

**Internship Training**  
**at**  
**Fortis Hospital, Shalimar Bagh**

**“Knowledge among nurses on fall prevention in hospital”**

**by**  
**Ms. Sneha Gupta**  
**PG/19/086**

**Under the guidance of**  
**Ms. Divya Aggarwal**

**PGDM (Hospital and Health Management)**  
**2019-21**



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Date: 10<sup>th</sup> June 2021

**TO WHOMSOEVER IT MAY CONCERN**

This is to certify that **Ms. Sneha Gupta**, has completed her training from **01<sup>st</sup> March 2021** to **30<sup>th</sup> April 2021** in the department of **Quality** as Trainee.

We wish her all the best in her future endeavors.

For Fortis Healthcare Limited

  
Shubhra Kohli

Unit Head - Human Resource



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## TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Ms. Sneha Gupta** student of PGDM (Hospital & Health Management) from International Institute of Health Management Research, New Delhi has undergone internship training at **Fortis Hospital, Delhi** from 01/03/2021 to 30/04/2021.

The Candidate has successfully carried out the study designated to him during internship training and his/her approach to the study has been sincere, scientific and analytical.

The Internship is in fulfillment of the course requirements.

I wish him all success in all his/her future endeavors.

Ms. Divya Aggarwal  
Associate Dean, Academic and Student Affairs  
IIHMR, New Delhi

### **Certificate of Approval**

The following dissertation titled **“KNOWLEDGE AMONG NURSES ON FALL PREVENTION IN HOSPITAL”** at **“FORTIS HOSPITAL, DELHI”** is hereby approved as a certified study in management carried out and presented in a manner satisfactorily to warrant its acceptance as a prerequisite for the award of **PGDM (Hospital & Health Management)** for which it has been submitted. It is understood that by this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed or conclusion drawn therein but approve the dissertation only for the purpose it is submitted.

Dissertation Examination Committee for evaluation of dissertation.

Name

Signature




### **Certificate from Dissertation Advisory Committee**

This is to certify that **Ms. Sneha Gupta**, a graduate student of the **PGDM (Hospital & Health Management)** has worked under our guidance and supervision. She is submitting this dissertation titled "KNOWLEDGE AMONG NURSES ON FALL PREVENTION IN HOSPITAL" at "FORTIS HOSPITAL, SHALIMAR BAGH" in partial fulfillment of the requirements for the award of the **PGDM (Hospital & Health Management)**.

This dissertation has the requisite standard and to the best of our knowledge no part of it has been reproduced from any other dissertation, monograph, report or book.

Divya Aggarwal  
Associate Dean- academic & Student Affairs  
IIHMR, Delhi

  
Dr. Divya Saxsena  
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Annexure E

**INTERNATIONAL INSTITUTE OF HEALTH MANAGEMENT RESEARCH,  
NEW DELHI**

**CERTIFICATE BY SCHOLAR**

This is to certify that the dissertation titled KNOWLEDGE AMONG NURSES ON FALL PREVENTION IN HOSPITAL and submitted by Ms. Sneha Gupta Enrollment No. PG/19/086 under the supervision of Ms. Divya Aggarwal, Associate Dean- Academics & Student Affairs for award of PGDM (Hospital & Health Management) of the Institute carried out during the period from March to June 2021 embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other Institute or other similar institution of higher learning.

  
Signature



## FEEDBACK FORM

Name of the Student: Sneha Gupta

Dissertation Organisation: Fortis Hospital, Shalimar Bagh, Delhi

Area of Dissertation: Quality

Attendance: March '21 & April '21

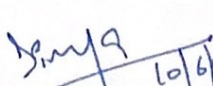

Objectives achieved: Patient safety survey analysis; association b/w knowledge scores and age, gender, work exp and patient fall exp.

Deliverables: Patient Safety Survey, Project on "Knowledge among nurses on fall prevention in hospital"

Strengths: Punctual, Handworking, Result driven.

Suggestions for Improvement: -

Suggestions for Institute (course curriculum, industry interaction, placement, alumni):

 10/6/21.   
Signature of the Officer-in-Charge/ Organisation Mentor (Dissertation)

Date: 10-06-2021

Place: Fortis Hospital

## **ACKNOWLEDGMENT**

I am grateful to a lot of people who helped and supported me during the term of this dissertation.

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I also express my profound gratitude and deep regards to my institute mentor Ms. Divya Aggarwal, Associate Dean- Academics and Student affairs, IIHMR, Delhi, for her invaluable suggestions on improving the dissertation.

At last, I would also like to thank my family and friends for their unwavering support and being a constant source of motivation and inspiration throughout my academic career.



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## **ABOUT THE ORGANIZATION**

Fortis Healthcare Limited, a company of IHH Healthcare Berhad, is a leading integrated healthcare service provider in India. It is one of the largest medical institutions in the country, with 36 medical institutions (including projects under construction), 4,000 surgical beds, and more than 400 diagnostic centers (including joint ventures). Fortis operates in India, United Arab Emirates (UAE) and Sri Lanka. The company is listed on BSE Ltd and the National Stock Exchange of India (NSE).

Fortis Hospital, Shalimar Bagh is a multi-specialty hospital that aims to provide world-class patient care services. Fortis, Shalimar Bagh is equipped with 262 hospital beds and covers an area of 7.34 acres, providing the highest quality healthcare through its team of doctors, nurses, technicians and management professionals.

**VISION:** “Saving and enriching lives”

**MISSION:** "To be a globally respected healthcare organization, known for Clinical Excellence and Distinctive Patient Care"

### **SPECIALITIES:**

- Cardiac sciences
- Dental sciences
- Dermatology
- Diabetes/Endocrinology
- Emergency medicine

- ENT
- Gastroenterology and Hepatology Sciences
- General Surgery
- Haematology
- Infertility medicine
- Internal medicine
- Mental health and behavioural sciences
- Nephrology
- Neuro surgery
- Neurology
- Obstetrics and Gynaecology
- Oncology
- Ophthalmology
- Orthopaedics
- Paediatrics
- Physiotherapy and rehabilitation
- Pulmonology
- Radiology
- Urology
- Other support specialities



## **TECHNOLOGY & INFRASTRUCTURE in Fortis, Shalimar Bagh**

PET-CT | Radiation Oncology: VERSA HD - Elektra (Linac) for Intensity Modulated Radiation Therapy (IMRT), Image-Guided Radiation Therapy, Volumetric Modulated Arc Therapy, Stereotactic Radiotherapy, Brachytherapy | EUS, Capsule Endoscopy | 3D Laparoscopic system | Fibro Scan | ERCP | Stereotactic Frame for Neurosurgery | Flat Panel Cath Lab | Endo Bronchial Ultrasound | 100-Watt Holmium Laser | Flexible Ureteroscope | Lithotripsy

## **ACCREDITATIONS**

NABH Accredited Hospital | NABH Certified Nursing Excellence | NABL Accredited Lab | Green OT Certification | Pharmacy Certification by ABBOTT

## **AWARDS AND ACHIEVEMENTS**

- 1<sup>st</sup> hospital building in India to register for Green Building Rating system.
- One of the 1<sup>st</sup> hospitals to receive a 3-star rating from the bureau of energy efficiency.
- Ranked no. 5 in Delhi's best private hospitals list by the week magazine survey, 2019.

## **PROJECTS UNDERTAKEN DURING INTERNSHIP**

### **WHAT IS QUALITY?**

The Institute of Medicine defines health care quality as "the degree to which health care services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge."

The Institute of Medicine further defines quality as having the following properties or domains:

**Effectiveness:** Relates to providing care processes and achieving outcomes as supported by scientific evidence.

**Efficiency:** Relates to maximizing the quality of a comparable unit of health care delivered or unit of health benefit achieved for a given unit of health care resources used.

**Equity:** Relates to providing health care of equal quality to those who may differ in personal characteristics other than their clinical condition or preferences for care.

**Patient centeredness:** Relates to meeting patients' needs and preferences and providing education and support.

**Safety:** Relates to actual or potential bodily harm.

**Timeliness:** Relates to obtaining needed care while minimizing delays.

Quality indicators are a measure of the performance of healthcare providers in caring for patients and populations. Quality measures can determine important aspects of care, such as safety, effectiveness, timeliness, and fairness.



**What do they measure?**

The Quality Indicator (QI) , developed and maintained by the Agency for Healthcare Research and Quality (AHRQ), is a response to the need for accessible, multi-dimensional quality measures that can be used to measure healthcare performance. QI is evidence-based and can be used to identify differences in the quality of care provided by outpatients and inpatients. Currently, these measures are divided into four modules: Prevention Quality Indicator (PQI), Internal Patient Quality Index (IQI), Patient Safety Indicator (PSI), and Pediatric Quality Indicator (PDI).

Each quality measure focuses on a different aspect of healthcare delivery, and together quality measures and quality measurement provide a more comprehensive picture of the quality of healthcare. Quality measures address many parts of healthcare, including:

- Health outcomes
- Clinical processes
- Patient safety
- Efficient use of healthcare resources
- Care coordination
- Patient engagement in their own care

**Standard:** PSQ3a

**Indicator:** Percentage of unplanned return to OT

**Definition:** Unplanned return to the OT is defined as any secondary procedure required for a complication resulting directly from the index operation during same admission. For

example, post-operative bleeding, debridement, secondary suturing, embolectomy, evaluation under anesthesia etc.

**Formula:** number of unplanned return to OT/ number of patients who underwent surgeries in the OT x 100.

**Indicator:** Death within 48 hours

## **PATIENT SAFETY SURVEY IN HOSPITAL**

The safety culture of an organization is the product of individual and group values, attitudes, perceptions, and patterns of behavior that determine the commitment to, and the style and proficiency of, an organization's health and safety management.

The hospital survey is designed specifically for hospital staff and asks for their opinions about the culture of patient safety at their hospital.

### **The survey can be used to:**

- Assess the current status of patient safety culture
- Identify strengths and areas for patient safety culture improvements.
- Evaluate the culture impact of patient safety initiatives and interventions.

### **Methodology:**

- Survey Site: Fortis Hospital, Shalimar bagh
- Questionnaire was divided into 5 parts i.e., hospital safety, feedback on errors and patient safety, feedback on personal influence over safety, feedback on personal attributes over safety, and feedback on safety at workplace. Each part had 4-5 questions.
- Departments surveyed:

#### *Clinical, Non-Clinical and Administrative*

Emergency, Purchase, CSSD, Nursing, SICU, MICU, Gynecology, Pharmacy, Medical Record, PCS, front office, Administration, Radiation Oncology, Radiology/ X-ray, Laboratory, Nuclear Medicine, Nephrology, Biomedical, CCU.

- The paper survey was distributed to hospital staff.
- Total staff responses: 326



**Results:****HOSPITAL SAFETY**

S.no	Parameter	YES	NO
1	Do you feel safe at FHSB?	100%	0%
2	Do you feel hospital uses appropriate safety measures?	100%	0%
3	Is Continuous Quality Improvement Form i.e., CQI form easily available at your workstation or are you aware from where to get it?	99.69%	0.31%
4	Do you feel confident that you are trained enough that you can handle fire or other disaster at workplace?	97.54%	2.46%

**FEEDBACK ON ERRORS AND PATIENT SAFETY**

S.no	Knowledge regarding	LOW	MEDIUM	HIGH
1	Different types of human errors? (e.g. Med error, Rep error etc)	8.28%	33.74%	57.97%
2	Factors influencing patient safety?	7.97%	33.43%	58.58%
3	Ways of speaking up about an error?	7.36%	35.27%	57.36%
4	What should happen if an error is made?	6.13%	34.04%	59.81%
5	How to report an error?	5.52%	30.06%	64.41%

**FEEDBACK ON PERSONAL INFLUENCE OVER SAFETY**

S.no	Knowledge regarding	DISAGREE	AGREE	STRONGLY AGREE
1	Telling others about an error I made would be easy	3.37%	45.70%	50.90%
2	I'm confident about speaking to someone who is showing a lack of concern for a patient's safety	0%	42.33%	57.66%
3	I know how to talk to people who have made an error	1.84%	39.87%	58.28%
4	I'm always able to ensure that patient safety isn't compromised	0%	32.82%	67.17%



**FEEDBACK ON PERSONAL ATTRIBUTES OVER SAFETY**

S.no	Parameter	DISAGREE	AGREE	STRONGLY AGREE
1	By concentrating on the causes of incidents I can contribute to patient safety	0.30%	41.10%	58.58%
2	If I keep learning from my mistakes, I can prevent incidents.	0.30%	30.98%	68.71%
3	Acknowledging and dealing with my errors will be an important part of my job	0.30%	32.20%	67.48%
4	It is important for me to learn how to best acknowledge and deal with my errors	0.30%	31.90%	67.79%

**FEEDABCK ON SAFETY AT WORKPLACE**

S.no	Parameters	DISAGREE	AGREE	STRONGLY AGREE
1	The nurses are committed to identifying and addressing patient safety risks.	0.61%	37.42%	61.96%
2	The doctors are committed to identifying and addressing patient safety risks.	0.30%	40.18%	59.50%
3	Managers in the healthcare system make it easy to report errors.	0.30%	43.55%	66.13%
4	Managers in the healthcare system will expect us to focus on patient safety	0.30%	41.41%	68.28%
5	Being open an honest about the mistakes I make will be acceptable at my workplace	0.61%	33.74%	65.64%

## **DISSERTATION**

## **INTRODUCTION**

According to WHO, “A fall is defined as an event which results in a person coming to rest inadvertently on the ground or floor or other lower level.” (1) In hospitals, falls are a severe and persistent issue. The first step in prevention is to ensure that all hospital staff have sufficient knowledge of how to prevent falls.

“The injuries resulting from falls include hematomas, bruises, femoral, hip fractures, and skull trauma. Therefore, worsening of the patient's clinical condition, chronic pain, limitations and physical incapacities, increase in length of stay, hospital costs, and ethical and legal implications for the institution may occur” (3)

“Falls in hospitals are the most frequently reported incidents along all safety accidents and can lead to significant complications in patients. Falls are considered a serious concern because they lead to financial losses and patient discomfort and affect patient’s quality of life by prolonging hospitalization and incurring additional medical expenses for tests, surgery, or rehabilitation.” (2)

“They are the second leading cause of accidental or unintentional injury deaths worldwide. Each year an estimated 6,46,000 individuals die from falls globally of which over 80% are in low-and middle-income countries.” (1)

“Fall related injuries are more common among older persons and are a major cause of pain, disability, loss of independence and premature death. Approximately 28-35% of people aged of 65 and over fall each year increasing to 32-42% for those over 70 years of age. The financial costs are substantial and increasing worldwide.” (1)



Patients have a right to safety and quality management in order to minimize falls and injuries, especially since falls are a preventable and predictable health hazard that can be reduced by 30–50 percent with environmental modifications. (2)

### **OBJECTIVES**

1. To assess the knowledge of nursing staff on patient's fall prevention in medium-sized hospital.
2. To analyze if the knowledge among nurses and their work experience, previous patient fall experience, demographic characteristics of nurses like age and gender have positive association.

## **LITERATURE REVIEW**

Many studies in the world had shown that training on fall risk assessment and fall prevention to nurses could improve the patients falling rates.

Study conducted by “Kavin Mozhi James, Divya Ravikumar, Sindhura Myneni, Poonguzhali Sivagnanam, Poongodi Chellapandian, Rejili Grace Joy Manickaraj, Yuvasree Sargunan, Sai Ravi Teja Kamineni, Krishna Mohan Surapaneni in tertiary care hospitals across Chennai, Tamil Nadu, India revealed that 15.6% of participants had adequate knowledge on fall and years of experience in nursing has statistically significant association with level of knowledge on fall.” (5)

Out of the participants (n = 339) are Female (84.1%) and Male (15.9%). Most of the nurses participated in the study (36.3%) where their professional experience is less than 6 months. 21% of the respondent have experienced patients’ that have sustained falls whereas (56.3%) have not experienced previous patient fall.

Huong-Giang Tran-Thi, Minh-Kha Tran, Quang-Tri Le had conducted a cross-sectional descriptive study in Vietnam which showed that the number of females was triple that of males (74.2% over 25.8%). The average knowledge score was 15.95. “There have been increasing numbers of policies by healthcare authority in Vietnam to gain more focus in patient safety as well as improve the training in nursing education; however, the policies need more time for implementation and integration into practices. It is also essential for nursing management at various levels to get involved.” (4)

Mi-young Cho & Sun Joo Jang conducted study to examine nurses working in small- and medium-sized hospitals' fall-related education and their knowledge, attitudes, and engagement in fall-prevention activities. We also explored differences in these factors and the relationships between nurses' knowledge, attitudes, and engagement in fall-prevention activities. Among 162 distributed questionnaires, 157 (96.9%) were females. The study revealed that "Nurses' knowledge of patient falls was positively correlated with their experience with inpatient falls. The mean proportion of correct answers on the items regarding knowledge about falls was 48.9% (an average of 6.84 out of 14 items). Levels of knowledge regarding falls in participants who had experience of patients falling were significantly higher relative to those in participants who had no experience of patients falling." (2)

## **METHODOLOGY**

### **Design**

A descriptive study

A questionnaire was made to determine participant's demographic characteristics, previous patient fall experience, and fall prevention knowledge of nurses in the hospital. It was distributed among nurses randomly.

### **Participants**

Nurses from Fortis Hospital in Shalimar Bagh consented to participate in the study after learning about its objectives. The questionnaire was disseminated among nurses after the institute granted authorization to conduct the survey.

### **Time of the research**

The study was conducted from March 2021 to May 2021. The data collection period was within march 2021.

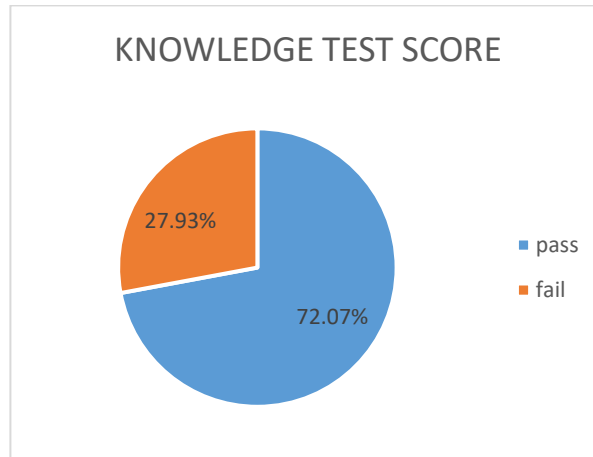
**Sample size:** 163 nurses, out of which only 111 nurses showed the willingness to participate and fulfilled the inclusion criteria.

### **Data collection method**

Direct interrogation of the nurses using pre-designed questionnaire was used to acquire knowledge data.



## **RESULTS**



## **CHARACTERSTICS OF THE SUBJECTS**

### ***AGE***

	FREQUENCY	PERCENT	No. of nurses passed the test
19	1	0.9	00
20	4	3.6	00
21	21	18.9	12
22	7	6.3	00
23	9	8.1	06
24	9	8.1	04
25	9	8.1	06
26	12	10.8	08
27	3	2.7	03

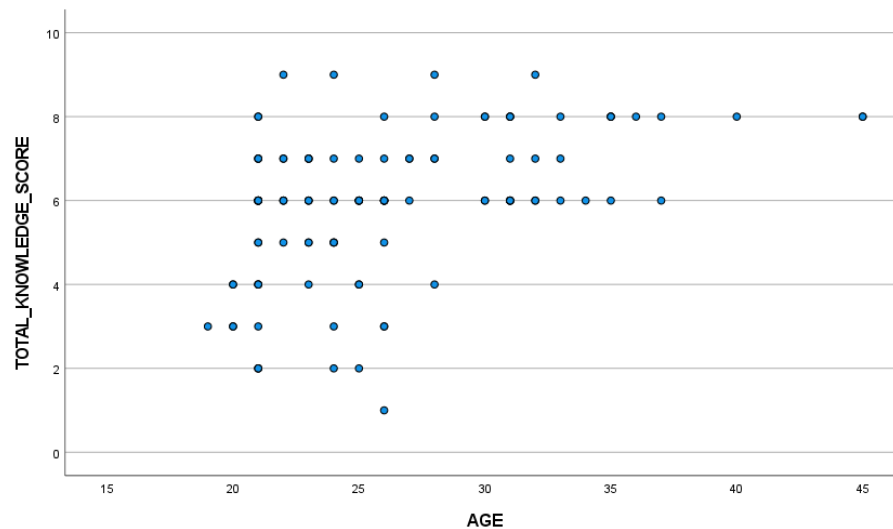
28	5	4.5	04
30	4	3.6	04
31	9	8.1	09
32	4	3.6	04
33	3	2.7	03
34	1	0.9	01
35	4	3.6	04
36	1	0.9	01
37	2	1.8	02
40	1	0.9	01
45	2	1.8	02
TOTAL	111	100.0	80

#### Descriptive Statistics of knowledge test score

N	Minimum	Maximum	Mean	Std. Deviation
111	1	9	5.94	1.754

The value that appeared most in the knowledge test score (mode) was 6 out of 10.

The minimum test score was 1 and the maximum was 9. the average score of the test was 5.94.

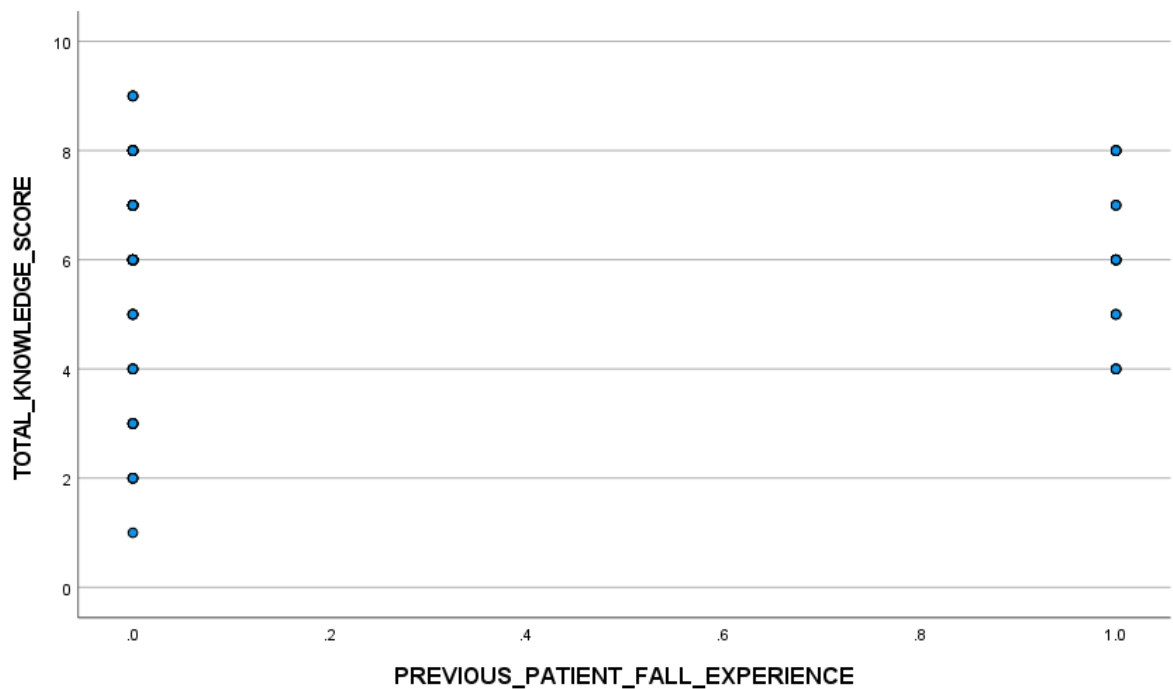


The no. of nurses that age less than 28 were more in comparison to those who are more than 28. The passing rate of Nurses between the age group of 19-28 is less than that of the nurses that age 29 and more. Nurses that age less than 26 has more variation in test score.

### ***GENDER***

	FREQUENCY	PERCENT	No. of nurses passed	Percent of nurses passed
0 (male)	14	12.6	10	71.42
1 (female)	97	87.4	70	72.16
TOTAL	111	100.0	80	

no. of female nurses were 7 times compared to male nurses (87.4% compared to 12.6%). However, gender did not play an essential role in knowledge about patient fall prevention among nurses.



86 nurses out of 111 did not have any previous patient fall experience. Among these 86 nurses 63 were passed in the knowledge test. On the other hand, 24 nurses had patient fall experience, out of which 17 were passed in the test.

Work experience	No. of respondents	No. of respondents passed
>= 1 year	44	25
>= 3 year	21	13
>= 6 year	18	16
>= 9 years	06	05
>= 12 years	15	14
>= 15 years	04	04
>= 23 years	03	03



Out of 89 nurses who had experience of less than or equal to 9 years, only 59 nurses were passed i.e., 66.29% of nurses. Whereas nurses who had more experience than 9 years were 22 and 21 of them were passed i.e., 95.45%.

## **DISCUSSION**

In this study, no. of female nurses were 7 times compared to male nurses (87.4% compared to 12.6%); most of the nurses were in age group of 20-26 years. The result had similarities with other studies that happened in a tertiary care hospital in Tamil Nadu, India and South Korea as well.

The number of nurses who failed the knowledge test was less (27.93) the rate is lesser than that of the studies in Vietnam.

Hospitals take appropriate measures for preventing falls but there is a need for continuous training and education of the staff.

When analyzing the relationships between the knowledge of fall prevention among nurses with characteristics like age, gender, work experience, and previous patient fall experience, the study found meaningful relation between the variables. The results showed that as the age increases knowledge about patient safety increases with experience. On the other hand, gender and previous patient fall experience does not really correlate with the knowledge among nurses. There is a need for continuous education and training to the staff as fall prevention is not solely the nurse's responsibility, but nurses just play a critical role in patient safety.

## **CONCLUSION**

In this study, it was found that there is a gap that needs to be filled to improve understanding of falls and its risk factors, requiring in-depth education and comprehensive, interdisciplinary training programs across different health services. Includes government and non-government organizations involved in falls and falls risk factors to reduce falls and thus ensure patient safety.

## **LIMITATIONS**

- a. Due to Covid-19, study could only take place for one month i.e., from March – April'21.
- b. Nurses were very busy in managing the patients on the floor. It was difficult to get them to fill the form after explaining them the purpose of the study.
- c. Many nurses refused to participate in the study for some or the other reason.

## **ETHICAL CONSIDERATIONS**

- i. The aim of the study was orally explained in Hindi and English to the participants.
- ii. All participants were approached individually on each floor and given the explanation about the data collection process.
- iii. They got an appropriate time to ask questions and address any concerns.
- iv. The anonymity and confidentiality of the respondents was preserved by not revealing their names or identity in data collection, analysis of the study.
- v. It had been explained to them that as their participation was voluntary, refusing to participate within the study wouldn't affect their job in any way.

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