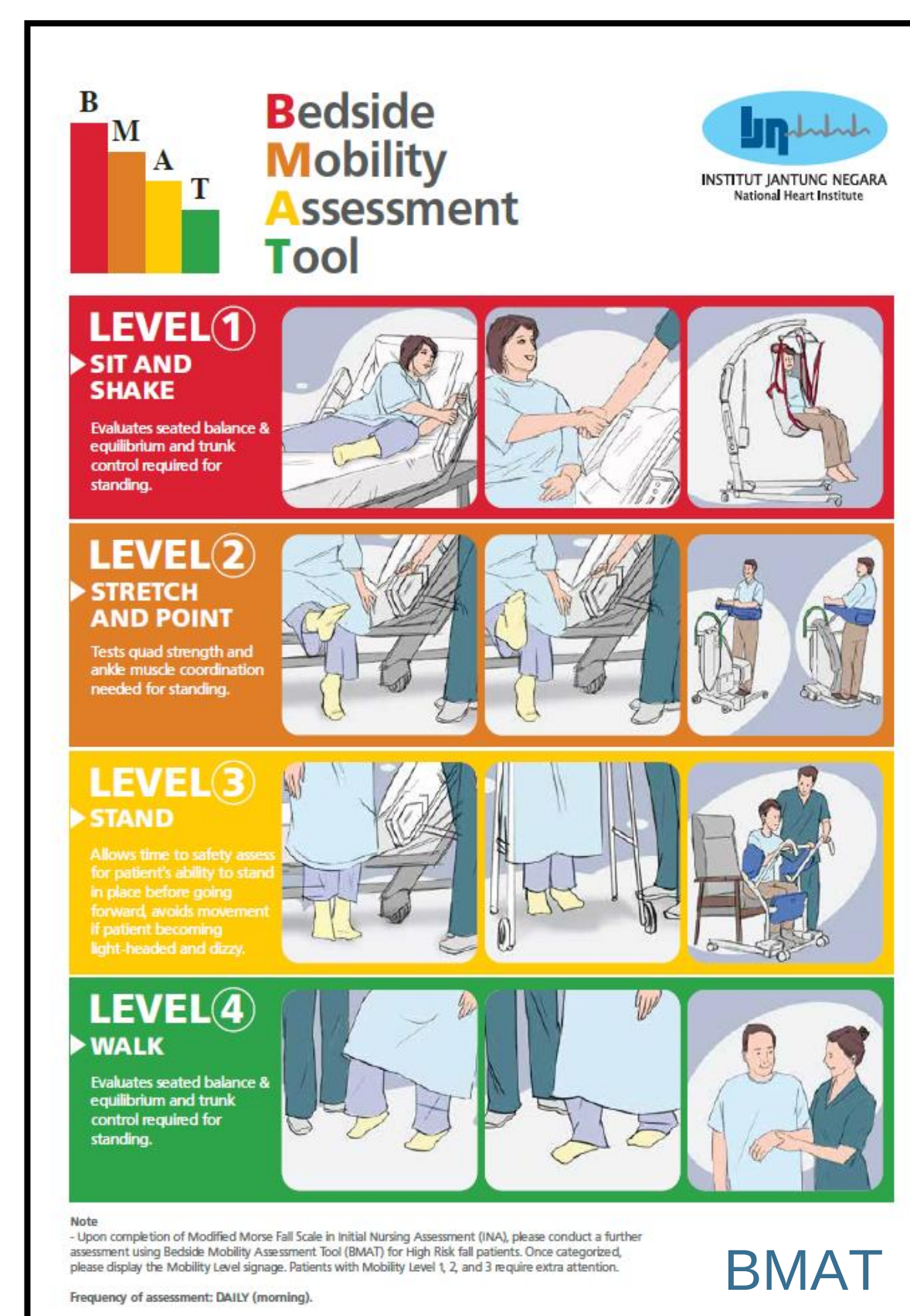
The study underscores the effectiveness of interventions like BMAT, bed alarms, and Medication High Fall Risk notices in preventing major injuries from inpatient falls. Although the desired outcome wasn't fully achieved, these interventions significantly enhanced patient safety. Continuous efforts are crucial for refining and advancing fall prevention strategies within healthcare settings.

KEYWORDS

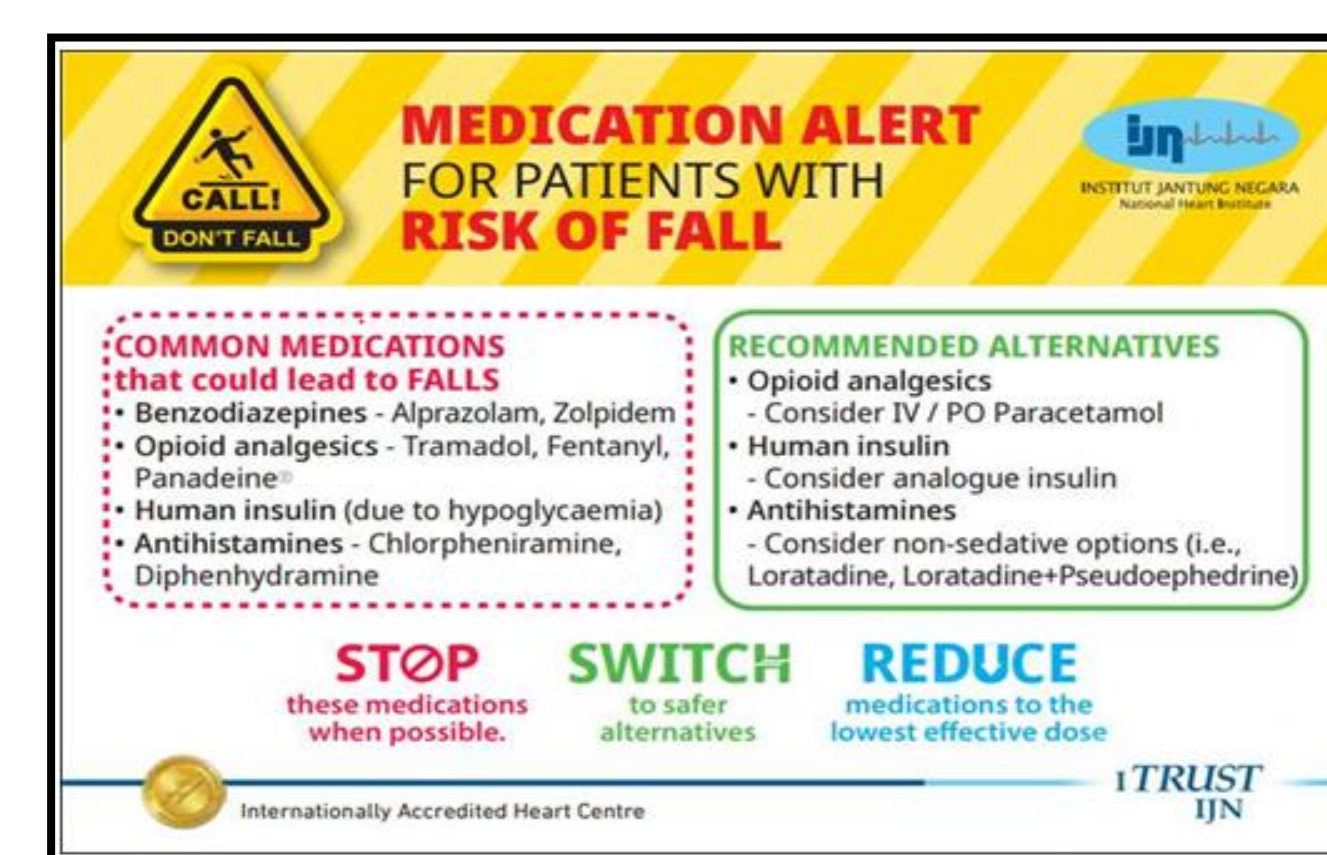
Fall Prevention, Process Improvement

INTERVENTION

1. Bedside Mobility Assessment Tool (BMAT) for High-Risk Fall Patients.
2. Bed Alarm.
3. Medication High Fall Risk Notice.
4. Collaboration with Physiotherapists - Referral for Berg Balance Test.
5. Education and Assistance from Other Patients for Fall Risk.
6. Floor Chemical to Reduce Slipperiness in Shared Toilets.
7. Grab Bars in Patient Toilets.
8. Shower Chairs & Hoists.



BED ALARM



MEDICATION HIGH FALL RISK NOTICE

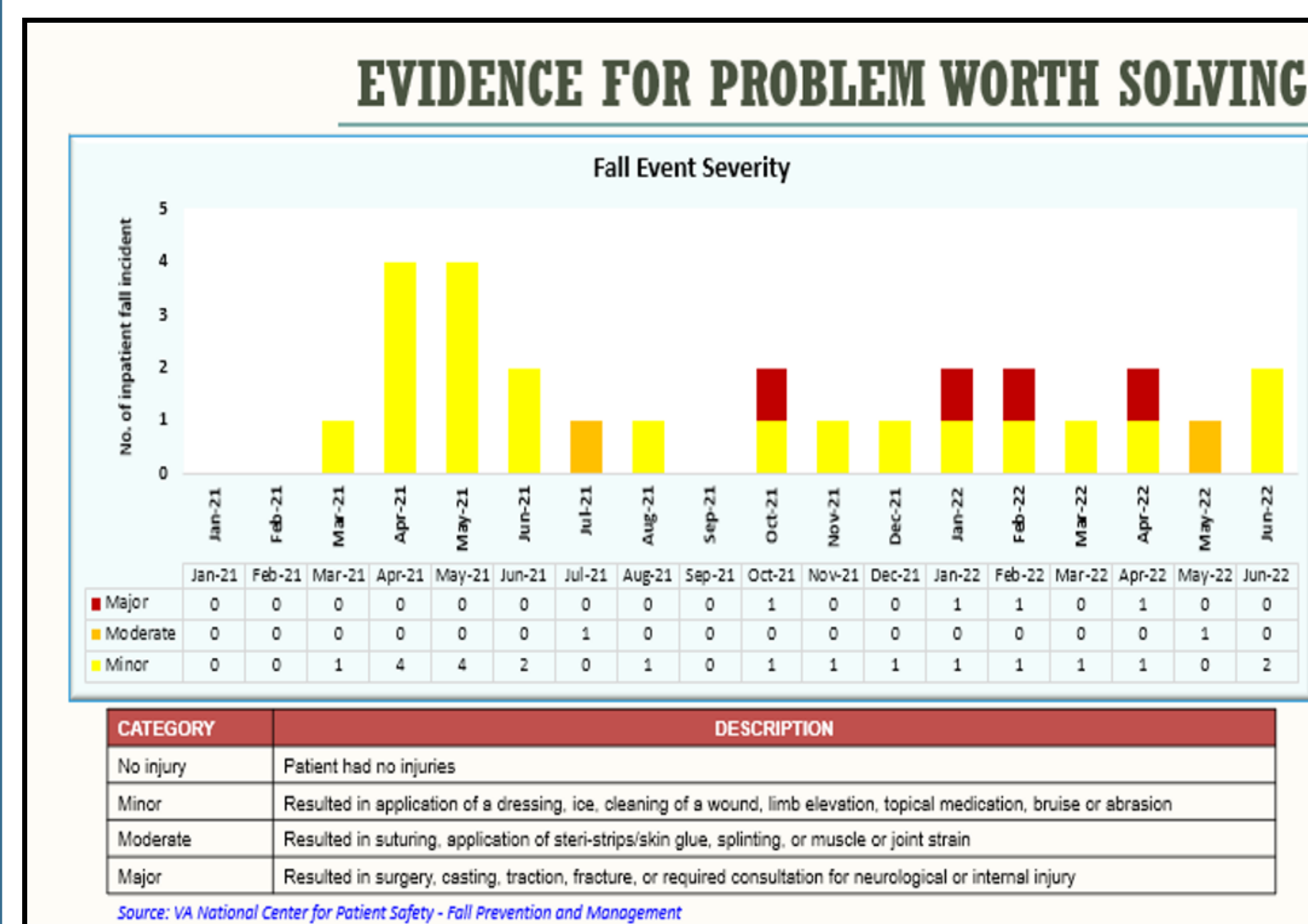


HOIST

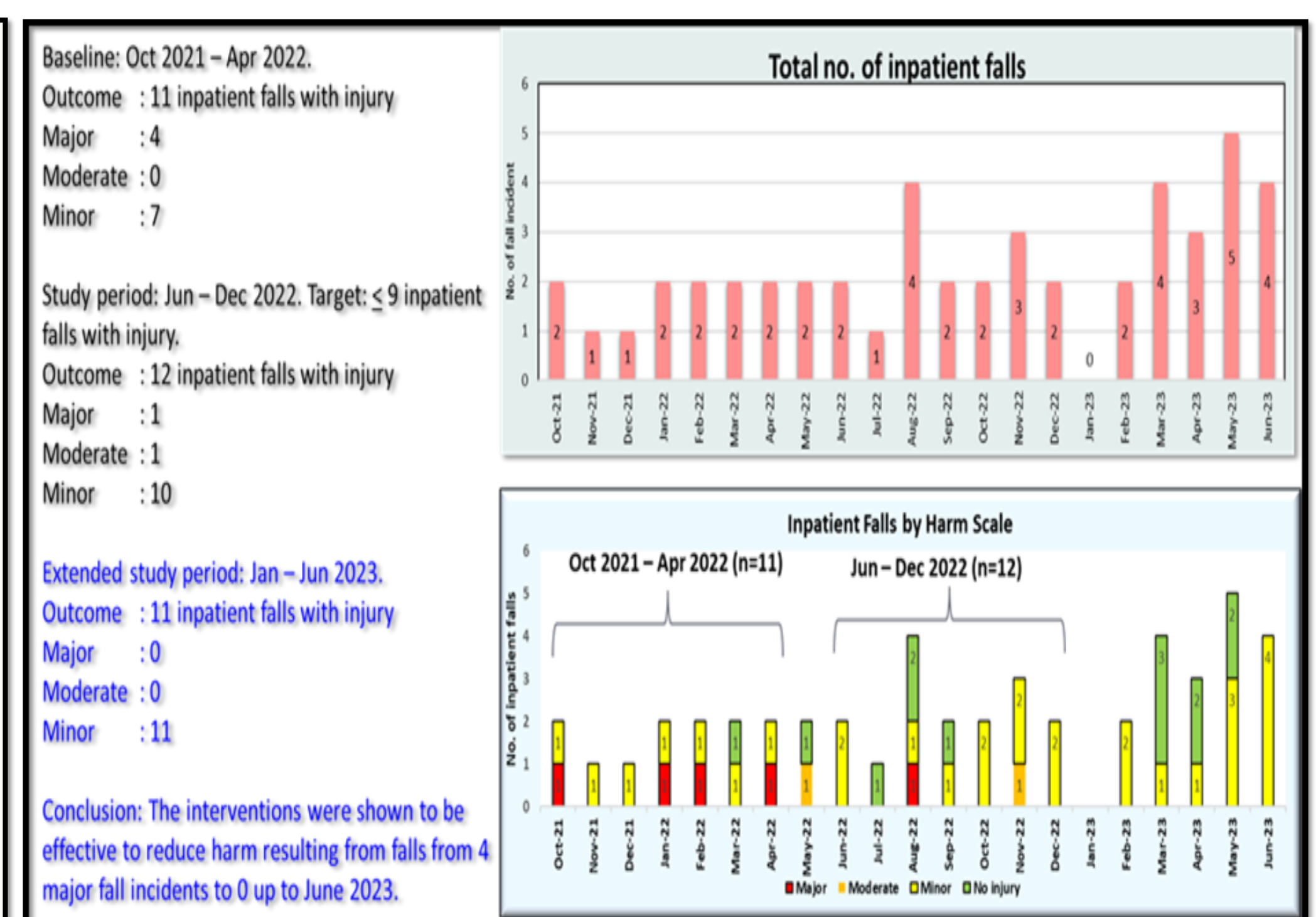
RESULTS

In the baseline period (October 2021 – April 2022), there were 11 inpatient falls with injury, including 4 major and 7 minor incidents. During the study period (January to June 2023), 11 inpatient falls with injury were reported, all classified as minor, with no major or moderate incidents recorded. Consequently, the interventions effectively reduced harm resulting from falls, specifically eliminating major fall incidents up to June 2023.

BEFORE THE INTERVENTION



AFTER THE INTERVENTION



REFERENCES

LeLaurin, J. H., & Shorr, R. I. (2019). Preventing Falls in Hospitalized Patients: State of the Science. *Clinics in geriatric medicine*, 35(2), 273–283. <https://doi.org/10.1016/j.cger.2019.01.007>

CONTACT INFORMATION

Sulizawati Binti Nain.
Nurse Manager, Institut Jantung Negara.
Kuala Lumpur Malaysia.

sulizawati@ijn.com.my