Quality Improvement Program on "PEAD" Fall Prevention
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Keywords:
Fall Prevention

Introduction
Fall prevention has always been of great importance in Paediatrics, because very young children are prone to falls. In fact, fall incident serves as one of the key performance indicators in our service. However, after reviewing the past fall incidents in our unit, there were 6 incidents in the past two years and 5 of them were accompanied by carers at the bedside. The risk ranking was 8 with moderate impact. Therefore, a quality improvement program was conducted from 1 March 2017 to 31 Oct 2017 to strengthen staff and carers' awareness on fall prevention.

Objectives
1. To strengthen and reinforce the fall preventive intervention to staff.
2. To increase the awareness and education on fall risk to carers.
3. To co-ordinate multi-disciplinary collaboration with 'physiotherapist' and 'occupational-therapist' to provide assessment and training to carers in fall prevention of high risk cases.
4. To minimize the patient fall incident.

Methodology
PAED’ Fall Prevention Approach refer to the previous fall incidents:
P : Personal factors
A : Activity - related factors
E : Environment
D: Detection
Strategies:
1. Fall prevention posters were modified according to the suggestion of staff and carers.
2. Fall prevention advice to carers was strengthened. Education on fall prevention is not only provided on admission but it would also be provided during regular ward rounds if the main carer was not received the advice on admission.
3. Identify the main carers to provide fall education and demonstration in the proper use of bed side rail.
4. Provide supervision and monitor the compliance of supporting staff in providing the fall prevention information.
5. ‘Fall Prevention Ambassador' was suggested to acknowledge to staff and
increase their awareness on fall prevention.
6. Multi-disciplinary collaboration with 'physiotherapist' and 'occupational-therapist' to provide fall prevention strategies in their perspectives.
7. Identify and refer the high fall risk cases to multi-discipline professionals and provide immediate fall prevention measures.

**Result**

According to the 22 & 30 pre and post program survey and observation, there was a significant change in both of the carers and staffs knowledge and behavior. The details are as the following:

**Carers:**
1. Keep the side rails up always  ? 32%.
2. Always lift up side rails to the highest level at the arrow marks 64%.
3. Check the rails are well secured 67%.
4. Demonstrate in proper use of the side rails 61%.
5. Fasten the seatbelt when using the pram 44%.
6. Do not leave your young child stay alone on the chair, bathroom or toilet 21%.
7. Do not let your child run or climb 28%.
8. Do not let your child jump on the bed or chair 43%.

**Staff:**
1. Provide oral information to carers 31%.
2. Provide information with the use of signage 54%.
3. Provide explanation and follow the instruction in the signage 33%.
4. Demonstrate in proper use of the side rails 33%.
5. Identify 4 high risk cases and refer to 'physiotherapist' and 'occupational-therapist' for advance fall prevention measures.