# ENGAGEMENT WITH PATIENT AND RELATIVES IN PREVENTING FALL

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## ABSTRACT

Patient falls are the leading cause of in-hospital injury worldwide, leading to increased healthcare costs, morbidity and mortality. In KMC Fall Facilitator Team strengthened the 3 steps process by providing training on (a) fall risk assessment, (b) identifying fall prevention intervention for individual patients (c) implementation of the strategy in preventing the fall.

KMC implemented an intervention strategy in preventing fall by engaging patient and family.

## CONTACT

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## INTRODUCTION

Patient falls are the leading cause of in-hospital injury worldwide, leading to increased healthcare costs, morbidity and mortality (World Health Organization, 2018). According to The Joint Commission, fall-related injuries are consistently among the top 10 sentinel events reported to their database (2015).

Kedah Medical Centre (KMC) has reported fall incidences every year, although fall interventions as control measures were introduced since 2016. These could affect the reputation of KMC and increase operating costs. The nursing team has decided to take further steps in preventing falls among patients by introducing new control measures and strengthening the 3 steps process in fall prevention by engaging patients and families in fall strategy.

Patient and family engagement is working together between healthcare providers in preventing falls which contributes to improving health outcomes. Patient and family engagement offers a promising pathway toward better quality health care and more efficient care.

Hill et al. (2016) showed that the primary cause of falls in patients is that patients did not participate in fall prevention measures. Dykes et al. (2010) have suggested that fall prevention can be divided into three steps, namely

(a) fall risk assessment,
(b) development of a personalized fall prevention strategy and
(c) effective implementation of the strategy.

In KMC Fall Facilitator Team strengthened the 3 steps process by providing training on

(a) fall risk assessment,
(b) identifying fall prevention intervention for individual patients,
(c) implementation of the strategy.

This training is to ensure nursing staff are competent in preventing the fall since 2021.

The aim of this study was to investigate the effectiveness of patient and family engagement in fall prevention strategy in preventing falls.

## METHODS AND MATERIALS

This study was conducted at KMC which consisted of 160 beds. Retrospective analysis of fall incidence during the past 3 years based on Malaysia Patient Safety Goals 2.0 benchmarks whereby the primary outcome was patient falls per 1000 patient-days in the wards during the study period.

Inclusion criteria encompassed: - (a) all inpatients that risk was determined with the Morse Fall Scale high risk was indicated with a score of greater than 51 and (b) case of unintentional patient fall that happened within the compound of the healthcare facility.

Exclusion criteria: - (a) fall due to seizures, loss of consciousness, paralysis or cardiac arrest and due to external forces. (b) Intentional fall due to suicidal attempt.

### INTERVENTION

KMC developed and implemented an intervention strategy for patients to participate in fall prevention including: - providing information, encouraging participation, fostering cooperation and offering informational support.

**Step 1: Providing Information**

Within an hour of admission, the nurse is responsible for providing information to the patients and their families regarding the definition of falls, the frequency of incidences and adverse consequences associated with falls. This aim is to create awareness among the patient and their family in preventing falls, which includes sharing the results of the fall assessment.

**Step 2: Encouraging Participation**

The "Patient Contract For Fall Prevention Form" was signed by the either patient or the Person Accompanying the Patient (PAP). In addition, the Person Accompanying Patient card is provided to the PAP, and it should be handed over to the nurse when the patient is left unattended/alone. This safety checklist for patients aims to raise awareness about the factors contributing to the patient's fall risk, with the goal of enhancing the patient's and family's comprehension and collaboration in implementing the nursing care plan for fall prevention.

**Step 3: Fostering Cooperation**

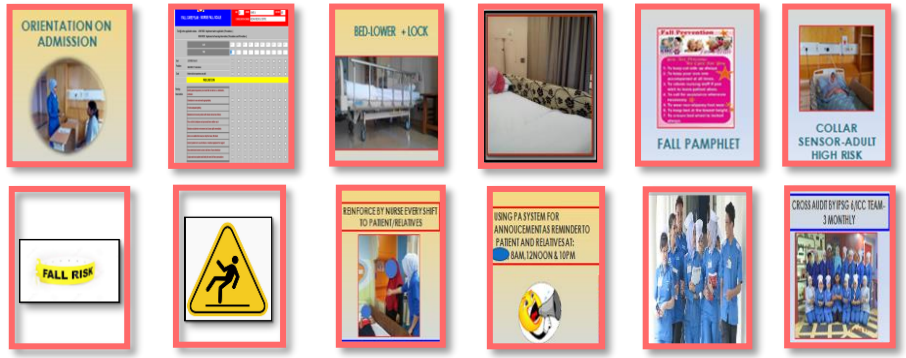
The nurse should routinely visit the patient's bedside to monitor the implementation of the patient's plan and make appropriate adjustments based on any feedback received from the patient and family. Reinforce the fall intervention so the patient and family understand and give full cooperation. This is done to strengthen the fall prevention measures, ensuring that both the patient and their family have a clear understanding and provide full cooperation.

**Step 4: Offering Informational Support**

KMC assists patients and their families in comprehending falls and preventive measures by offering informational pamphlets and playing videos related to fall prevention.

## PROJECT INITIATIVES

### EXISTING CONTROL MEASURES




YELLOW ID BAND FOR ADULT PATIENT

FALL SIGN AT PATIENT BED

COMPULSORY TRAINING/ ONSITE TRAINING

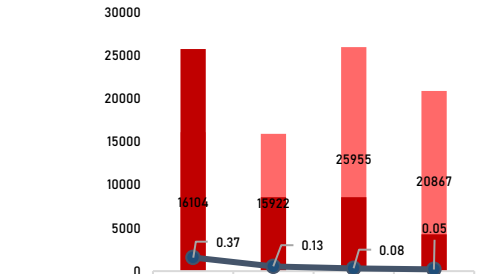
### NEW CONTROL MEASURES




## RESULTS

Over the three-year intervention period that followed KMC's efforts to enhance the three-step process starting in 2021, it was noted that the incidence of patient falls decreased, in line with the benchmarks set by Malaysia Patient Safety Goals 2.0. The primary outcome measured was the rate of patient falls per 1000 patient days in the wards throughout the study period. Data collection spanned from 2021 through August 2023.

## GRAPHS AND TABLES




| | 2020 | 2021 | 2022 | 2023 AUG |
|---|---|---|---|---|
| INPT DAYS | 16104 | 15922 | 25955 | 20867 |
| NO OF CASES | 6 | 2 | 2 | 1 |
| FALL RATE | 0.37 | 0.13 | 0.08 | 0.05 |

## CONCLUSIONS

It was observed that the three-step process appeared to be an effective strategy for involving both patients and their families in the effort to reduce patient falls within the hospital.

## REFERENCES

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Hill, A.-M., Francis-Coad, J., Haines, T. P., Waldron, N., Etherton-Beer, C., Flicker, L., Ingram, K., & McPhail, S. M. (2016). 'My independent streak may get in the way': How older adults respond to falls prevention education in a hospital. BMJ Open, 6(7), e012363. https://doi.org/10.1136/bmjopen-2016-012363.

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