

**Title of Intervention:** The Hospital Injury Prevention Study

**Intervention Strategies:** Provider Education, Individual Education, Environments and Policies

**Purpose of the Intervention:** To reduce falls and injury

**Population:** Older adult hospital patients

**Setting:** Three geriatric wards; health care facility-based

**Partners:** None mentioned

**Intervention Description:**

- **Provider Education:** A weekly case conference was conducted to discuss individual patient cases with hospital staff.
- **Individual Education:** Tailored messages were given to participants on maintaining safety on the ward, depending on their risk assessment status. Based on the weekly case discussions, risk assessment plans were made to make the ward environment safer. Environment modifications were individualized, such as giving participants with an unsafe gait a bed closer to the toilet.
- **Environments and Policies:** At-risk patients were given a red wristband (the color of this band was different from other wristbands used on the ward). Measures were taken depending on the patients' mental state and ability to move safely. The appropriateness of the use of bed rails, alarms, observation beds and furniture rearrangements was considered for at-risk individuals.

**Theory:** Not mentioned

**Resources Required:**

- **Staff/Volunteers:** Ward and medical record staff, health care provider, nurse, occupational therapist, social worker, physiotherapist
- **Training:** Not mentioned
- **Technology:** Not mentioned
- **Space:** Not mentioned
- **Budget:** Not mentioned
- **Intervention:** Resources needed to improve safety
- **Evaluation:** Fall assessment, safety assessment, activities of daily living assessment

**Evaluation:**

- **Design:** Quasi-experimental
- **Methods and Measures:**
  - Downton fall-risk score was based on history of falls, medication, visual and hearing impairment, abnormal lower limbs, confusion and unsafe gait.
  - Number of fallers, total falls, falls per occupied bed days, number of recurrent fallers and number of patients sustaining an injury were recorded.

**Outcomes:**

- **Short Term Impact:** Not measured
- **Long Term Impact:** There were significantly fewer fallers and falls, and fewer patients sustained injuries on the experimental ward than on the control ward. The intervention resulted in a reduction in the length of stay. There was no effect on destination of discharge, mortality, number of recurrent fallers or patient rehabilitation.

**Maintenance:** Not mentioned

**Lessons Learned:** Not mentioned

**Citation(s):**

Vassallo M, Vignaraja R, Sharma JC, et al. The effect of changing practice on fall prevention in a rehabilitative hospital: the Hospital Injury Prevention Study. *J Am Geriatr Soc.* Mar 2004;52(3):335-339.