

# Interprofessional Collaboration in the Form of a Huddle Among Multi-disciplinary Teams in Fall Prevention – a Quality Improvement Initiative in Outram Community Hospital.

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## Introduction/Background

Fall is the most common reported event in hospitals reporting system regardless of the patient's demographics with an event rate ranging from 1.3 to 8.9 per 1000 patient bed-days.

Falls have negative implications for patients, healthcare workers and hospital administrators with associations of higher patient morbidity, mortality, healthcare workers' distress, increased societal economic burden, institutional reputational and medicolegal risks.

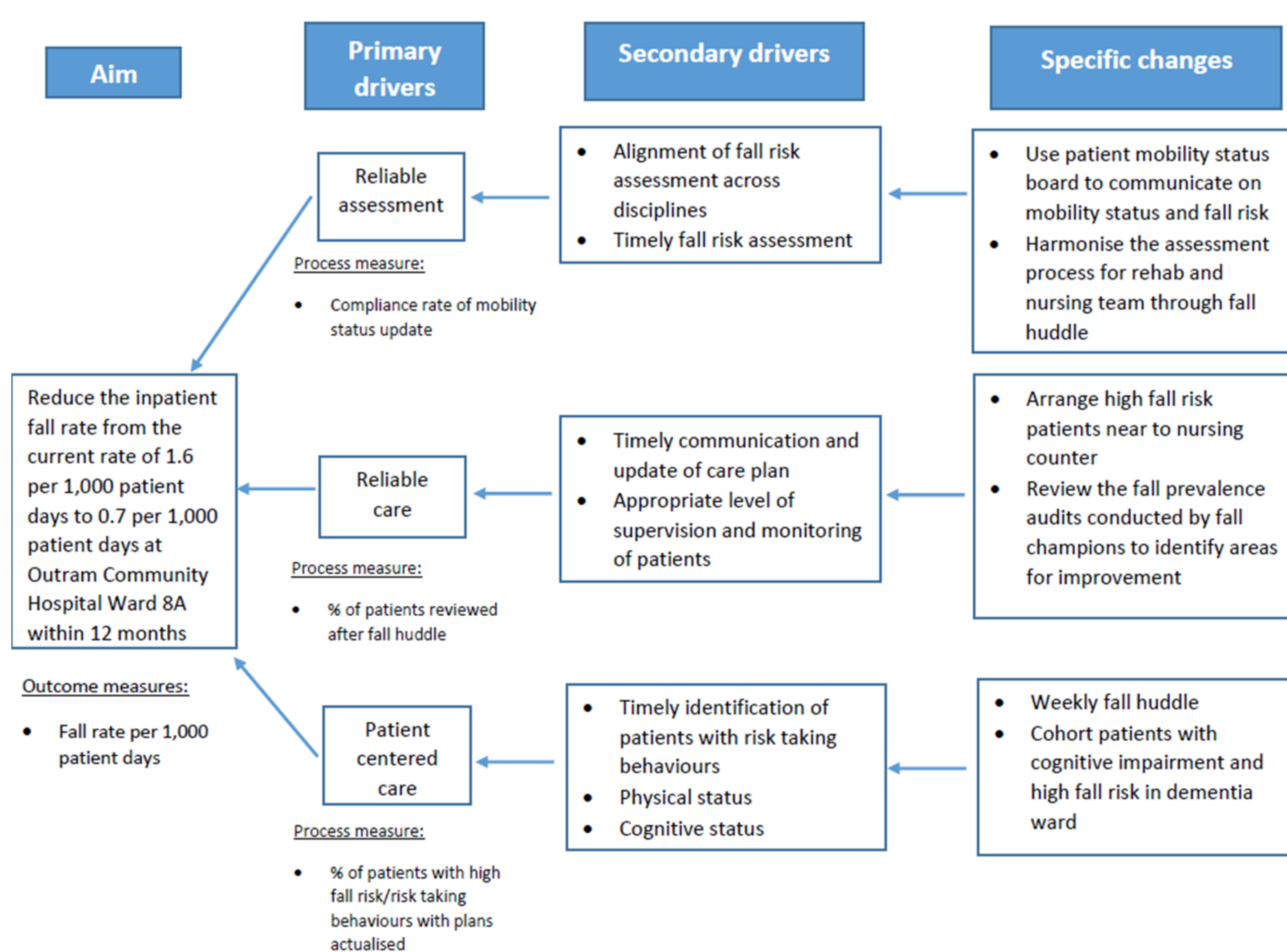
We describe a quality improvement initiative incorporating interprofessional collaboration huddle to reduce fall rate.

## Goal/Objective

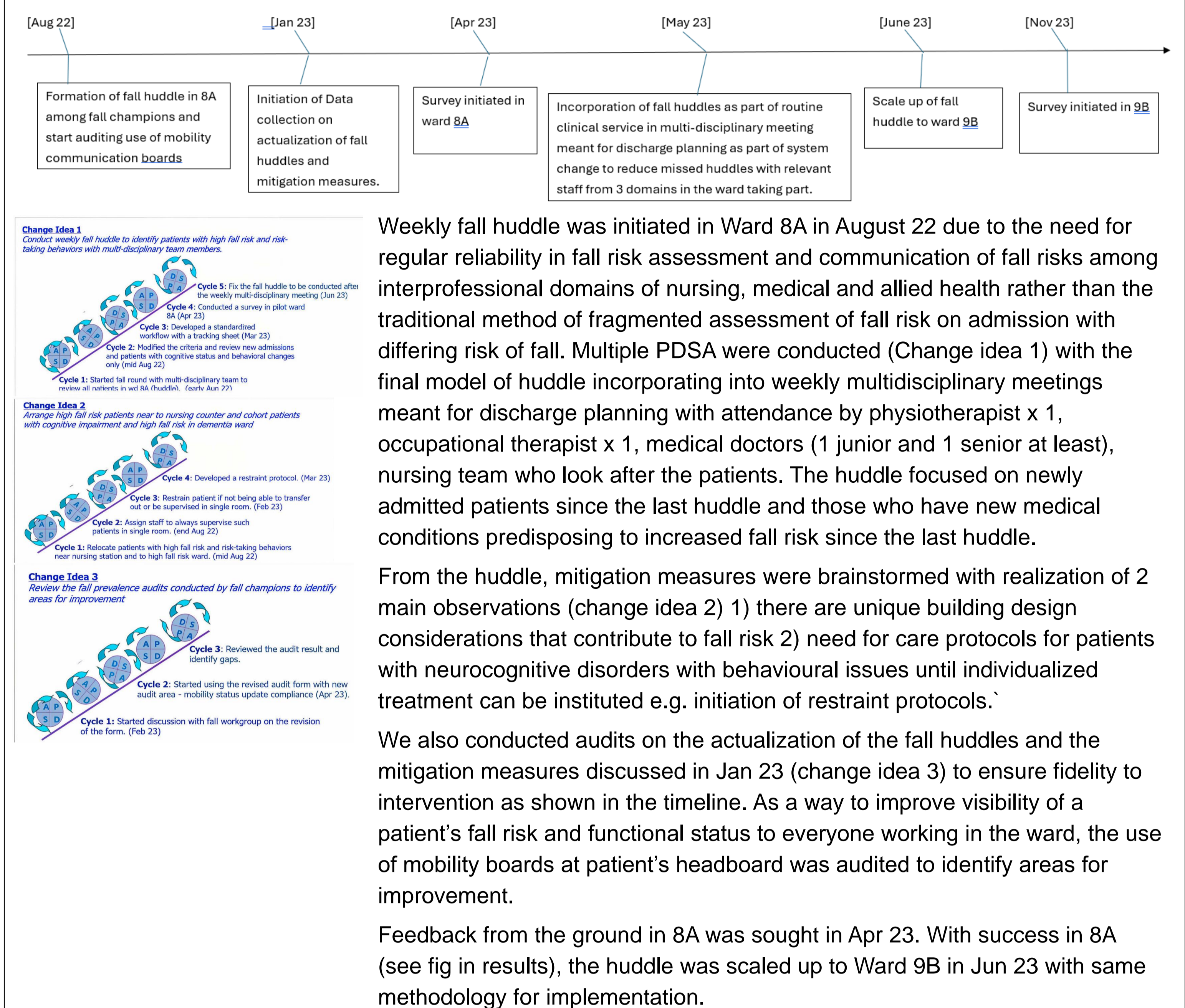
We aim to decrease fall rate in both our pilot ward and the other scaled up ward by half with our fall huddle.

## Problem Analysis

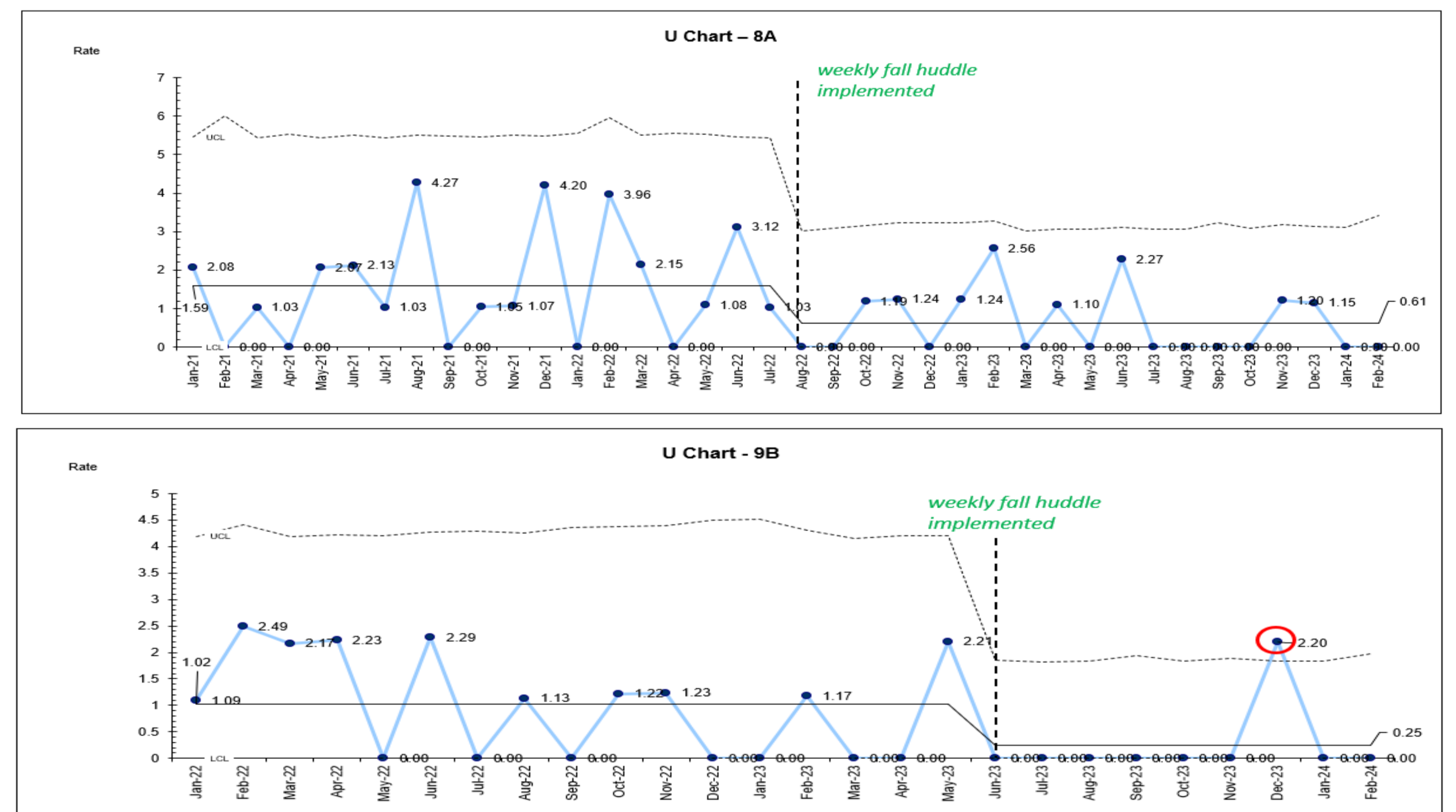
Based on ground feedback, there are three main drivers for fall risks as illustrated below: 1) reliability in fall risk assessment 2) ensuring actualization of care plans for fall mitigation measures 3) creation of care paths for special groups of patients with inherently high fall risk



## Implementation Plan



## Benefits/Results



Mean fall rate fell by half in Ward 8A and by more than half in Ward 9B after the huddle were scaled up as shown in the U-charts above. The astronomical point in Ward 9B in Dec 23 was due to leave of absence of the team senior doctor who is the fall champion in the ward and points to the importance of collective leadership in improvement efforts. The above U-charts fulfilled rule no. 4 in interpretation of control charts where presence of 2 out of 3 successive points below the centreline i.e. zone A, more than 2 sigmas away from centreline signal special cause of effect, pointing to the huddle as the reason why the fall rate is decreasing. This is especially so in Jul 23 for Ward 8A when the huddle was incorporated into routine multi-disciplinary meeting after ground feedback rather than as an existence on its own, leading to better actualization of the fall huddle.

## Sustainability & Reflections

Relying on single dimensional assessment of fall risk is inadequate and ineffective. Interprofessional communication and collaboration is effective in reducing fall rate in institutions which are caring for older adults. This is especially so where the institutions main business model involves active rehabilitation of older adults. For the improvement efforts to be effective, it is important to incorporate ground feedback to PDSA cycles and change methodology of improvement initiative. With the initial data of improvement, it remains to be seen if the institution fall rate can be reduced when the initiative is scaled up to the rest of the wards in OCH.