

Child consumer and parents' perspective of inpatient falls

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Improving patient and staff experience through the delivery of compassionate, quality, safe, evidence-based person-centred care

Introduction:

Inpatient falls pose a safety risk to paediatric patients, potentially causing harm, increased length of stay, and death. Despite the implementation of falls prevention education and falls strategies, the incidence of inpatient falls persists. Understanding what child consumers and their parents don't know about inpatient falls may be central to developing more targeted education. Our study aimed to explore child consumer and parents' knowledge and awareness of paediatric inpatient falls and associated risks factors.



Methods:

Child consumers and parents of children and/or young people hospitalised in a tertiary paediatric hospital six months prior were eligible to participate. Potential participants were recruited from two outpatient clinics set within a tertiary paediatric hospital network. Willing child and adult parent participants consented to complete a face to face in-depth interview. Open-ended questions sought to explore participants' knowledge, knowledge acquisition, and awareness of inpatient falls. Interviews were digitally recorded and transcribed verbatim. A descriptive thematic analysis of child consumer and parent participant data were undertaken separately to ensure that differences between a child and an adult perspective were highlighted. Data familiarisation and open coding were completed by researchers independently. Researchers explored and discussed emerging categories together until patterns emerged and a consensus of dominant themes for each group (child and adult) were agreed upon.



Results/Outcomes:

Interviews were conducted with child consumers (n=13) and parents (n=23) of a child or a young person who had been recently hospitalised. **Three dominant themes emerged from child narratives** namely **(1) A sense of feeling safe (2) Parents provide a safety net and (3) Ways of learning about falls**. Thematic analysis of **parent narratives uncovered four dominant themes: (1) Unexpected, (2) Supervision: falls won't happen, (3) Ways of learning about inpatient falls and risks, and lastly (4) Parent priorities** (Shala, Brogan, Cruickshank, Kornman, Sheppard-Law, 2019). Interestingly, all **three child themes directly reflected adult themes**. Children/young people and parent participants perceived the hospital space to be safe and were surprised that falls occur while children are in hospital. Child consumers believed that their parents provided a safety net, congruent with parents' belief that their constant 24/7 supervision negated the risk of an inpatient fall.

Gaps in the way inpatient falls prevention and education is delivered and the type of content were identified. All **participants (child consumer and parent) described a level of dissatisfaction with falls education and/or resources**. Whilst children and young people were **risk aware**, current 'falls' resources did not meet the learning needs, preferences or developmental stages of paediatric consumers. Parents of hospitalised children suggested that current resources were immersed in a battery of educational resources, irrelevant to their child's situation or that falls education were lacking (Shala et al, 2019). Lastly, **'Priorities of care'** emerged from parent interviews as a stand-alone theme (Shala et al, 2019). Varied parental priorities or hierarchy of care were described, and whilst hospital safety and error were acknowledged, inpatient falls were rarely considered.

Implications for practice:

Findings provide a unique insight and deeper understanding of what parents and paediatric consumers don't know about inpatient falls and have informed targeted educational strategies and the development of a knowledge questionnaire to continually measure knowledge gaps. Understanding what child consumers and parents don't know about falls has implications to change clinical practice, particularly in the delivery, content, and timing of education. Family-centred falls education should be delivered in a timely manner, reinforced opportunistically and frequently during the delivery of care to ensure that all children and parents receive information and are given an opportunity to participate in falls prevention discussions. Content should emphasise individual falls risk and embed developmentally and culturally appropriate education. Recommendations to change nursing practice, update educational resources and validate a parent knowledge questionnaire are underway.

Reference:

Shala, DR, Brogan, F, Cruickshank, M, Kornman, K, Sheppard-Law, S. Exploring Australian parents' knowledge and awareness of paediatric inpatient falls: A qualitative study. *J Spec Pediatr Nurs.* 2019;e12268. <https://doi.org/10.1111/jspn.12268>

