



KEY POINT SUMMARY

OBJECTIVES

The aim of this article was to evaluate, summarize, and synthesize the literature about the amount of falls as well as the effectiveness of preventive strategies for the hospitalized elderly, including elements of the built environment.

DESIGN IMPLICATIONS

While research in this area is still needed, this article provides some suggestions to address patient safety in design of the patient room.

Falls Aren't Us: State of the Science

Cozart, H. T., Cesario, S. K.
2009 / Critical Care Nursing Quarterly
Volume 32, Issue 2, Pages 116-127

Key Concepts/Context

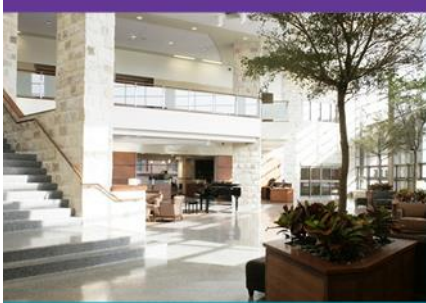
Falls among the elderly can cause serious injury and sometimes even be fatal. However, in healthcare settings, many of these accidents can be avoided with fall-prevention interventions. The ninth goal of The Joint Commission is environmental intervention and addresses safety features such as patients' introduction to hospital surroundings, appropriate lighting and noise reduction, call alarms, as well as reachable and available grab rails. Other potential interventions include careful monitoring of high-risk patients by staff, keeping patients close to the nursing station, and teaching staff about evidence-based fall-preventive strategies.

Methods

The authors conducted electronic searches of CINAHL, Cochrane Library, Dissertation Abstracts, ERIC, MEDLINE, MeSH, PubMed PEDro, Ulrich's, and Web of Science databases. They used the following key words and controlled subject headings: accidental falls, fall prevention, fall risk factors, hospitalized elderly, fall incidence and rates, and environmental and patient safety. They used Boolean operators, and limited their search by English languages, human subjects, older adult population, clinical trials, and meta-analyses.

Findings

The authors found that the physical infrastructure costs for fall proofing a hospital room or building, as a primary prevention intervention, were cost-effective when compared with the expense of litigation, treatment of injuries sustained during a fall, and prolonged length of stay. The authors also point out that costs for additional staff for fall surveillance, their requisite training, risk management, and a "blame" ethos permeating the organization have the potential to escalate the healthcare industry's already fragile financial state.



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Limitations

Authors identified no limitations of the study.