



iCAHE JC Critical Appraisal Summary

Journal Club Details

Journal Club location	Lyell McEwin Hospital
JC Facilitator	Alyce Berry
JC Discipline	Occupational Therapy

Question

Review Question/PICO/PACO

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Article/Paper

Brandis S, 1999, 'A Collaborative Occupational Therapy and Nursing Approach to Falls Prevention in Hospital Inpatients', *Journal of Qualitative Clinical Practice*, vol 19, pp. 215-220

Please note: due to copyright regulations CAHE is unable to supply a copy of the critically appraised paper/article. If you are an employee of the South Australian government you can obtain a copy of articles from the [DOHSA librarian](#).

Article Methodology: Cohort Study

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Ques No.	Yes	Can't Tell	No	Comments
1	✓			Did the study address a clearly focused issue? Yes – The question of focus in the study is to examine the impact of occupational therapy combined with nursing staff in the reduction of inpatient hospital falls.
2	✓			Did the authors use an appropriate method to answer their question? Yes – A retrospective cohort study (audit) conducted once in 1996 and again in 1998 was used to answer the question Is it worth continuing? Yes
3	✓			Was the cohort recruited in an acceptable way? Yes – the cohort was recruited from reported inpatient falls. Each fall was coded based on specific demographic criteria including age of the patient; time and location of fall; activities of daily living skills; and patient activity immediately prior to the fall.'
4	✓			Was the exposure accurately measured to minimize bias? Yes – Exposure was measured and recorded with strict criteria so that bias could be minimised. When a criteria is strict is reduces the instances that records will appear that fall outside the scope of what is being examined.
5	✓			Was the outcome accurately measured to minimize bias? Yes – Outcomes were measured by type of fall, injuries reported, patient's age, location, time of fall and physical ability. These were all objective measures which could be easily quantified. Some outcomes were subjectively measured (i.e. asking nursing for reasons for falls) but the vast majority were objective.
6	✓			Have the authors identified all important confounding factors? Have they taken account of the confounding factors in the design and/or analysis? Yes – It is noted that data is based on incident forms filled out by staff members around the time of the fall and the actual number may be misrepresented, especially if the fall was not accurately recorded. Also identified was the spontaneity of the project which resulted in some data being absent from the audit which would further the results. Current medications, cognitive state, supervision status and gait patterns were not included in data collection.
7	✓			Was the follow up of subjects complete enough? Yes - Follow up of hospital records following the implementation of the 'Fall STOP' program (implemented after the initial audit) was conducted two years later to examine the potential impact of the program on instances of falls.

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8	✓		<p>What are the results of this study?</p> <p>For the first period, 270 falls incident forms were completed by staff notifying falls by 201 hospital inpatients. This represented a reported falls incidence ratio of 1.74 per 1000 bed days, and a ratio of patients falling of 5.42 per 1000 admissions.</p> <p>The second audit found that while the number of patients reported to have fallen decreased by 5.5%, the total number of hospital admissions increased by 14%, demonstrating an overall decrease of 17.3%. Calculated as both falls incidents per 1000 bed days and patients falling per 1000 admissions, both showed a decrease in the 2-year period (Table 2). These results must be interpreted with some caution as in both audits the number of falls documented may under-represent the real extent of total falls.</p>
9	✓		<p>How precise are the results?</p> <p>Precision of results is difficult to determine – while there is a reported difference in change from Audit 1 to Audit 2, it is only represented by a % of change with no reported CI</p>
10	Journal Club to discuss		<p>Do you believe the results?</p>
11			<p>Can the results be applied to the local population?</p> <p>CONTEXT ASSESSMENT (please refer to attached document)</p> <ul style="list-style-type: none"> – Infrastructure – Available workforce (? Need for substitute workforce?) – Patient characteristics – Training and upskilling, accreditation, recognition – Ready access to information sources – Legislative, financial & systems support – Health service system, referral processes and decision-makers – Communication – Best ways of presenting information to different end-users – Availability of relevant equipment – Cultural acceptability of recommendations – Others
12			<p>Were all important outcomes considered?</p>
13			<p>Are the benefits worth the harms and costs?</p>
14			<p>What do the study findings mean to practice (i.e. clinical practice, systems or processes)?</p>
15			<p>What are your next steps?</p> <p>ADOPT, CONTEXTUALISE, ADAPT</p> <p>And then (e.g. evaluate clinical practice against evidence-based recommendations; organise the next four journal club meetings around this topic to build the evidence base; organize training for staff, etc.)</p>
16			<p>What is required to implement these next steps?</p>

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