



## KEY POINT SUMMARY

### DESIGN IMPLICATIONS

In order to mitigate falls within the older adult patient population in the acute care setting, several interventions should be evaluated, including comprehensive screening and environmental modification (especially related to patient rooms, bathrooms, and unit hallways). Furthermore, hospitals are encouraged to adopt the AHRQ (2013) toolkit to prevent inpatient falls. This toolkit includes assessing the culture of safety, staff education on best practices, and collecting reliable data.

## Older Adult Inpatient Falls in Acute Care Hospitals

Zhao, Y. & Kim, H. 2015 | *Journal of Gerontological Nursing* Volume 41, Issue 7, Pages 29-43

### Key Concepts/Context

Traditional studies of patient falls have been focused on rehabilitation hospitals or nursing homes. This study seeks to add to the body of knowledge related to older adult patient falls by focusing on the acute care hospital setting.

### Objectives

The purpose of this study was to identify risk factors for inpatient falls in older adult patients in acute care hospitals through an integrative literature review. The following research questions were proposed: 1) What is the fall prevalence in older adults in acute care settings? 2) What are the major risk factors for falls in older adult patients in acute care hospitals regarding patient characteristics and care settings? 3) What are the fall-related outcomes in older adult patients in acute care hospitals? 4) What conceptual and methodological issues should be considered for research and practice?

### Methods

The literature searched was limited to the years of 2004-2014. The following terms were used (in combination): fall(s); predictor(s); risk factor(s); characteristics; older adult(s); elderly; patient(s); inpatient(s); hospitalized; and acute care setting or hospitals. Twenty-three studies were selected for review because a) study participants were noted to be hospitalized inpatients age 17 or older; b) study settings were acute care hospitals; c) a quantitative measure of fall risk was used; d) they were published in peer-reviewed academic journals, and e) they were written in English.

### Findings

Within the 23 studies reviewed, 28 risk factors were noted. Intrinsic risk factors for falls included: advanced age, medical conditions (cognitive impairment, impaired



The Center for Health Design:  
Moving Healthcare Forward

The Center for Health Design advances best practices and empowers healthcare leaders with quality research that demonstrates the value of design to improve health outcomes, patient experience of care, and provider/staff satisfaction and performance.

Learn more at  
[www.healthdesign.org](http://www.healthdesign.org)

mobility or musculoskeletal problems, hypertension, urinary incontinence, and visual impairment), and non-medical conditions (prolonged length of hospital stay, care dependency, and specific medications). An example of a protective factor that was noted to decrease falls included the use of screening tools upon admission. Furthermore, Hispanic patients were less likely to fall compared to African-American, Caucasian, and Asian patients, Geriatric units had the highest fall incidence followed by internal medicine and neurological units. Falls were also associated with specific circumstances or activities such as during shift change, while walking or transferring, or with activities related to urinary or bowel elimination. Consequences of falls ranged from minor to those requiring surgical intervention. Older adults were more likely to experience major or serious injuries from inpatient falls than other age groups.

### Limitations

The operational definition of falls varied among studies, and as a result there was concern related to reliability of data within included studies. Another limitation was that most studies included did not control confounding effects from extraneous variables. A final limitation was that mostly retrospective designs were used, so it was challenging to determine causality. Prospective studies are needed to examine the associations between risk factors and inpatient falls in acute care settings. Furthermore, mixed-methods studies are needed to examine psychosocial factors and consequences of falls.