Improving falls prevention in the elderly in Mid-Argyll Community Hospital and Integrated Care Centre's (MACHICC) Accident & Emergency Department – A Quality Improvement project

Project Aim

This QI project aimed to improve falls prevention in elderly patients who presented to the A&E in Mid-Argyll Community Hospital and Integrated Care Centre — a rural hospital in Lochgilphead, Scotland.

Falls affect around 30% of adults aged 65 and over and are a leading cause of injury in the elderly[1]. Even low risk patients have a 20% chance of a further fall within a year, and national and international guidelines recommend a proactive, multidisciplinary approach including physiotherapy (PT) and occupational therapy (OT) input to reduce this risk[2,3].

A baseline audit of MACHICC A&E records found only 38.0% of falls patients aged 65 and above who would have benefitted from PT or OT input were reviewed by or referred to the services, despite established referral pathways existing.

The quality improvement project aimed to increase this share to 75% by April 2026, using established national quality improvement guidelines as a framework.

Method

Using standard QI tools of process maps, Pareto and force-field analysis as well as stakeholder interviews, it emerged poor staff awareness of existing referral pathways was found as the primary driver, rather than a lack of PT or OT capacity.

Three PDSA cycles were used to develop and test the following change ideas:

- A standardised falls referral protocol and a poster
- Improved access to existing referral tools on shared A&E computers.

Outcome data was collected via an audit of A&E patient records across two periods: September - October 2025 (baseline) and February - March 2026 (post-intervention).

Results

The proportion of eligible falls patients referred to, or reviewed by, PT/OT rose from 38.0% (8/21 patients) to 62.5% (10/16) across the two time periods.

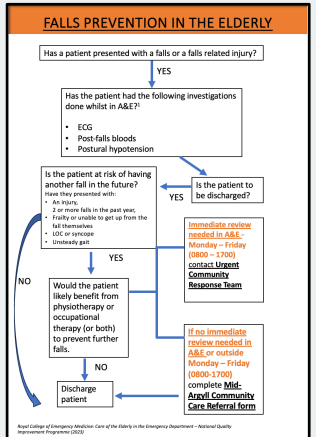
Run-chart analysis showed a sustained shift above the median following implementation.

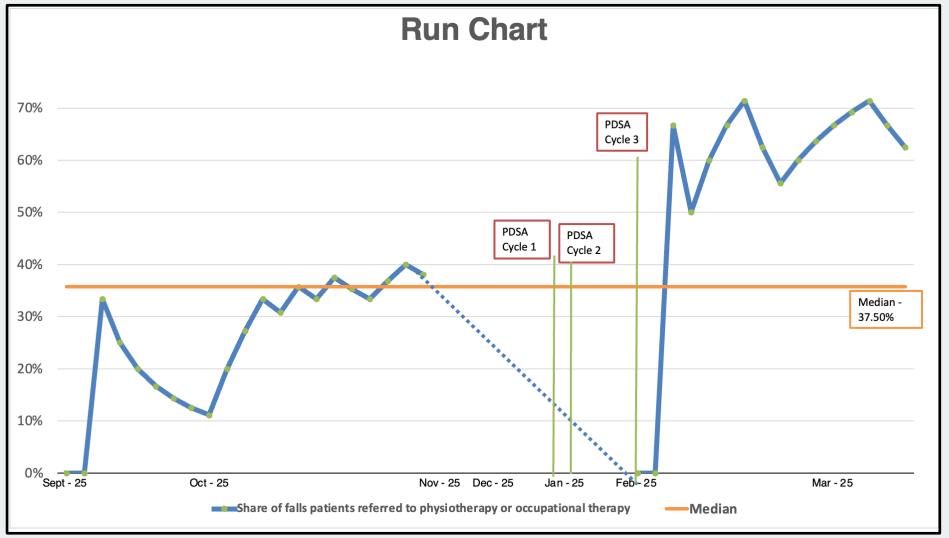
Importantly, balancing measures showed that there was no increased time burden or workload from the new process for staff.

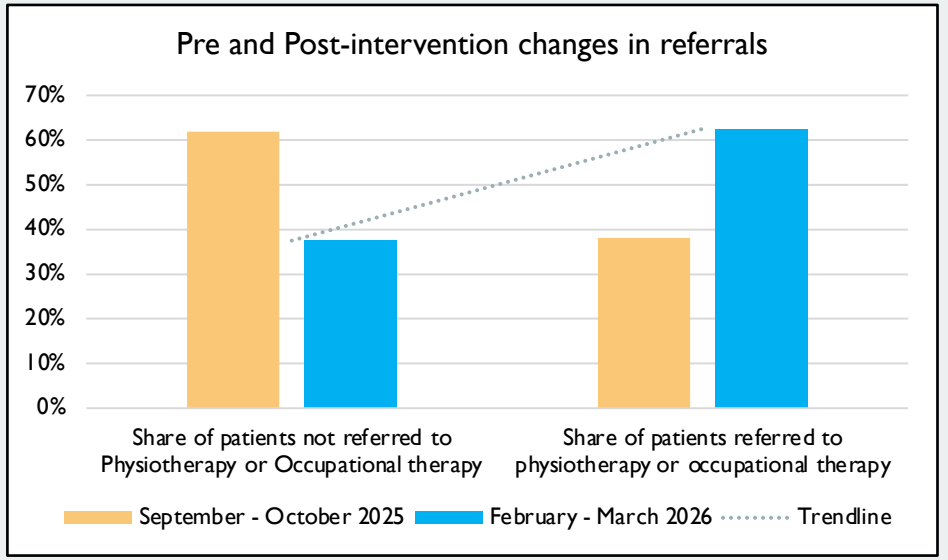
Conclusion

Though the QI aim statement was not met, the awareness-focused intervention nonetheless nearly doubled falls-related referral rates without additional staff burden.

The project also gained significant support from hospital management.







Author: Martin Saarinen, Year 4 medical student, University of Dundee / ScotGEM

References:
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2: Leland, N. E., et al. "Occupational Therapy in Fall Prevention: Current Evidence and Future Directions." *American Journal of Occupational Therapy*, vol. 66, no. 2, 28 Feb. 2012, pp. 149–160, https://doi.org/10.5014/ajot.2012.002733.
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