

Implementing a Humpty Dumpty Falls[®] Scale & Prevention Program

Cheryl Minick, BSN, RN, BC

Miami Children's Hospital

Problem: JCAHO launched National Patient Safety Goal #9 to reduce the risk of patient harm resulting from falls. JCAHO mandates hospitals to describe trends in falls, injury rates associated with falls and implement a high risk fall protocol for patients.

Evidence: Falls are the leading cause of unintentional injury for children (National Safe Kids Campaign, 2004; Park, et.al., 2004).

Strategy: Falls prevention literature, mainly focusing on elderly populations, was reviewed. A multidisciplinary team created the Humpty Dumpty Falls Prevention Program[®] consisting of a pediatric risk assessment tool, a modified tool for the outpatient setting, and protocols for the prevention of falls.

Research questions:

1. What parameters are included in developing a pediatric falls assessment tool?
2. Which parameters have the highest predictive value of patient falls?
3. What score puts a child at risk for falls?

Evaluation: This study was to validate the Humpty Dumpty Falls[®] Scale. Risk factors associated with pediatric patient falls include patient's age, gender, diagnosis, cognitive impairments, environmental factors, response to surgeries/sedation/anesthesia and medication usage. The scale was created from historical falls reporting data and process improvement data to identify average scores of all inpatient populations.

Results: A review of 71 charts of those pediatric patients who fell during 2005 were compared to a control group of 71 charts (matching age and diagnosis) who did not fall. The results indicated that most falls occurred in children under age 3 but next were 12 years and older with a neurological diagnosis. The Humpty Dumpty Falls[®] scale was validated. Falls rate was decreased by 28% after implementation.

Recommendations: Patient falls safety protocols identify pediatric at-risk patients thus reducing incidences while addressing JCAHO Patient Safety Goals. Replication of the Humpty Dumpty Falls Prevention Program[®] at multiple sites to test the evidence-based fall assessment tools (inpatient and outpatient) is warranted.

Bibliography:

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