

Project Title

Further Improvement initiative to prevent fall by cohorting Cognitive Impaired Patients

Project Lead and Members

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Organisation(s) Involved

Jurong Community Hospital

Healthcare Family Group Involved in this Project

Nursing

Aims

The C11's fall workgroup intends to reduce the fall rates by September 2020 (6 months), for patients who are cognitively impaired and have behavioural issues because we believe that by reducing fall rates, it will ensure better patient's outcomes.

Background

See poster appended/ below

Methods

See poster appended/ below

Results

See poster appended/ below

Conclusion

See poster appended/ below

Project Category

Care & Process Redesign

Value-Based Care, Risk Management, Preventive Approach

Keywords

Falls, Cognitive impaired patients

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FURTHER IMPROVEMENT INITIATIVE TO PREVENT FALL BY COHORTING COGNITIVE IMPAIRED PATIENTS

MEMBERS: HARIANA, KHOMATHY, JANE COLLADO
KHIN NWE OO, MARK JOSEPH, KRISTY JOY

Define Problem, Set Aim

Problem/Opportunity for Improvement

Describe the issue(s) faced

In January and February 2020, there was a total of 5 falls in ward C11. Out of the 5 patients, 4 were cognitively impaired and were assessed as high risk for fall upon admission.

The cost of the problem:

These high fall risk patients who are cognitively impaired were scattered in all cubicles. The nurses felt stress as they cannot leave their assigned cubicle as all the cubicles had patients who were high risk for fall.

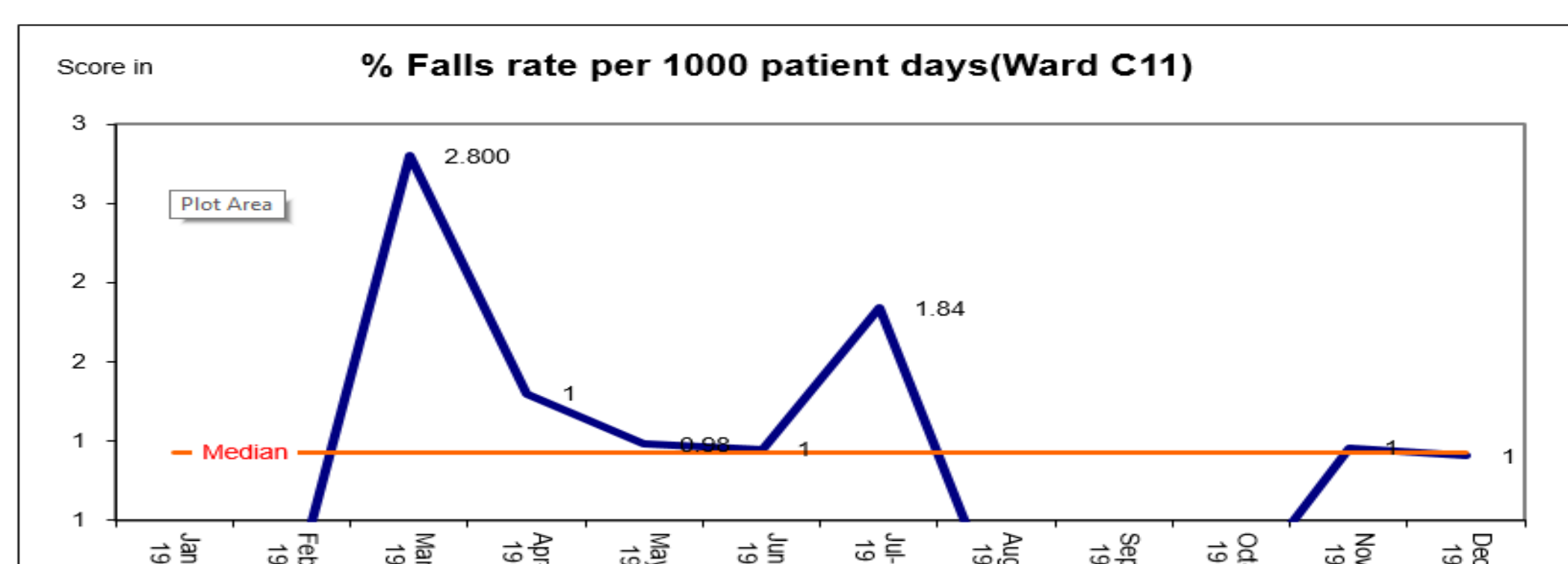
Aim

The C11's fall workgroup **intends** to reduce the fall rates by September 2020 (6 months), for patients who are cognitively impaired and have behavioural issues because we believe that by reducing fall rates, it will ensure better patient's outcomes.

Establish Measures

What was your performance before interventions?

C11's Fall rates in 2019



✓ SAFETY

✓ QUALITY

❑ PATIENT EXPERIENCE

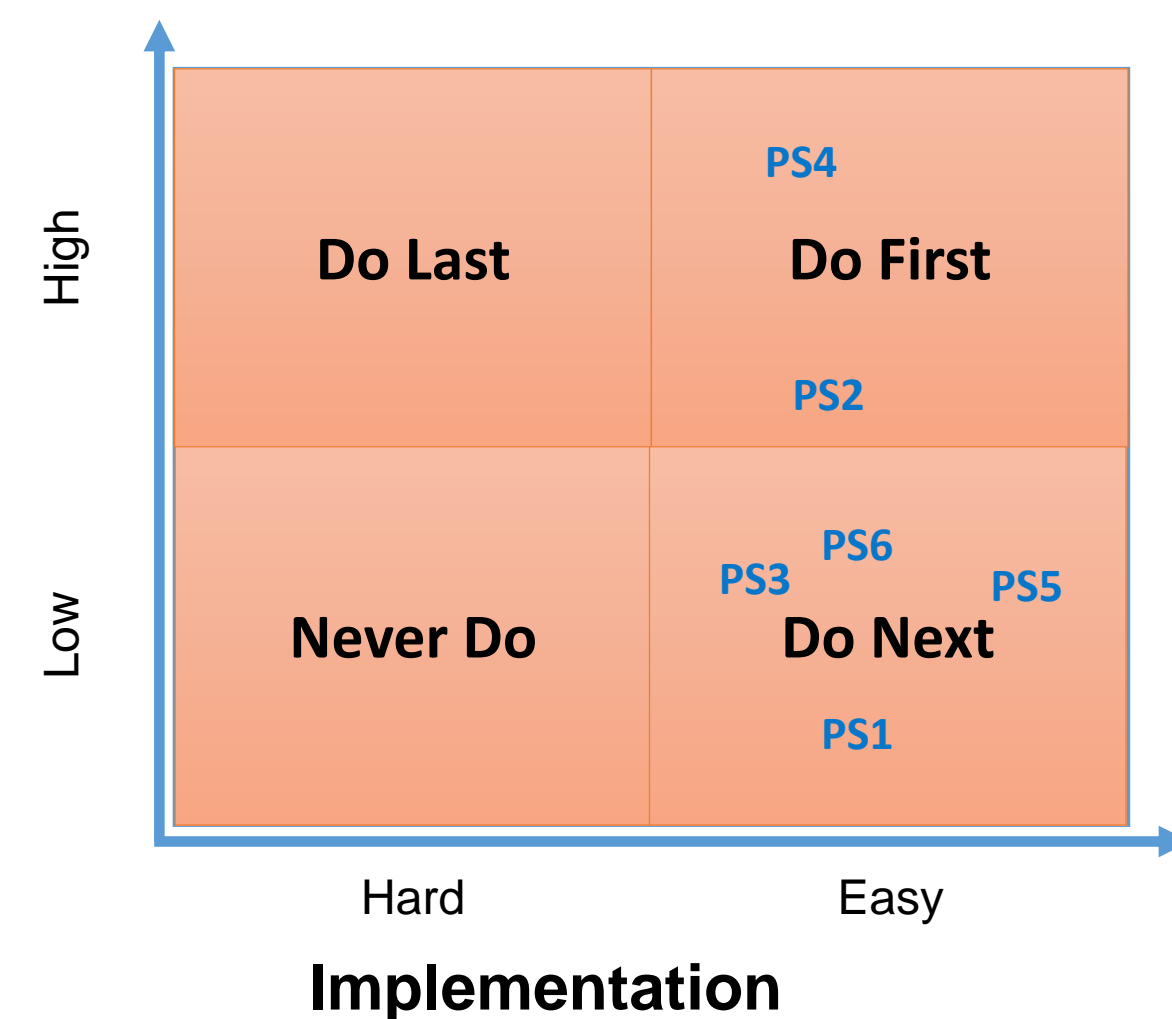
❑ PRODUCTIVITY

❑ COST

Select Changes

What are all the probable solutions? Which ones are selected for testing?

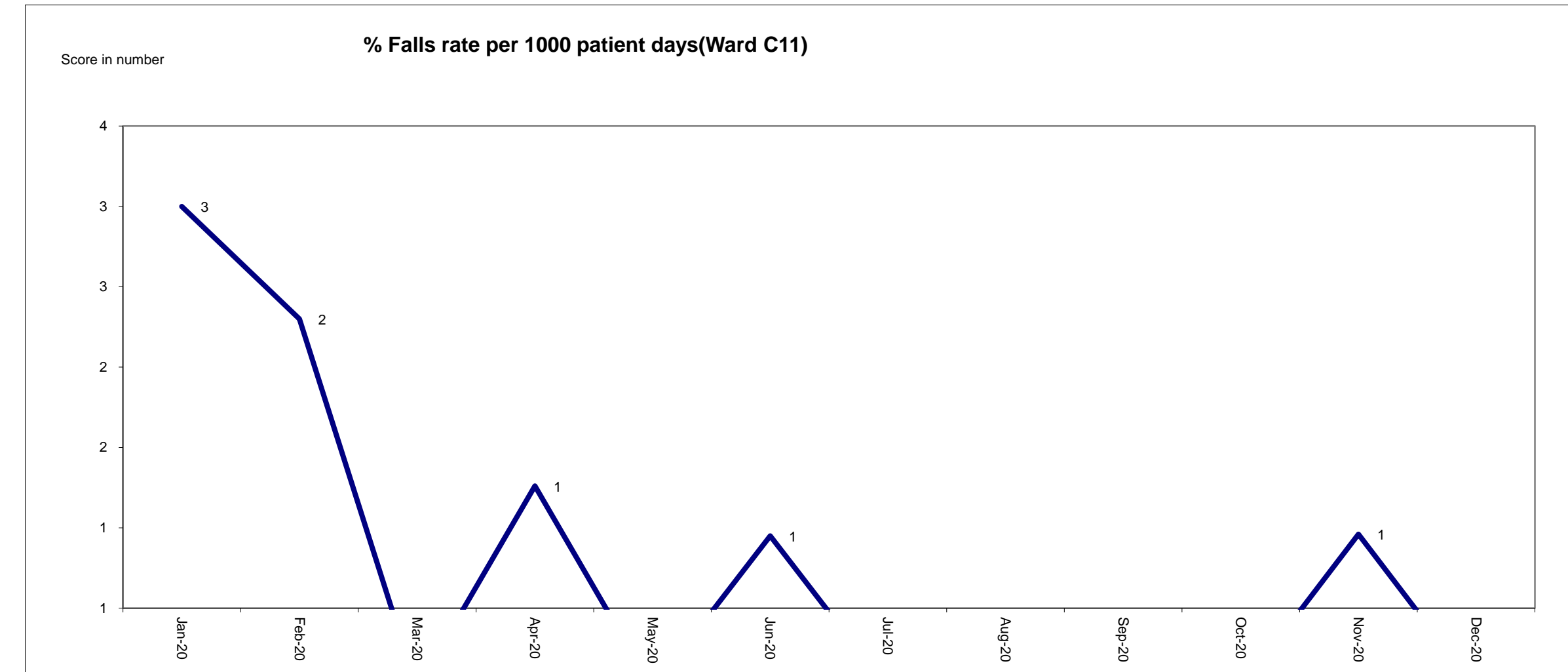
Root Cause	Potential Solutions
Cubicle left unattended and patient is cognitive impaired.	1 Visual cues/signals for uncooperative and mentally incompetent patients.
	2 Have a proper workflow on how to cohort patient who are high fall risk.
	3 Teach nurses on recognizing cognitive impairment assessment on fall risk.
	4 Educate nurse on how to cohort patients who are uncooperative and mentally incompetent patients.
	5 Roll call on uncooperative and mentally incompetent patients.
	6 To assess the need for restrainer for patients who are cognitively impaired.



Test & Implement Changes

How do we pilot the changes? What are the initial results?

Cycle	Plan	Do	Study	Act
1	The Fall team members to come out with pre teaching survey, teaching schedules and sharing sessions with the nurses in C11 on what is cohort cubical and how to cohort the patients from early March 2020.	Teaching sessions conducted weekly with staff of C11. All staff who attended the session verbalized understanding on cohort cubical. Staff feedback for ND NIC to read through pre admission notes to see if patient has cognitive impairment or behavioral issues.	There was a decrease in trend for fall rate between Feb to end March 2020. 	Will adopt the change. There was nil fall in month of March. Most staff were able to initiate the process of cohorting patient who are cognitively impaired. To add teaching slide on the ND NIC duties, to read through pre admission notes to see if patient has cognitive impairment or behavioral issues.
2	The Fall team members will continue the sharing sessions with the nurses in C11 on what is cohort cubical and how to cohort the patients in April 2020.	Teaching sessions conducted weekly with staff of C11. Staff verbalized understanding on cohorting patient who are cognitive impaired.	There was nil fall in the month of April 2020. 	To adopt the change and continue teaching sessions.
3	The Fall team members will continue the sharing sessions with the nurses in C11 on what is cohort cubical and how to cohort the patients in May and Aug 2020. Post teaching survey conducted in Aug 2020. Audit done by the fall team members on the compliant of cohorting cognitively impaired patients.	Teaching sessions conducted weekly with staff of C11. Post teaching survey indicated an increase in understanding of fall assessment and the process of cohorting patients to prevent fall. Audit done, all staff are compliant to the process of cohorting patient to prevent fall.	There was a decrease in the fall rate in May to Aug 2020. 	To adopt the change and continue teaching sessions.
4	The Fall team members will continue the sharing sessions with the nurses in C11 for the month of September 2020.	Teaching sessions conducted weekly with staff of C11. All staff in C11 have attended the teaching sessions.	Nil fall in Sep 2020. 	Change successfully implemented in C11.



Spread Changes, Learning Points

What are/were the strategies to spread change after implementation?

The C11 fall team conducted a sharing session in February 2021 with all the other wards in Jurong community hospital (JCH) on the project.

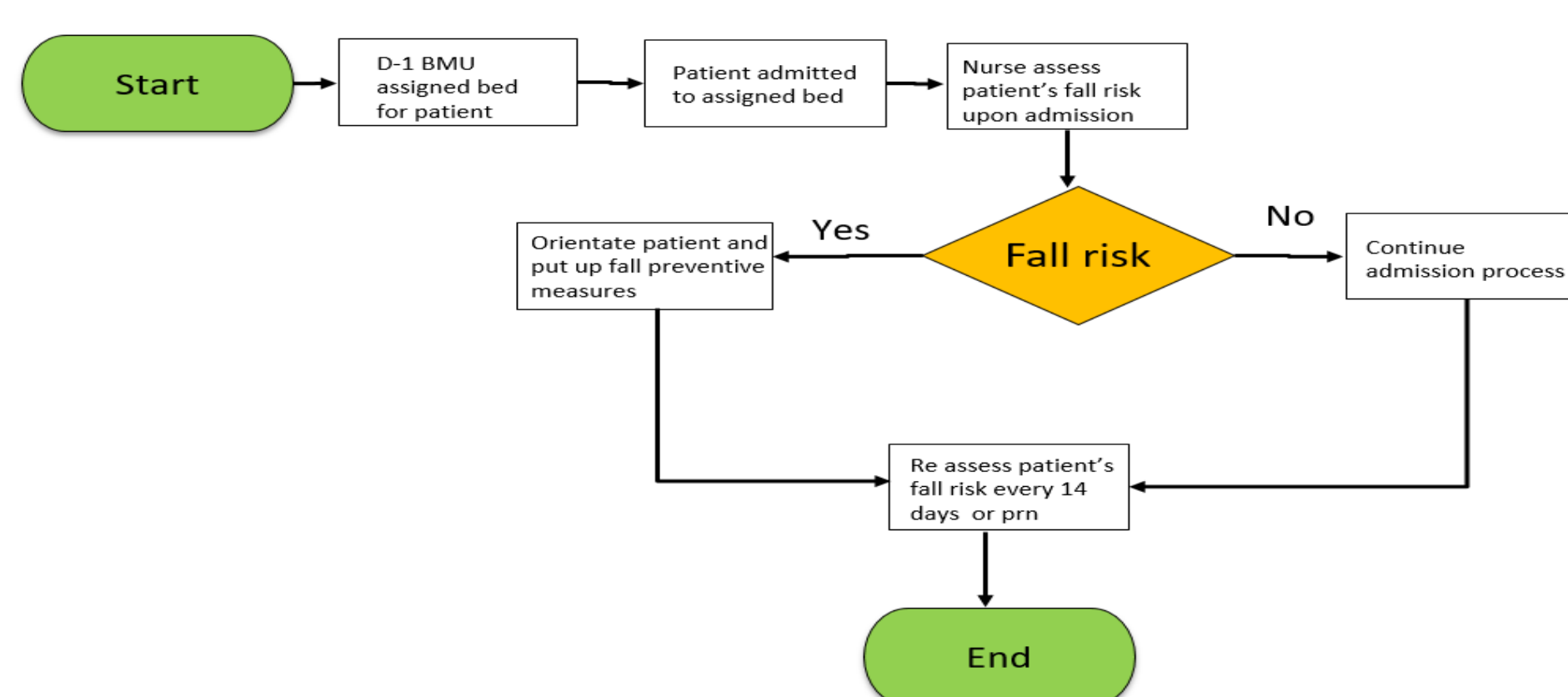
The fall champion in the individual wards were told to adopt and implement the project in their individual wards. Ward reporting officers were told to check and monitor on the implementation of the project in their individual wards.

Fall champions in individual wards were encouraged to seek the C11 fall team for advice if needed.

Routine audit was done in June 2021 by the C11 fall team. All wards in JCH except C3 & C4 have successfully implemented the project in their individual wards.

After the implementation of the project, there was a decrease in the fall rates across all wards between March – June 2021.

What is your process before interventions?



What are the probable root causes?

