



KEY POINT SUMMARY

OBJECTIVES

To measure and compare the incidence and outcome of inpatient falls in high-risk dementia patients receiving treatment in single rooms and multi-bed wards.

Profile of inpatient falls in patients with dementia: A prospective comparative study between 100% single rooms and traditional multi-bedded wards

Knight, S., & Singh, I. 2016 | *Journal of Clinical Gerontology & Geriatrics* Volume 7, Issue 3, Pages 1-6

Key Concepts/Context

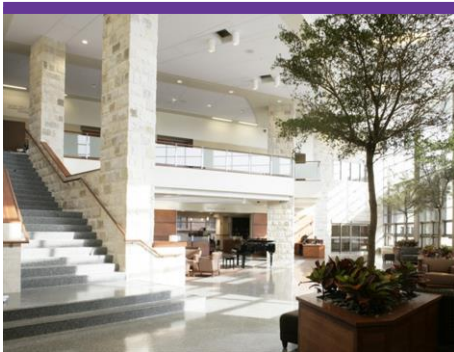
A previous study estimates that the number of people with dementia in the U.K. could reach over 1 million by the year 2025. This possibility places added pressure on U.K. hospitals to develop safer methods for taking care of patients with dementia. Dementia is associated with impaired mobility, and previous studies have shown that individuals with dementia are two to three times more likely to fall. Inpatient falls (IFs) account for nearly two-fifths of the patient safety incidents reported to the National Reporting and Learning System, and the risk of IF is highest in single-patient rooms. There are very few studies that examine the impact of dementia and IF in single rooms as compared with traditional multi-bed wards.

Methods

Two hospitals were chosen as the setting of the study: a newly built hospital with all single-patient rooms and a traditional multi-bed general hospital. The IF rates, demographic data, and lengths of stay for 50 patients with known dementia from each hospital (100 patients total) were compared. Field observations of the participants were also conducted to supplement the data comparisons. The average age of the participants was 83.1, and they all required assistance with daily living and received some degree of community care.

Findings

Overall, the most common reason for hospital admission was falls, and 87.5% of patients who sustained IFs had a previous history of falls. Sixteen patients sustained IFs in single rooms, four of which required placement in a new care home once they were discharged. As for the multi-bed ward, only one patient out of the 15 that experienced an IF required placement in a new home. The majority of participants



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who suffered a fall sustained either minor injuries or no injuries at all. While this study did find that there were marginally more IFs sustained in single rooms as opposed to multi-bed wards, the results were not as substantial as the authors had hypothesized. Recurring IFs appeared to be correlated with longer lengths of stay and new care home placement.

Design Implications

Single rooms may provide patients privacy and lower rates of infection, but they can also risk creating feelings of isolation and increased chances of accidental injury. Conversely, multi-bed rooms reduce the sense of patient privacy while providing companionship and accountability. Due to these possibilities, which are largely produced by room design and bed placement, awareness of patient history and condition is important when determining patient placement.

Limitations

The authors note that IFs were not rigorously recorded at the multi-bed ward as opposed to the single-bed ward, which kept thorough records. They further note that this study used a small sample size and did not take into account acute illnesses or conditions such as malnutrition that could affect patients with dementia and their propensity to fall. The data all come from one health board, so it would be difficult to generalize this study's findings.

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