



## KEY POINT SUMMARY

### OBJECTIVES

The objective of this study was to evaluate a multifactorial intervention program, including staff education and modifications to the environment, for fall prevention targeted at acute and rehabilitation elderly care wards.

### DESIGN IMPLICATIONS

Based upon other literature, lower bed heights, move beds nearer to nursing stations, use hip protectors, and check the bedside environment. Increase the observation abilities of nurses to areas that are occupied by those who are most at risk of falling.

## Cluster Randomized Trial of a Targeted Multifactorial Intervention to Prevent Falls Among Older People in Hospital

Cumming, R. G., Sherrington, C., Lord, S. R., Simpson, J. M., Vogler, C., Cameron, I. D., Naganathan, V.

2008 | *British Medical Journal*

Volume 336, Issue 7647, Pages 758-760

### Key Concepts/Context

Falls often occur among older people in hospitals, resulting in injuries, increased lengths of stay, and greater costs to the health center. Evidence on the best way to prevent falls in hospitals is limited.

### Methods

The study used a cluster -randomized trial with 24 elderly care wards in 12 hospitals in Sydney, Australia. A nurse and physiotherapist each worked for 25 hours a week for three months in all intervention wards. They provided a targeted multifactorial intervention that included a risk assessment of falls, staff and patient education, drug review, modification of bedside and ward environments, an exercise program, and alarms for selected patients.

### Findings

The overall rate of falls during the study was 9.2 per 1000 bed days, with no difference between acute wards (9.4 falls per 1000 bed days) and rehabilitation wards (9.0 falls per 1000 bed days). Falls occurred most often in patients' rooms (76 percent of falls), with another 11 percent occurring in bathrooms. Twenty-eight percent of falls occurred during the night shift (10 p.m. to 7 a.m.). The most common activities at the time of a fall were walking (36 percent) or standing from a sitting position (24 percent).



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## Limitations

It is possible that in intervention wards raised awareness of falls resulted in more diligent reporting than in control wards. Another limitation is that some falls-prevention activities were already occurring in control (and intervention) wards before the start of the study.