The Unthinkable: Using Risk Resilience to Eliminate Newborn Falls

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Objectives

• Describe how risk resilience is used to analyze newborn fall events
• Discuss prevention strategies for newborn falls

Disclosure

• I have no conflict of interest

Patient Population and Hospital

• Mother-Baby Unit caring for stable postpartum mothers and healthy newborn infants
• Indiana University Health Methodist Hospital in Indianapolis, Indiana
  – Delivers 3,000 infants annually
  – Urban Level One Trauma Center
  – Culturally diverse patient population
  – Baby-Friendly Hospital Designation

Unit Environment

• 26-bed unit
• Newborn nursery with rooming-in emphasis
• RN staffing ratio
  – 1:3 couplets 16 out of 24 hours per day
  – 1:4 couplets 8 out of 24 hours per day

Event Analyzed based on Outcome

• Incident rate is low due to lack of national reporting
• Oregon Patient Safety Committee demonstrated 1 fall per 2,500 births in a retrospective review
• Intermountain Healthcare System demonstrated 14 falls per 88,000 births
• IU Health Methodist Hospital demonstrated
  – 5 incidents within a 6-month timeframe
  – 5 falls per 1,481 births
  – Average of 62 days between events
Analysis of Event

- Leadership initiated a tactical response to examine the failures in infant falls
- Reviewed variables of the 5 events to identify patterns
  - Age of mom
  - Weight and height of mom
  - Maternal gravida/para
  - Gestation and amount of prenatal care
  - Onset of labor and delivery time
  - Maternal medical history including smoking and/or drug use
  - Recent medication administration including narcotics
  - Breast or bottle fed infant
  - Maternal lab values of hemoglobin and hematocrit

Cross Analysis of Falls

Review of the Literature and Summary of Case Findings

- Risk Factors from Literature
  - 2-3rd post delivery night between 12 am and 9 am
  - Cesarean section
  - Received opioids
  - 18-28 years old
  - Breast feeding

- Findings based on Risk Factors
  - 100%
  - 100% SVD
  - 40% received opioids
  - Average age 23 (min 15; max 27)
  - 80% breast fed

Hidden Assumptions

- Co-bedding
- Baby-Friendly status not a factor
- Maternal fatigue a huge indication in the pattern of infant falls
  - Did not assume patient was able to realize or recognize their own fatigue
- Average BMI 35 (morbid obesity >30). Min 32 and max 43

Pre-designed Defenses

- Patient education “sleep safety”
- Bedside signage communicating the risks of falling asleep while holding a newborn

Strong or weak defense?

Mother’s nap time
- Afternoon and/or night nap time
- Verbal contract with patient for time to sleep with no interruptions
- Privacy sign placed on door to patient room
- Baby rooms-in with mother during nap time
**Strengthening the Defense**

- Students and RNs taught to recognize signs of fatigue and partner with mother to safely place the baby in crib
- Nap time initiated around the mother’s need for sleep, not set intervals
- Shift safety huddles to identify mothers who might be at risk. Team heightened awareness of patients at risk.

**Pre-designed Defense**

- Hired 5 student nurses (11 pm-7 am)
  - Mother’s helper
  - Student nurses rounded during the night to identify mothers displaying signs of fatigue
    - Deliberate interventions with mothers when they became fatigued
  - Bed checks for infants
  - Sensitivity to mothers who were morbidly obese

**Highly Reliable Processes**

- 311 days (as of 11/13/2012) without an infant fall
- Instead of “just an event,” it is really about the nursing care we give
- Risk of infant falls now woven into culture of the unit
- Mindset: It is not going to happen again

**Thank you! Questions?**

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**References**