Reviewer's report

Title: Can volunteer companions prevent falls among inpatients?: A pre-post comparative design.

Version: 1 Date: 11 April 2006

Reviewer: Jeni Warburton

Reviewer's report:

General

This is a generally well-written paper, which explores the role of volunteers in falls prevention. It does, unfortunately, try and be all things to all people, and in that respect, I think it requires some quite major reconceptualising. As it is, it is too broad, unfocused, and does not really add to our knowledge of this area.

I would suggest that the paper is reorganised with the following main logical steps: First, the project set out to evaluate a falls prevention strategy using volunteers to sit with patients who were identified at high risk of falling. Second, this was an ineffective strategy because the volunteers cannot be with patients at times when they (presumably) are at most risk of falling eg through the night. This is in line with the findings of Donoghue et al (2005) and presumably others (?). Third, however, despite the lack of support for this hypothesis, there are still some (qualitative) advantages with having volunteers on the wards in terms of (a) volunteer satisfaction; and (b) family support; and to some extent (c) support from nursing staff. The conclusions are thus that it may prevent some falls but there are some limitations with using volunteers as a strategy. However, there are other advantages associated with volunteers in aged care settings.

If this is the approach, then the writing needs to link these currently disparate sections of the paper. In fact, the paper needs more writing / linking - eg the mention of hip protectors on p12 (out of left field). Importantly, it needs to show where it differs from the Donoghue et al. (2005) paper. What have you found that differs from the findings from this paper? Can you contrast the two studies?

Some other important points:

- The title needs adjusting, as does the focus of this paper.
- The methodology needs elaboration. There is insufficient detail on eg patients. How do we know that there are no differences between baseline and implementation in terms of the client group?
- The limitations section fails to address the substantive limitations of the paper eg the timing of volunteers with the peak timing associated with falls. In other words, were the right questions asked to guide this study?? Volunteer issues are not the major limitations of this research. Even students or the unemployed are unlikely to "volunteer" (!) to sit with sleeping at-risk patients through the night. Costing implications simply cannot be made (see below).

Please remove all mention of cost savings. Just because there are volunteers in a hospital setting does not mean that there are cost savings. Volunteers add value to people being in hospital. They do not save costs as no hospital would provide this level of costed support. In addition, the nurses mention that there is actually a negative cost associated with additional supervision. Plus of course the costs associated with three days of training.

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)
Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

Discretionary Revisions (which the author can choose to ignore)

**What next?:** Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

**Level of interest:** An article of limited interest

**Quality of written English:** Acceptable

**Statistical review:** No

**Declaration of competing interests:**

I declare that I have no competing interests