Improving Pediatric Falls with Injury through Teamwork

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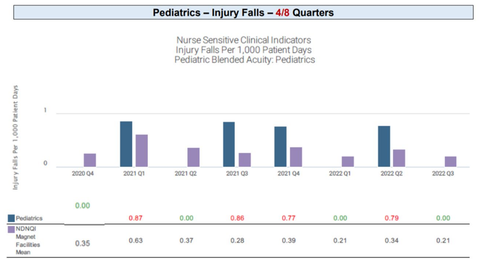
BACKGROUND

For the last two years (eight quarters), the pediatric unit has had falls WITH injury four out of eight consecutive quarters (50%)

University compares our data nationally against the "Magnet Mean," which is defined as greater than 51%

To outperform the Magnet Facilities Mean for Falls with Injury, we **must** do better than the magnet facilities we are being compared to for a minimum of 5 out of 8 quarters (62.5%)



PURPOSE

This **performance improvement project** aims to bring awareness to the staff of the data being collected and how we compare to magnet facilities for falls with injury and develop performance improvement initiatives that will help to improve patient care.

METHODS

During a **case review**, the staff was presented with an interactive in-service regarding pediatric falls during their April 2023 staff meeting. During the in-service, the team covered the following:

- What is the problem
- What does our data show
- What is the current fall risk scale
- Case Review
- What story was left in the chart
- Who can help remedy the problem, and how
- What does the literature say you can do to prevent falls
- Where do we go from here

Who can help remedy the problem and How?

- Thursday's Group
  - **Charge Nurses** – Do they need a crib, room closer to the nurses station, family member to help sit with patient, ask for a sitter, increase education to all staff regarding hillrom bed lights.
  - **Child Life Specialist** – Spending time with patient, help with activities and limit setting.
  - **Clinical Nurse Manager** – frequent rounding, fall champion each shift, charge rounds, pass on in report, shared during bedside handoff.
  - **CNAs** – Hourly rounds more frequent if needed, bed rails up, comfort level ok, have everything they need.
  - **Nurses** – Frequent rounding, comfort, two people if you are trying to take a patient to the bathroom walking etc. if needed, post op patient reassessment, charting during report, clutter free, pay attention when charting.
  - **Patient Safety Sitters** – communication
  - **Pediatric Clinical Nurse Specialist** – hill rom lights for fall risk
  - **Pediatric Nurse Educator** – updating education on LMS
  - **Pharmacist** – Help identify meds.
  - **Physicians** – communicating back and forth if they have concerns regarding fall risk
  - **Unit Clerks** – Keep an extra eye out, notify if family leaves if they are aware, Hill Rom lights
  - Anyone else you can think of? RT, EVS – Signage/Hill Rom

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Who can help remedy the problem and How?

- **Wednesday's Group:**
  - **Charge Nurses** – helping with rounding, High risk reminder to nurses, assign fall champion for the day (12 hour shift), 4Ps
  - **Child Life Specialist** -
  - **Clinical Nurse Manager** – assign fall champion for shift, rounds on the units days and nights, bedside handoff – relay during report; getting new beds for peds that will have the appropriate lights (minimum of 25kg for Hill-Rom beds – need more info)
  - **CNAs** -
  - **Nurses** – Storage for other things so they don't go in the rooms, hourly visual check (daily cares and safety),
  - **Patient Safety Sitters** – verbal delegation
  - **Pediatric Clinical Nurse Specialist** – hill rom lights, bed lights when rounding
  - **Pediatric Nurse Educator** – Update Annual Pediatric Fall Education with updated tool information
  - **Pharmacist** – will help with medications
  - **Physicians** – reminder to put the side rails back up, lower bed back down, can help with call lights
  - **Unit Clerks** – activate hill rom lights through the computer
  - **Anyone else you can think of?**

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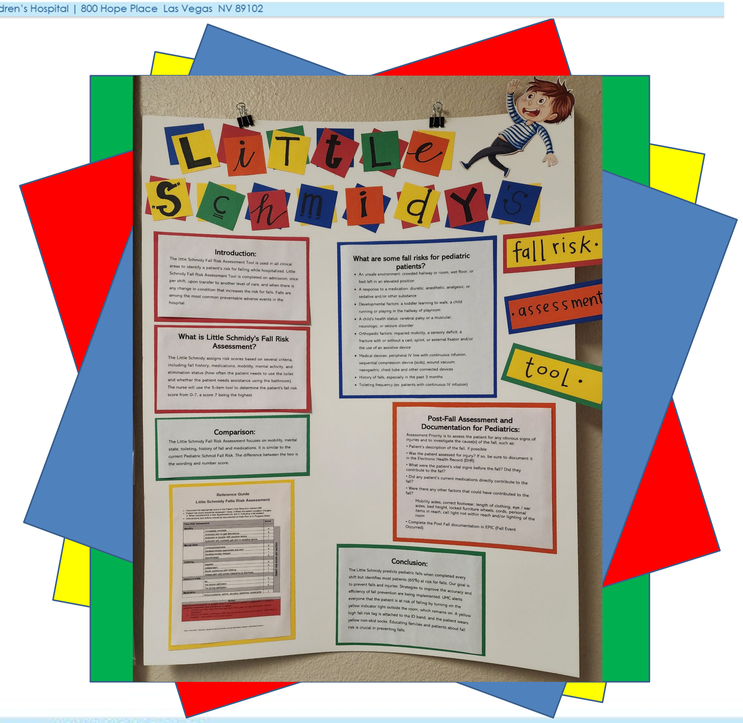


RESULTS

It was identified through the two-day in-service and case review that **all staff on the unit can assist with fall prevention.**

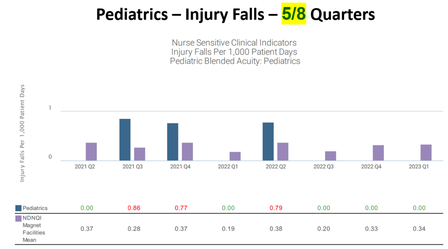
The following interventions were **initiated** after the April 2023 Meeting:

- Assigning Fall Champions every shift
- Fall huddles with the charge nurse and fall champion every shift
- New fall risk tool education poster
- Unit clerks to review fall risks with RNs and CRNs before activating Navicare

We also began working with our fall council and clinical informatics council to adapt the current tool to meet the current evidence-based practice tool available in the literature.

CONCLUSIONS

During the May 2023 Shared Governance Quality Council, it was reported that the Pediatric Unit had outperformed the Magnet Facilities Mean for Falls with Injury.



The Information Technology (IT) department is updating the tool in the Electronic Healthcare Record, with a scheduled go-live date for Fall 2023.

REFERENCES

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PATHWAY DESIGNATED