# Falls protocol: request to extend to two more units

Fictional sample · Riverside Community Hospital (fictional), Quality and Patient Safety Committee

Medical-surgical Units 2 and 3 · Months 1-12 · Aggregate unit-level data only; no patient-level information

# Fall rate fell from 3.60 to 2.37 per 1,000 patient days

Decision requested today: extend the protocol to Units 4 and 5 for six months

**3.60**

**BASELINE, MONTHS 1-6**

54 falls / 15,000 patient days

**2.37**

**INTERVENTION, MONTHS 7-12**

36 falls / 15,200 patient days

**34%**

**LOWER RATE**

(3.60 - 2.37) / 3.60; not a causal estimate

# Why we started: a steady baseline of about 3.6 falls per 1,000 patient days

- Baseline monthly rates ranged from 3.15 to 4.03 per 1,000 patient days
- Fall definition: unplanned descent to the floor, with or without injury
- Counted from the incident-reporting system, both units combined
- Rate = falls / patient days x 1,000

# What changed in Month 7

1. **Hourly rounding**
   Structured checks on pain, position, toileting and reach
2. **Bed-alarm check**
   Alarm status confirmed at each rounding for at-risk patients
3. **Training**
   Two short sessions per shift group before launch
4. **Audit**
   Sampled rounding documentation each period

# Published evidence on falls interventions is uncertain

Cochrane review of randomised trials (Cameron et al., 2018):

- Multifactorial interventions in hospitals may reduce the rate of falls (rate ratio 0.80, 95% CI 0.64 to 1.01; low-quality evidence)
- Effect of bed and chair sensor alarms on hospital fall rate is uncertain (very low-quality evidence)
- Our result should not be read as confirming either finding

## Monthly rate dropped after Month 6

Falls per 1,000 patient days, Units 2 and 3 combined

| PERIOD | M1 / M7 | M2 / M8 | M3 / M9 | M4 / M10 | M5 / M11 | M6 / M12 |
|---|---|---|---|---|---|---|
| Baseline | 4.03 | 3.40 | 3.52 | 4.00 | 3.15 | 3.50 |
| Intervention | 2.73 | 2.32 | 2.80 | 1.98 | 2.42 | 1.96 |

# Rounding documentation rose from 58% to 87%

Process measure: audit of 300 sampled rounding opportunities per period

**58%**

**BASELINE**

174 of 300 documented

**87%**

**INTERVENTION**

261 of 300 documented

## What this data cannot tell us

- No control group: other units were not compared
- Seasonal changes in census and patient mix
- Staffing changes during the year
- Small monthly counts (5 to 10 falls)
- Possible changes in how falls were reported

# Proposal: extend to Units 4 and 5 for six months

| ITEM | PROPOSAL |
|---|---|
| Units | Medical-surgical Units 4 and 5 |
| Staffing | No added FTE; training time for two sessions per shift group |
| Outcome measure | Falls per 1,000 patient days, monthly |
| Process measure | Rounding documentation, 300 sampled opportunities per period |
| Review | Report back to this committee after Month 6 of the extension |

# Data sources and definitions

| ITEM | DETAIL |
| --- | --- |
| Falls | Incident-reporting system, unit-level monthly counts (fictional) |
| Patient days | Midnight census, finance data warehouse (fictional) |
| Rounding audit | Random sample of 300 opportunities per period (fictional) |
| Data handling | Aggregate counts only; no patient-level fields entered in any tool |
| Evidence cited | Cameron ID et al. Cochrane Database Syst Rev 2018; CD005465 |