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Improving the cultural awareness of safety within a day hospital feeding program: A team approach towards establishing a falls prevention program

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Purpose: The primary goal is to establish an interdisciplinary process for the assessment and prevention of falls within the Day Hospital Feeding. A secondary aim is to increase awareness of patient safety within the feeding team.

Background: Pediatric safety remains a high priority. In an effort to support the National Patient Safety Goal, for establishing a Fall Reduction Program, strategies have been instituted to decrease falls risk amongst inpatient pediatric patients. Factors shown to contribute to falls in the hospital setting are not necessarily transferable in other settings. Children in an ambulatory setting face other types of hurdles. Challenges associated with the unique needs of children in an ambulatory day hospital setting include: length of time spent in the program (both in meals and downtime); patient characteristics (development, modulation/arousal level, and level of refusal behaviors); and environmental factors (navigating to and from meals as well as safe seating during meals). Specific strategies for promoting a culture of safety through a focus on a falls risk prevention program will be addressed. A consequence of our falls risk reduction program was an increase in awareness of the importance of teamwork towards patient safety.

Methodology: A review of the literature revealed a dearth of evidence in the area of ambulatory pediatric falls, risk assessment and prevention. There are several pediatric validated screening tools for the inpatient setting and one for the home setting. A taskforce consisting of nursing, occupational therapy, psychology and feeding specialists, identified gaps in practice for the assessment and communication about children at risk for falls. In order to meet the unique needs of our population, a modified version of falls risk screening tool was created, which established good inter-rater reliability between nursing and occupational therapy. A tiered-intervention approach was developed based on patient observation, chart review, and a focused parent survey. This includes three levels of risk: no increase above minimal risk, minimal increase above minimal risk, and moderate increase above minimal risk. A protocol and job aide was created, as well as a staff education plan, including a self-learning module on falls risk assessment and prevention. The results of the screen were incorporated in our bi-weekly rounds, as well as in daily communication regarding newly identified falls risk concerns.

Conclusions: Implementing a modified falls risk prevention program within an ambulatory Day Hospital Feeding program is not only feasible, but necessary in order to establish an increased awareness of safety. By utilizing this framework as a screening process to identify safety concerns, a more uniform safety dialogue emerged. Each member of our team became safety champions. Team members reported an increased confidence with implementing and discussing safety guidelines with parents and patients and an increased understanding of how to identify and modify scenarios that could eventually lead to injuries. In general, by identifying this emphasis of safety the entire Day Hospital Feeding program demonstrated a shift of renewed awareness and confidence to establish and maintain safe procedures for patient transportation and parent education against falls. Future study is needed to evaluate the efficacy and to establish validity of a modified falls risk screen within an ambulatory setting.

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