



KEY POINT SUMMARY

OBJECTIVES

This study offers an exploration of contributory factors with a detailed analysis of fall risks from reported incidents and a pilot case study of unwitnessed inpatient falls on Care of the Elderly wards in an acute hospital.

Targeting Environmental Factors to Reduce Elderly In-Patient Falls

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Key Concepts/Context

Inpatient falls have consistently been the biggest single category of reported incidents since the 1940s; they are a significant cause of morbidity and mortality and have a high prevalence after admission to hospital. The incident rate for falls is approximately three times higher in hospitals and nursing homes than in community-dwelling older people. It has been suggested that this may be due to a combination of extrinsic risk factors (relating to the environment), for example, unfamiliar environment and wheeled furniture, combined with intrinsic risk factors (relating to the patient) such as confusion, acute illness, and balance-affecting medication.

Methods

Two studies explored un-witnessed elderly inpatient falls in acute facilities. The first study analyzed incident reports from England and Wales between 1 September 2006 and 31 August 2007 (n=215,784). This was further explored in a pilot study to collect detailed information about contributory factors and the location of falls through staff interviews.

Findings

Most falls occurred at the bedside and, secondly, in the bathroom. The study revealed a difference in the location of falls for patients described as frail and those described as confused. Further, the use of bedrails seemed to alter the location of the fall, with falls from beds with raised rails clustered around the foot end of the bed.



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Limitations

The statistical effect size was small, which does not establish causal relationships.

Design Implications

Use proximity and aids to facilitate transitions between bed and bathroom. This may include locating the toilet next to the bed. Further, obstacles should be removed and a path should be clearly marked.