“Remodeling” a Pediatric Inpatient Fall Prevention Program using EBP
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Problem: Reducing falls in hospitalized pediatric patients is a common challenge for nurses, yet much evidence generation has been done using adult patients. Data from internal QI and participation in a 2007 national multisite pediatric fall study (CHCA, 2009) led to identification of issues with our program including lack of an underlying evidence foundation. An interdisciplinary team was developed to strengthen and “remodel” our program.

Evidence: The interdisciplinary EBP team conducted a comprehensive search of on-line databases for research and non-research articles. Following critique and synthesis, the team identified key EBP: 1) use of validated fall risk assessment tool, 2) assigning patient risk categories 3) visual identification of risk, 4) interventions based on risk level & 5) parent/family education, and 6) post fall assessment documentation.

Strategy: The IOWA Model of EBP (Titler et al, 2001) was used to guide the project.

Practice Change: Incorporated use of validated risk assessment scale (GRAF-PIF Graf, 2007); alert risk patient armbands & culture-neutral risk signage; bilingual “parent as partners” education for decreasing fall risk, and new pre and post fall assessment documentation.

Evaluation: Following the successful pilot test on one high risk unit, minor changes were made to include incorporation of fall risk visual identifiers into a “Fab Four” packet for easy use by staff. An additional pilot on a high risk unit was conducted incorporating the changes.

Results - Falls on initial pilot unit decreased by 38% and by 62% in the additional pilot unit. A new falls policy was created incorporating EBP. Multiple methods of staff education were provided and the program rolled out to other units. Three month post rollout results will be available in June 2012.

Recommendations: Monitor on-going QI audits to determine long-term outcome. Develop an EBP outpatient falls program for clinics and ED.

Lessons Learned: Bundling signage into easy to use packets; use of a program theme, culture neutral signage, provide multiple learning opportunities for practice change.