An Evidence Based Look at Fall Risk Assessment and Management in Inpatient Pediatrics Using a Customized Collaborative Tool

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An Evidence Based Look at Fall Risk Assessment and Management in Inpatient Pediatrics Using a Customized Collaborative Tool

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Background

- As a member of the Solutions for Patient Safety (SPS) consortium, Lehigh Valley Children's Hospital utilizes a fall prevention bundle. Monthly monitoring of the fall bundle on the inpatient pediatric unit has noted a lack of compliance to bundle elements, with FY18 compliance rate of 44.6%
- *My Fall Safety Plan* is currently being provided upon admission on the inpatient pediatric unit, but not explained and discussed with patients/families routinely by nursing staff.
- There was an increase in patient falls from seven in FY17 to fifteen in FY18 on the inpatient pediatric unit.

PICO

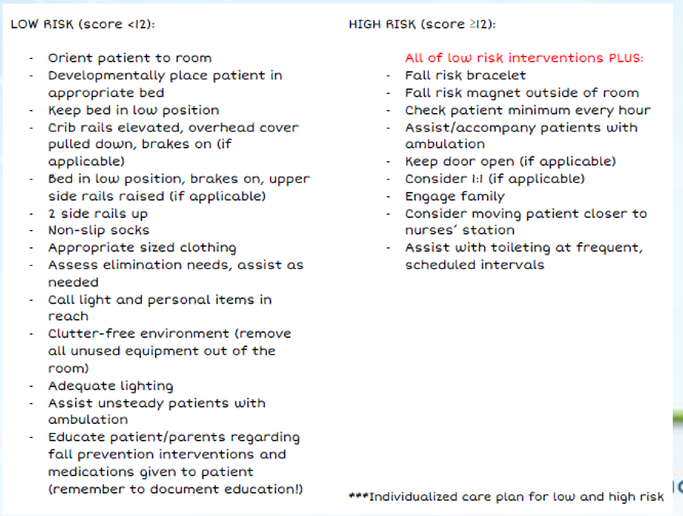
- In pediatric nurses, does adding an interactive and collaborative fall risk assessment tool compared to the current process, increase compliance with the Pediatric Unit Fall Bundle?
  - ❖ P – Pediatric Nurses
  - ❖ I – Interactive/collaborative Fall Risk Assessment Tool and current process
  - ❖ C – Current Process
  - ❖ O – Increase nursing compliance with Pediatric Unit Fall Bundle

Evidence

- The Humpty Dumpty Fall Scale is a risk tool based on gender, age, diagnosis, cognitive impairments, environment, response to surgery, sedation or anesthesia and medication usage (Hill et al., 2008)
- Properly identifying patients at risk ensures that all parents and visitors have an increased awareness of the risk of injury to the patient (Hill et al., 2008)
- Increased awareness results in better patient outcomes, including reduction in potential issues related to increased cost and increased length of stay (Hill et al., 2008).
- More frequent rounding, encouraging parents to adjust lighting during feedings or ambulating the pt to the bathroom (Slogar, Gargiulo, and Bodrock, 2013).
- There is a need for a consensus in definitions, a greater need for application, testing of fall risk tools, and a greater need for evidence-based practice on fall prevention in the pediatric population (Child Health Corporation of America Nursing Falls Study Task Force, 2009).
- Patients with low-level falls exhibited similar risks for intracranial and abdominal injuries as those who fell from greater heights (Wang et al., 2001).

Methods

- Collaborated with the Network's Falls Team to develop Fall Risk Assessment Tool
- Implementation of a customized dry erase Fall Risk Assessment Tool (shown below)
- Tool posted in patient rooms and reviewed with patient/family upon admission and during bedside shift report, allowing patient/family to participate in the patient's individualized fall safety interventions.
- Fall bundle audits performed after tool implemented and compared to pre-implementation data.



Results

- The data from pre-implementation of the Fall Risk Assessment Tool (July through September 2018) shows a compliance level of 70% regarding fall safety interventions and communication among other team members/families.
- After implementation of the Fall Risk Assessment Tool, the results of the audits reflect a 7% increase in fall safety intervention compliance. In other words, the post-implementation data shows the pediatric unit was 77% compliant in successfully implementing individualized fall prevention interventions and communicating these with coworkers and families.

Next Steps

- Moving forward, this team would like to integrate the Fall Assessment Tool in all pediatric patient rooms and prepare to have them integrated into all patient rooms in the new pediatric unit opening this winter.
- This group will present to the unit based quality council and leadership to integrate into the unit specific care guidelines in hopes of creating a routine to implement individualized fall safety interventions.

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