



KEY POINT SUMMARY

OBJECTIVES

The objective of this research was to compare the outcomes of in-patient falls in hospitals with 100% single rooms and multi-bedded wards.

Outcome of in-patient falls in hospitals with 100% single rooms and multi-bedded wards

Singh, I., Okeke, J., & Edwards, C. 2015 | *Age and Ageing*. Volume 44, Issue 6, Pages 1032-1035

Key Concepts/Context

Patient falls are a major safety concern in hospitals. The authors report that up to 30% of patient falls result in injury, and that in the National Health Service (NHS) ward of U.K., 200,000 falls a year are documented. Of these, 900 incidents have been severe and 90 had resultant deaths. Alluding to the rise of single-occupancy rooms (SRs) in U.K. hospitals, the authors indicate the necessity of studying the impact of such facilities on outcomes in elderly patients. To this end, this study compared outcomes of in-patient falls in two different hospitals – a 100% single-bedded and a multi-bedded ward (M-BW) units. The authors conclude from the study that SRs are associated with an increased incidence of in-patient falls.

DESIGN IMPLICATIONS

In the case of the elderly patients (pending further studies), multi-bedded rooms may be considered in addition to single patient rooms.

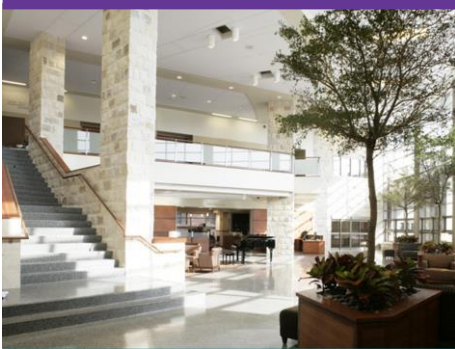
Methods

This was an observational study. In-patient fall data was analyzed for a hospital that moved from two of its old M-BW units to a new 100% SR hospital. The hospital documents its standard data on in-patient falls with a web-based patient safety software, DATIX. Data from the old sites was obtained from May 2011 to October 2011; data for the new hospital was collected from November 2011 to April 2013. Data collected pertained to in-patient falls and adverse outcomes, length of stay, discharge to new care home, and death (from 30 days following the incident to one year). Data were analyzed statistically.

Findings

The study yielded the following findings:

- The mean age of patients at the old site was 81 years (standard deviation of ± 12.4); the mean age at the new site was 80.3 years (standard deviation ± 10.3).



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- At the old site 51.3% of the patients were female; at the new site 50.7% were female.
- In the three years of data evaluation, there were a total of 1,749 reported in-patient falls at the three facilities; of these 131 falls were not included in the analysis because of incomplete data.
- The SR hospital recorded 1,244 falls and the M-BW hospitals recorded 374 falls during the period of data collection.
- The adjusted mean (adjusting for gender and age) falls per 1,000 patient-bed days was 5.51 for the M-BW and 15.83 for SR ($P < 0.01$).
- The mean fall per patient at the M-BW was 1.66 ± 1.46 and at the SR was 2.33 ± 2.87 ($P < 0.001$).
- Patient outcomes following the first incident of fall were:
 - The number of hip fractures were significantly higher at the SR than at the M-BW facilities ($P < 0.01$).
 - Length of stay was significantly higher at the M-BW than at the SR facility ($P < 0.01$).
 - In-patient mortality was higher (not significantly) at the SR than at the M-BW facilities.
 - Mortality after 30 days following the first fall incident was also higher (not significantly) at the SR than at the M-BW facilities.
 - More fall patients were discharged from M-BW to new care homes than from the SR hospitals.

Limitations

The author identified the following limitation in this study:

- Patient history at both types of hospitals was neither studied nor compared.

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