2017 Performance Improvement Report

STRATEGIC PRIORITY

1. Develop world-leading healthcare and research

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| **Project Name** | | | |
| Prevention of Fall in Surgery Unit | | | |
| **Site** | | **Department** | |
| Jeddah | | 3North/South Surgery Unit | |
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| **Project Status** | **Project Start Date** | | **Project End Date** |
| Completed | 05-01-2016 | | 11-30-2016 |

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| **Problem:** Why the project was needed?  Increase rate of fall in 2015, a pre-data audit showed a poor staff compliance in implementing the fall prevention at the bedside and providing patient education. | **Aims:** What will the project achieve?  Improve patient’s safety by decreasing the incidence of patient falls within 3North/South surgical unit to 1.0 year to date (based on internal benchmark) by November 2016. |
| **Benefits/Impact:** What is the improvement outcome?  *(check all that apply)*  Contained or reduced costs  Improved productivity  Improved work process  Improved cycle time  Increased customer satisfaction  Other (please explain)  Click or tap here to enter text. | **Quality Domain:** Which of the domains of healthcare quality does this project support?  *(Select only one)*  **Patient Centred** |

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| |  |  | | --- | --- | | **Measures:** Performance metrics to be evaluated | **Targets:** Expected outcomes | | Fall Rate. | Improve the rate of out fall this year below the international benchmark. | |
| **Interventions:** Overview of key steps/work completed   * Practice: Hourly rounding had been implemented in the unit. An educational in-service was   conducted to the staff prior to implementation.   * Supply: A fall risk yellow ID Band applied to the patient identified as moderate to high risk   for fall   * Education: Hourly Rounding Guidelines has been created to standardize the practice in the unit. * Educational pamphlet has been provided to all patient’s identified as moderate to high   risk for fall |
| **Results:** Insert relevant graphs and charts to illustrate improvement pre and post project  *(insert relevant graphs, data, charts, etc.)*  **PRE-POST DATA: Compliance Rate for Moderate/High Risk Fall Protocol** |

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| **Project Lead** | **Team Members** |
| **Name**  *(person accountable for project)* | **Names**  *(persons involved in project)* |
| Ellen Guevarra | Saif Al Qatamin  Amal Brnawi  Kristine Cona  Aileen Borres  Mary Joyce Jumaquio  Switzem Rosete  Leah Haduca  Joanne Belardo  Maritess Tambidan  Jonna Pamisan  Rio Flores  Diane Ross  Myssa Mohamed Salamah  Ohood Al-Haddad |