

# The Nicklaus Children's Hospital Humpty Dumpty Falls Prevention Program™:

## *Preventing Falls in Children Across the Globe*

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Nicklaus Children's Hospital, part of Miami Children's Health System, was founded in 1950 as South Florida's only licensed specialty hospital exclusively for children. Since its inception, Nicklaus Children's Hospital has upheld its mission to safeguard hospitalized children by keeping them safe from harm. The organization has gained international attention for its seminal work in preventing falls in the pediatric population. The nurses at Nicklaus Children's Hospital have long been empowered at the forefront of care. As a result,

through integration of the American Nurses Credentialing Center (ANCC) Magnet® Model and exemplary professional practice, these nurses and interprofessional teams came together to build a program instrumental in promoting the safety and well-being of children.

The Humpty Dumpty Falls Prevention Program™ is an innovative, evidence-based tool that has become a standard of safe pediatric care, dramatically decreasing pediatric patient falls while evolving into a standard of care around the globe. Nicklaus Children's Hospital, a third-time Magnet-designated facility, has demonstrated its commitment as a pas-

sionate advocate for pediatric patient safety for research, dissemination, and continuous program refinement with the aim of pediatric patient safety. The Magnet Model component of transformational leadership is at the very heart of the organization's culture and values in generating new knowledge such as the Humpty Dumpty Falls Prevention Program.

## THE NEED TO PREVENT PEDIATRIC IN-PATIENT FALLS

Over the past decade, pediatric fall events have greatly demonstrated the need for patient safety precautions around the world. Safe Kids Worldwide,<sup>1</sup> a global organization dedicated to preventing childhood injuries, stipulates that preventing injuries includes the potential injury from falls. The World Health Organization<sup>2</sup> identifies falls as the leading cause of traumatic brain injury in young children. Both The Joint Commission<sup>3</sup> and the Institute of Medicine<sup>4</sup> have identified inpatient falls as a significant patient safety risk for pediatric patients as well as adults. The Joint Commission requires organizations to have a fall reduction program with interventions designed to reduce patient fall risk factors.

Leaders at Nicklaus Children's Hospital accepted the challenge to develop a unique and effective program to prevent children entrusted in their care from experiencing potentially life-threatening falls. They quickly discerned the only available tools and protocols were designed to prevent patient falls in the elderly and adult population, and not applicable to the distinctive needs of children in varying levels of development, an integral factor when assessing risk and analyzing fall data. The result of their landmark work is a comprehensive, scientifically developed and tested program that incorporates assessment, education, and prevention strategies that have become global standards in pediatric patient care.

A team of Nicklaus Children's Hospital nurses, synergistically, brought together interprofessional content experts to analyze the available evidence. These leaders were passionate in their quest to bring new solutions to this age-old problem. Ultimately, their work led to the development and implementation of a plan to finally meet this need—the Humpty Dumpty Falls Prevention Program. What began as a quest to solve a practice problem spread in 2006 among 16 hospitals; now, it has grown into the adoption of the pediatric falls program implemented in over 1100 facilities, internationally.

## DESIGN, IMPLEMENTATION AND ENCULTURATION THROUGH NURSING LEADERSHIP

Under the leadership of Jackie Gonzalez, DNP, MBA, ARNP, NEA-BC, FAAN, senior vice president/chief nursing officer and patient safety officer, a transformational leader whose vision and advocacy fueled the organization's decision to develop this innovative program, an interprofessional team was formed. The team comprised direct care nurses, clinical specialists, nursing directors, nurse practitioners, risk managers, and rehabilitative services professionals. The team, under the ANCC Magnet Model, exemplified professional practice, developing evidence-based practices, implementing the new program, and continually monitoring effectiveness.

The team reviewed existing literature and pediatric fall rates, finding children at high risk for falls included preschoolers, children under 10 (twice at risk for falls compared with the total population), children with disabilities and minimal mobility, and children in wheelchairs. It was quickly discovered there was limited information in pediatrics related to fall events in hospitalized children. At this time, the only

prevention scales implemented in hospitals focused on the adult patient population. Although the Morse<sup>5</sup> and Hendrich Scales<sup>6,7</sup> were widely used in the adult population, and some institutions adapted these to “fit” pediatric patients, their usefulness in pediatrics was not proven. Once the team evaluated this evidence, they collaborated with other institutions, leading to the development of a pediatric falls prevention program from the ground up. To inform this program, data were collected for 200 historical fall events from Nicklaus Children's Hospital, as well as, another freestanding pediatric hospital located in the Midwest.

Based on the review of this evidence, published and empirical, a comprehensive fall definition was developed that would impact the future identification of fall events. The team arrived at a new definition of a pediatric fall event to serve as the basis for collecting trended data for events and ensuring accurate benchmarking of this key indicator of nursing quality for hospitalized children. This definition describes a fall event as: a witnessed or reported unplanned descent to the floor or extension of the floor, where the child is at a lower level from where they started, with or without assistance, and resulting or not resulting, in injury by 2 classifications, developmental or nondevelopmental.

The next step was to develop an evidence-based assessment scale enabling nurses to identify pediatric patients at risk for falls. To that end, the team examined and trended previous fall event data to identify the most common risk elements. Drawing from those findings, the literature review and their extensive experience, the team designed the Humpty Dumpty Falls Assessment Inpatient Scale™. The interprofessional team developed a procedure for conducting an inpatient fall risk assessment at the following times: on admission to the hospital or entry to the emergency department, at the beginning of each shift, and for a major change in patient status.

The Humpty Dumpty Falls Assessment Inpatient Scale was validated comparing 153 pediatric patients who fell with a control group of 153 patients with matching ages and diagnoses who did not fall.<sup>8</sup> Findings indicated children under age 3 fell most often, followed by 12-year-olds and older patients with a neurological diagnosis. Team members and direct care nurses tested the new scale by scoring patients on the basis of the findings using a falls risk cutoff score. During this process, feedback led to further refinement of the scale. For example, the original scale did not include gender as a common element. After further evaluation by staff, gender was included in the criteria.

The result was an evidence-based assessment scale enabling nurses to readily identify pediatric patients at risk for falls. Today's scale includes 7 parameters with grading criteria based on fall risk. The parameters assess risk based on age, gender, diagnosis, cognitive impairments, environmental factors, response to surgery/sedation/anesthesia, and medication usage. Each parameter has a maximum grading score of 3 or 4 depending on the parameter, with a minimum grading score of 1 for all parameters. The overall minimum score for the scale is 7, and the maximum score is 23. Patients with scores of 12 or above are considered at high risk for falls. For

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