ooo8o   Effectiveness of a Care Process Model in Improving Risk Assessment, Prevention Interventions and Reducing Falls Among High Risk Elderly Inpatients

Ye Lizhen, Ang Shin Yuh, Qin Yan, Choo Lydia Hai Chih, Cheok Ming Quan Gary, Chen LiLi, Shim Yuan Tying, Yuan Long Xia

Singapore General Hospital

Aims: To evaluate the effectiveness of a care process model in improving risk assessment, prevention interventions and reducing fall incidents among high risk elderly inpatients.

Methodology: A prospective cohort study, with a before and after study design was adopted. Inclusion criteria: 1) aged 65 -74, admitted because of a fall event OR Elderly patients aged 75 and above, 2) ambulating pre-morbid 3) under the care of Department of Internal medicine in Ward 65.

The Care Process Model dictated the role of nurses, physicians, physiotherapists, occupational therapists, and pharmacists in the assessment and care of these high fall risk patients.

Result: Four hundred (200 pre and 200 post intervention) patients were recruited.

There were no differences in average length of stay (8.16 days versus 8.51 days; p=0.730) and proportion of patients admitted due to falls (19% in both groups) between the pre and post cohort.

In terms of process indicators, time from admission to referral to physiotherapists and occupational therapists were reduced from 1.77 days to 1.52 days; and 1.80 days to 1.47 days respectively but the changes were not statistically significant. There was a significant increase in proportion of patients being referred to pharmacists from 0% pre to 10% post (p<0.0001); and in proportion of patients assessed for postural drop in blood pressure (29% to 40%; p=0.023). Similarly, there was an improvement in proportion of patients who had their bone health and vision check post-implementation.

However, there was no difference in number of fall incidents pre and post implementation (2 versus 3; p=0.652).

Conclusion: It is well-known that the elderly are at greater risk of falls and fall-related injuries. Multi disciplinary team approach ensured that elderly patients receive multi-factorial fall risk assessment and interventions. Although this study did not demonstrate a reduction in falls, there were improvements in process indicators.