

## Pediatric Falls in the Outpatient Setting

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# PEDIATRIC FALLS IN THE EMERGENCY DEPARTMENT

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# Background/Significance

- A regulatory survey in 2012 identified fall risk assessment as an area for improvement in the Children's ER
- In response to this, it was determined that the "Fall risk screening in the outpatient population" policy would be implemented in the Children's ER

# PICO QUESTION

## ■ PICO Question-

- P- In pediatric patients who present to the Children's Emergency Department
- I- does a pediatric specific fall risk assessment tool
- C- compared to the current outpatient fall risk policy
- O- lead to more reliable and consistent fall risk interventions being implemented by nurses?

# TRIGGER?

- Knowledge v. Problem
  - Iowa model triggers: Problem focused trigger: Process improvement
  - The current practice is not specific to pediatrics and can be improved to implement more reliable and consistent fall risk interventions in the pediatric population



# EVIDENCE

- Search engines used include CINAHL and EBSCOhost
- Key words include: pediatric fall prevention, patient safety in infancy and childhood, clinical assessment tools, risk assessment, patient assessment, accidental falls, infancy and childhood

# EVIDENCE

- \_ Pediatric falls are usually unpredictable, but often occur when two or more factors are present
- \_ Pediatric falls involve both intrinsic and extrinsic factors
- \_ Intrinsic factors include age, gender, developmental status, LOC/mental status, mobility, fall history, and seizure history, among other factors
- \_ Extrinsic factors include use of a fall risk assessment tool and identifying fall risk, medications (anesthesia, sedatives, narcotics), and environmental factors (footwear, floor surface, cords/IV tubing, witnesses)
- \_ Humpty Dumpty fall score looks at age, gender, diagnosis, cognitive impairment, environmental factors, response to sedation/anesthesia, and medication usage and scores the patient in one of two categories:
  - Low risk (score 7-11)- general fall risk interventions implemented
  - High Risk (score >12)- more extensive fall risk interventions implemented

# EVIDENCE

(Neiman)

- Family and multidisciplinary staff education on fall risk prevention is key to successful integration of new tools
- Integrative tool created from retrospective study at Children's Hospital of Denver...I'M SAFE tool (based on Humpty Dumpty)
  - Impairment, Medications, Sedation, Admit dx, Fall history, Environment of care
  - Interventions assigned based on I'M SAFE score
  - Pre-implementation falls/1000 patient days = .67
  - Post implementation falls/1000 patient days = .51
  - Sustained for two years
- EMR integration of tools leads to less staff resistance

(Graf)

- Study at Barbara Bush Medical Center reviewed several current pediatric fall tools
  - Humpty Dumpty and GRAF PIC found to be the only tools that accurately identify patients at risk for falling
  - This confirms Neiman results in their retrospective study in Denver that led to the creation of I'M SAFE tool



# Current Practice at LVHN

- Environment of Care policy manual, “Fall risk screening in the outpatient setting”
- Fall risk is determined by the following three questions (any “yes” answer is considered a fall risk):
  - Do you use anything to help you walk (cane, walker, etc.)?
  - Do you feel unsteady on your feet?
  - Have you fallen in the past year?
- Fall risk identified on face sheet or consent for treatment (RN initials yes or no)

# IMPLEMENTATION

1. Process Indicators and Outcomes – Fall risk and interventions
2. Baseline Data- Falls in the Children's ER are rare, documentation of fall risk on consent for treatment
3. Design (EBP) Guideline(s)/Process- Survey staff's feelings regarding current policy vs. pediatric specific policy, implement outpatient Humpty Dumpty, post-survey staff's perceptions of fall risk interventions
4. Pilot Unit: Children's ER
5. Evaluation (Post data) of Process & Outcomes-the staff feels positively about Humpty Dumpty and indicated they are ready for a change in practice, plan to administer post-survey after implementation
6. Modifications to the Practice Guideline- change from "Fall risk screening in the outpatient setting" to outpatient Humpty Dumpty
7. Network Implementation- possibility of implementation at Muhlenberg and 17<sup>th</sup> street ED

# Practice Change

- Change from the fall risk screening in the outpatient setting policy to the use of the outpatient Humpty Dumpty scale to determine fall risk
- Humpty Dumpty fall risk will be documented in the progress note in Tsystem
- Fall risk stamp on consent for treatment will continue



# RESULTS

- 60% of the nursing staff in the Children's ER believe a pediatric specific fall risk assessment tool would be very beneficial, and 30% believe it would be somewhat beneficial
- 60% of the nursing staff believe the current policy is not at all effective and 20% believe it is not very effective
- 70% of the staff believe a pediatric specific tool would decrease the number of falls and 80% believe it would help them choose more appropriate interventions
- 80% of the nursing staff are familiar with Humpty Dumpty
- Next steps include education about the use of Humpty Dumpty and implementation in the Children's ER



# Implications for LVHN

- More reliable and consistent fall interventions in the Children's ER
- Improved documentation of fall risk
- Recognition of standard fall risk precautions vs. precautions for high risk patients
- Increased staff satisfaction
- Increased patient and family member satisfaction

# Lessons Learned

- Use your resources!
  - LVHN currently utilizes an outpatient Humpty Dumpty scale, it was just not implemented in the Children's ER
- Listen to your staff
  - The majority of the staff in the Children's ER are already familiar with Humpty Dumpty and feel it would be beneficial

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# Strategic Dissemination of Results

- Staff indicated they prefer small group education
- Small group education on Humpty Dumpty
  - How to use
  - How to document in TSystem
- Laminated copies of outpatient Humpty Dumpty at nurses station for reference

# Make It Happen

- Questions/Comments:

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Muhlenberg



Health Centers