# An Innovative Approach to Fall Prevention: One Size Does Not Fit All





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## **BACKGROUND**

Despite being identified as high risk, pediatric patients and their caregivers often do not perceive themselves as at risk for falls.

An increased rate of falls and unique trends were noted in specialty units.

### **PURPOSE**

The aim of this quality improvement project was to reduce fall rates using interventions customized for each unit.

#### **METHODS**

Data analyzed on units provided insights into the population, time of falls, and causes.

- Pre-teens and teens
   comprised the majority of
   falls on the
   hematology/oncology (H/O)
   unit.
- Falls occurred during shift change on the neuroscience unit.
- Toddlers most often fell during the discharge process on the Short-Stay unit.

Evaluated the rate of falls per 1000 patient days.

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# IMPLEMENTATION STRATEGIES

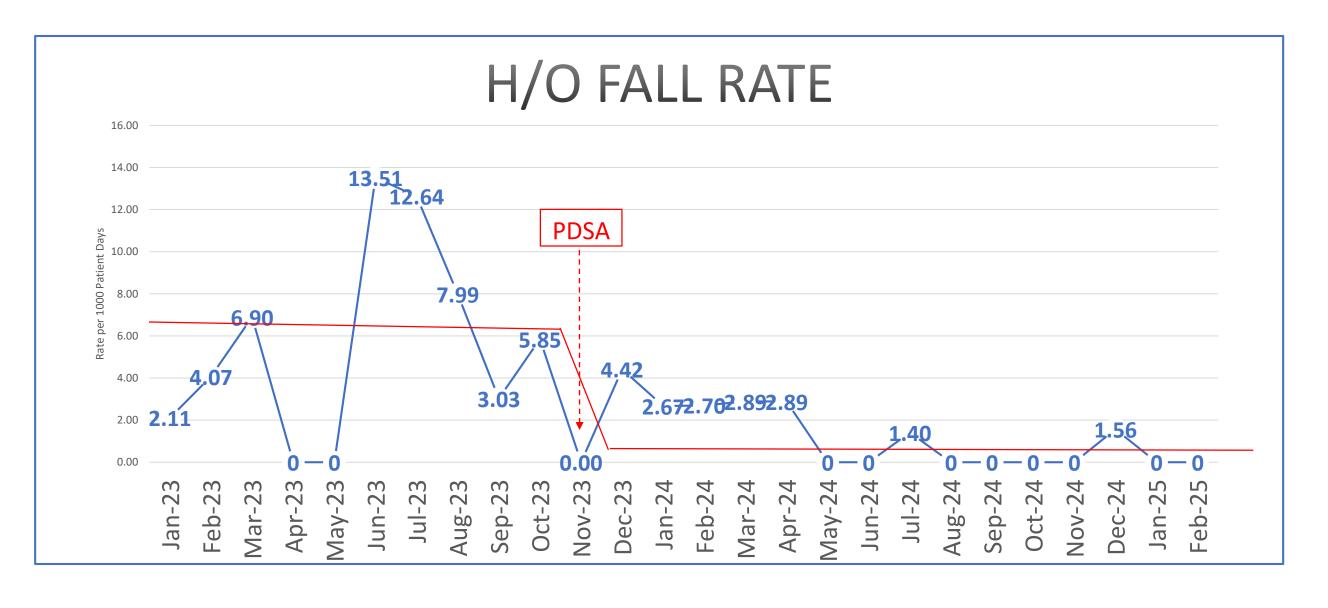
**PLAN** – Analyzed trends in fall rates data to design unit-specific prevention strategies.

DO – Customized interventions were implemented for each specialty unit.

- Neuroscience unit: a flex shift patient care technician assisted in the evenings.
- Short-Stay unit: volunteers tended to toddlers while discharge education was completed.
- H/O unit: providers reinforced fall risk with the patient and family during rounds.

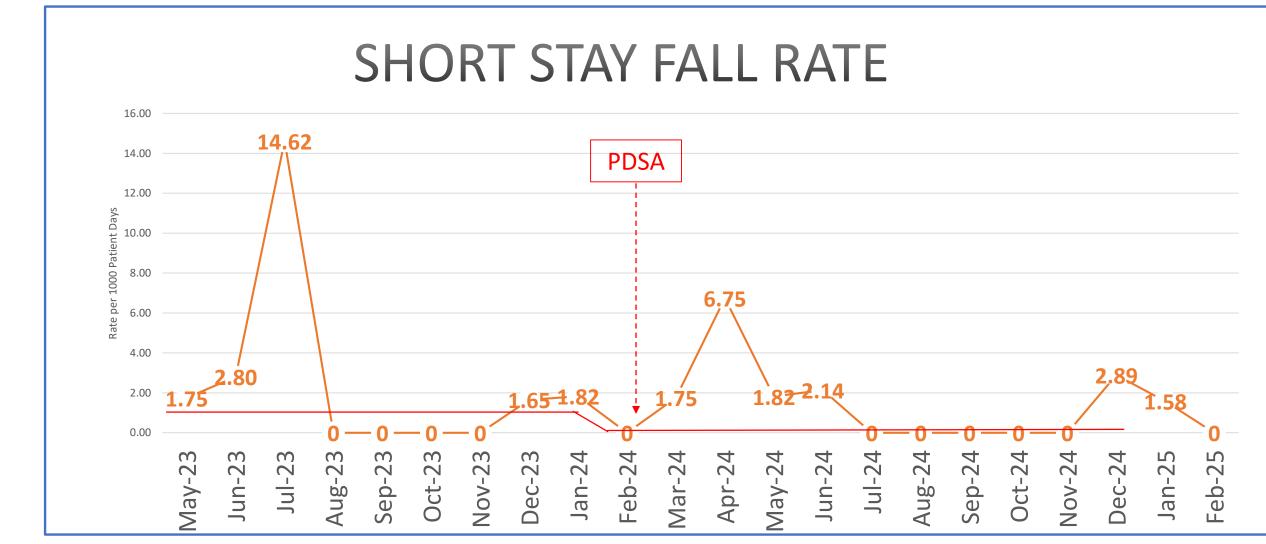
**STUDY** - Fall rates were monitored to measure the impact of the interventions.

ACT - All units chose to sustain the customized fall prevention strategies.









## **OUTCOMES AND CONCLUSION**

Reduction in rate of falls per 1000 patient days

- H/O unit dropped from 6.23 to 1.19
- Short-Stay unit dropped from 1.75 to 1.35
- Neuroscience unit is still collecting data



Customized fall prevention may reduce the number of falls and injuries sustained by pediatric patients.

## References

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