Royal College of Physicians | NAIF

Post-fall management – NAIF perspective

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Royal College of Physicians | National Audit of Inpatient Falls (NAIF)

Continuous clinical audit
All patients who sustain a hip fracture as an inpatient

Fall prevention activity (NICE CG161)
Post-fall management (NICE QS 86)

National Audit of Inpatient Falls (NAIF)

Annual report 2022

Working together to improve inpatient falls prevention (2021 clinical and 2022 facilities audit data)

Autumn 2022

In association with

BGS British Geriatrics Society Improving healthcare for older people

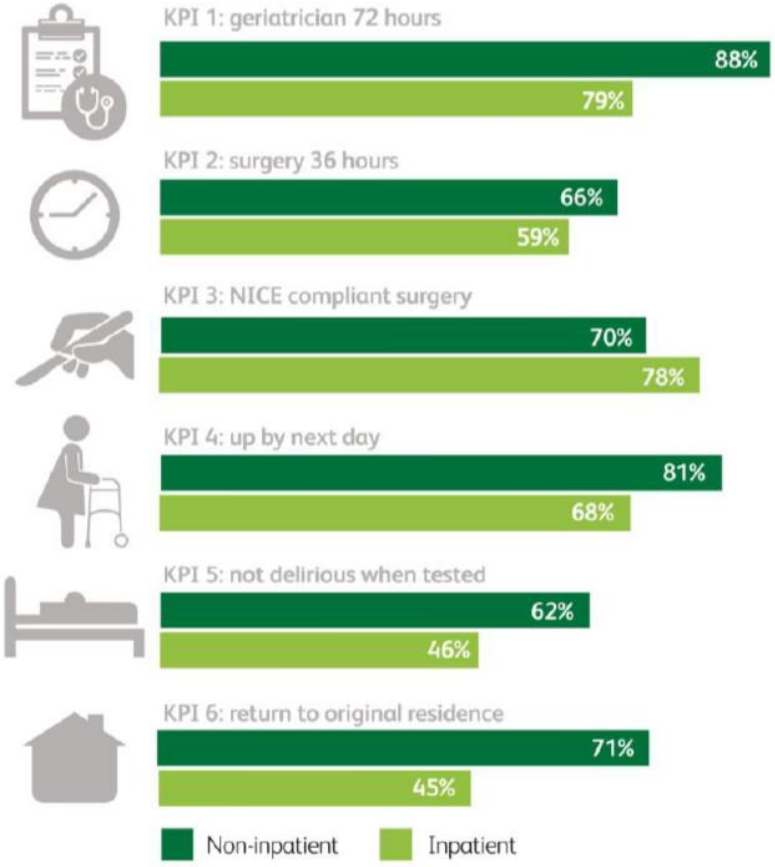
British Orthopaedic Association

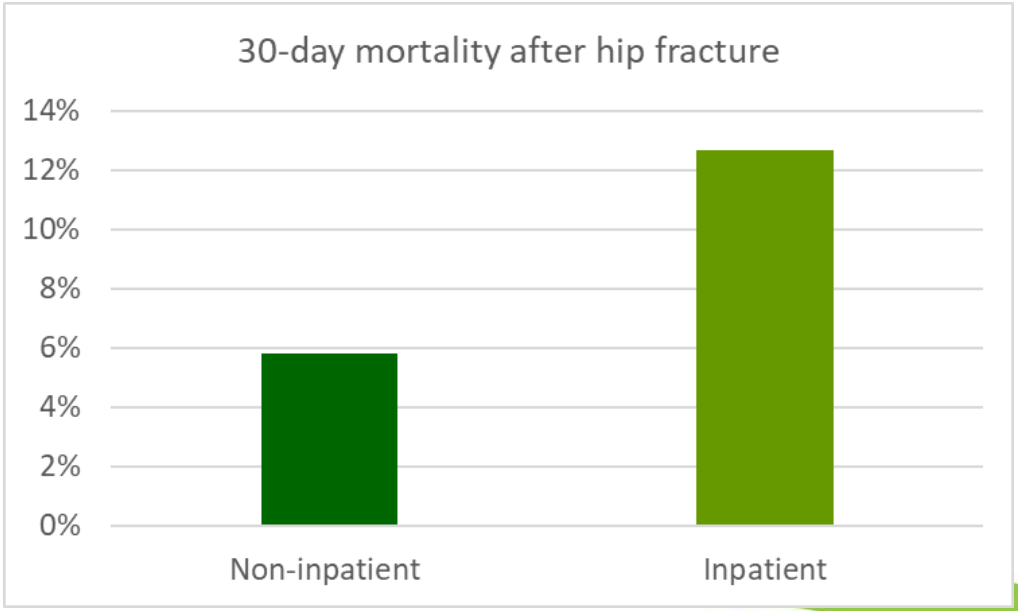
Royal Osteoporosis Society Better bone health for everybody

Commissioned by

HQIP Healthcare Quality Improvement Partnership

Why is post-fall management important?





NAIF Key Performance Indicators

1. MFRA quality score

34%

NAIF overall: 34%

2. Cases where patients were checked for injury before being moved

76%

NAIF overall: 76%

3. Cases where safe manual handling method was used to move a patient from floor

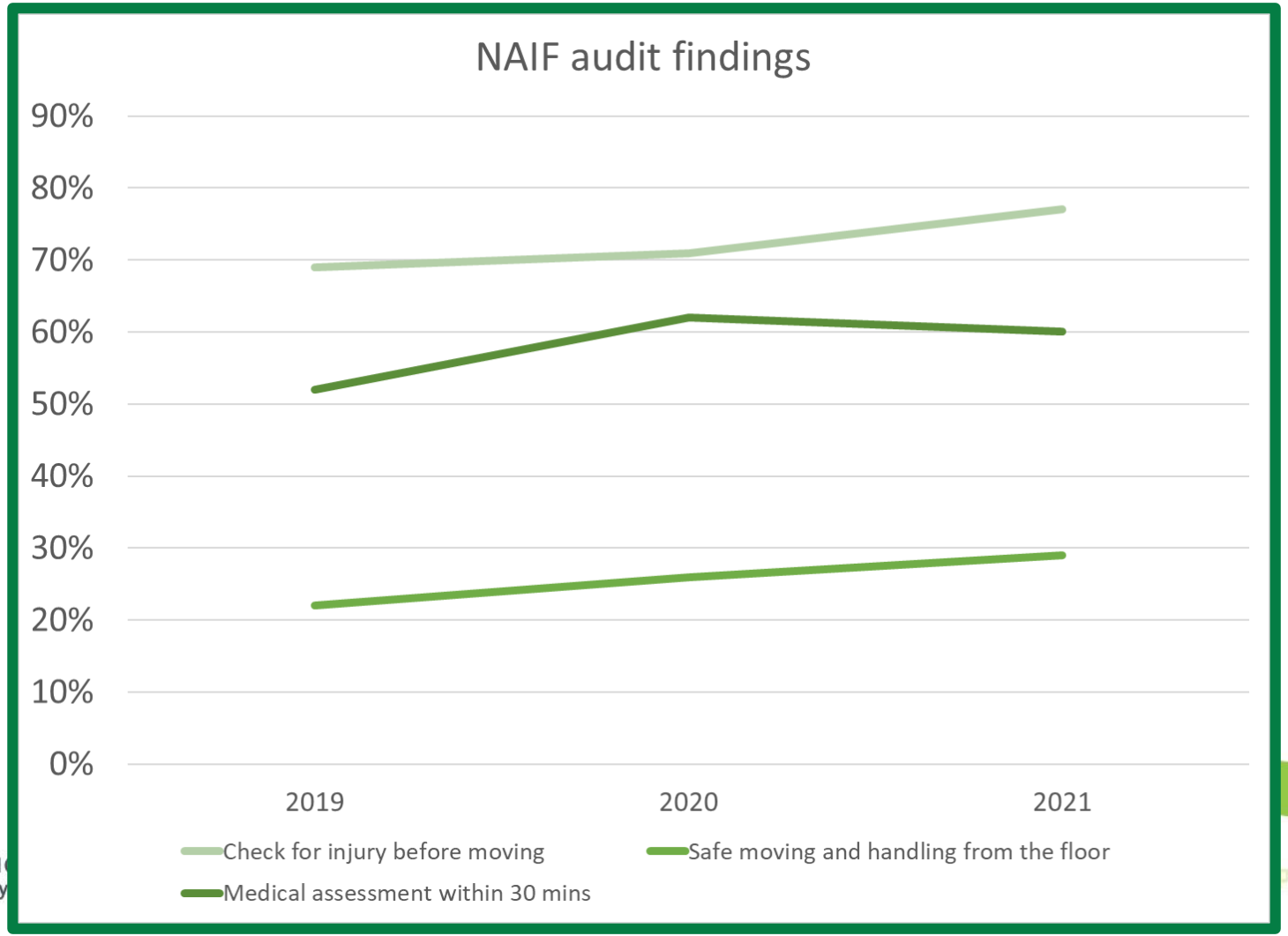
31%

NAIF overall: 31%

4. Cases that received a medical assessment within 30 minutes of a fall

71%

NAIF overall: 71%


NAIF audit findings
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
2019
2020
2021
Check for injury before moving
Safe moving and handling from the floor
Medical assessment within 30 mins

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Check for injury before moving (KPI 2)

There have been steady improvements in the proportion of patients who had a check for injury before moving (Fig 8). **However, in 33% of cases where a check was conducted, an injury was not suspected (all patients had a femoral fracture).**

NAIF report 2022

Post fall management – NICE QS86

NICE National Institute for Health and Care Excellence

Quality statements

Statement 1 Older people are asked about falls when they have routine assessments and reviews with health and social care practitioners, and if they present at hospital. **[new 2017]**

Statement 2 Older people at risk of falling are offered a multifactorial falls risk assessment. **[new 2017]**

Statement 3 Older people assessed as being at increased risk of falling have an individualised multifactorial intervention. **[new 2017]**

Statement 4 Older people who fall during a hospital stay are checked for signs or symptoms of fracture and potential for spinal injury before they are moved. **[2015]**

Statement 5 Older people who fall during a hospital stay and have signs or symptoms of fracture or potential for spinal injury are moved using safe manual handling methods. **[2015]**

Statement 6 Older people who fall during a hospital stay have a medical examination. **[2015]**

Statement 7 Older people who present for medical attention because of a fall have a multifactorial falls risk assessment. **[2015]**

Statement 8 Older people living in the community who have a known history of recurrent falls are referred for strength and balance training. **[2015]**

Statement 9 Older people who are admitted to hospital after having a fall are offered a home hazard assessment and safety interventions. **[2015]**

Post fall management – NICE QS86

NICE National Institute for Health and Care Excellence

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How should this be done?

Important considerations
- Safe
- Feasible
- Flexible

Multi-disciplinary task and finish group

Aims

- To minimise harm to patients from incorrect management after an injurious fall
- To ensure prompt access/referral to ongoing treatment when injury has occurred
- To reduce variation(s) in post-fall management within inpatient settings.

Objectives

1 To clarify what constitutes a post-fall check for injury

2 To support the timely identification of injuries that need prompt and specific management to minimise the harm associated with the fall

3 To avoid over-complicating post-fall management, ie prolonging time spent on the floor

4 To recommend the skills and additional training required to deliver high quality post-fall management

5 To provide guidance on how to implement best practice in post-fall management processes, training and competencies.

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Supporting best and safe practice

in post-fall management in inpatient settings

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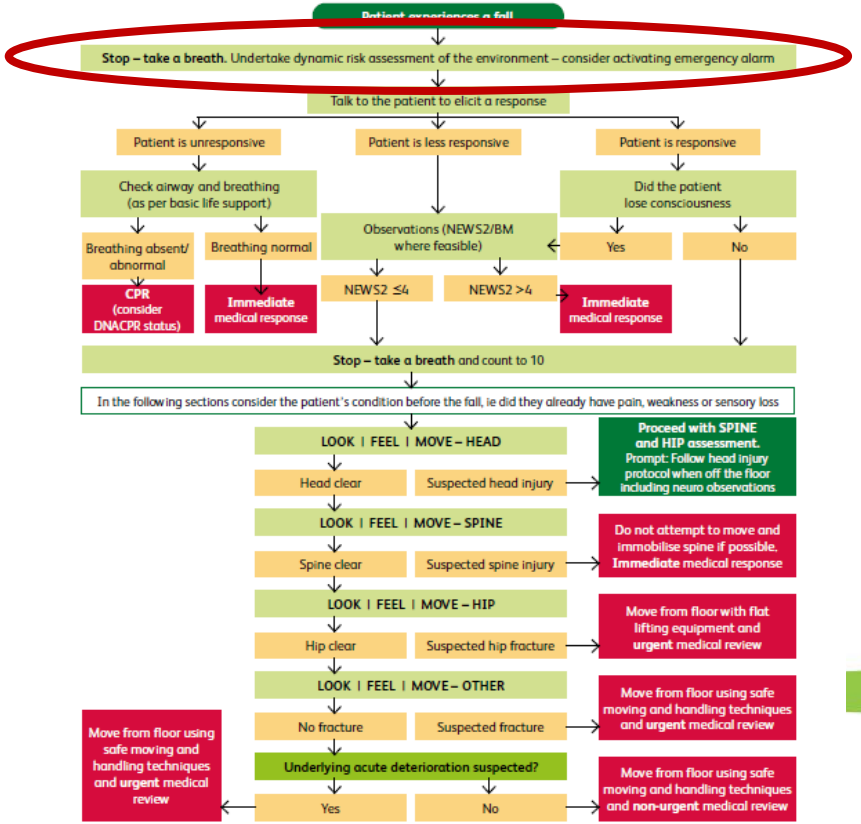
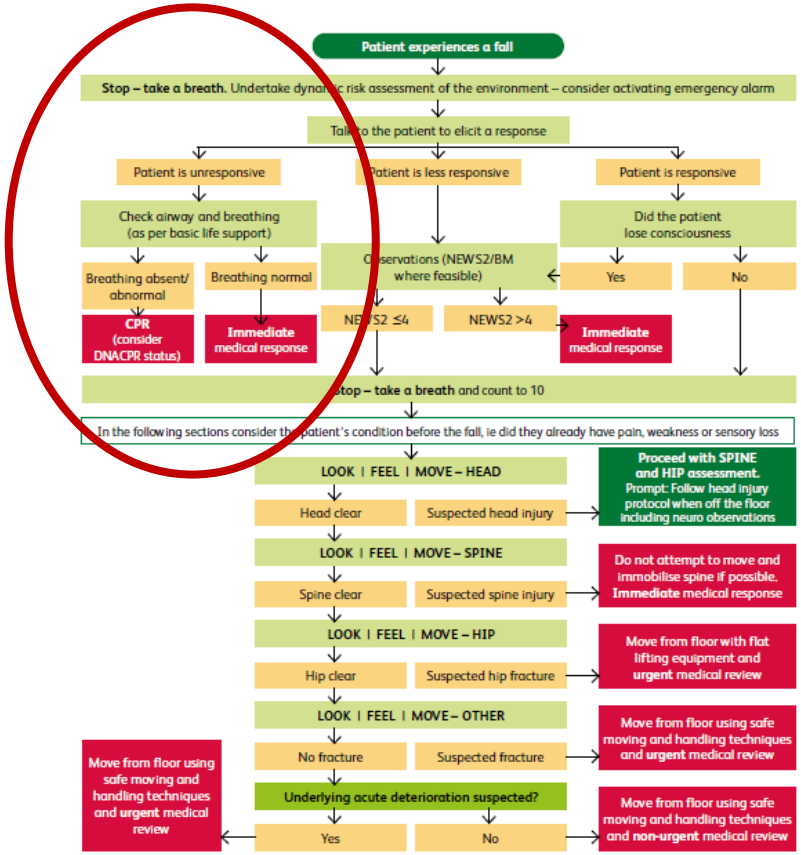
National Audit of Inpatient Falls

Content of the resource – clinical management

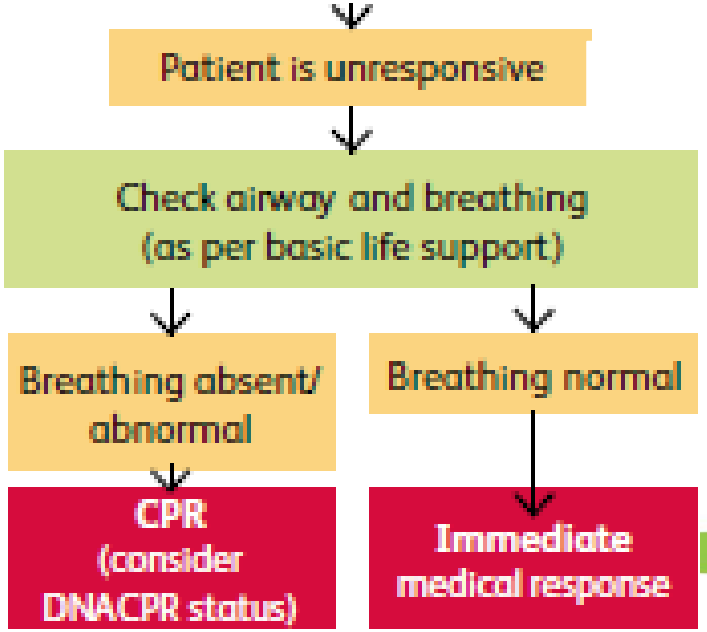


Stop – take a breath. Undertake dynamic risk assessment of the environment – consider activating emergency alarm

Content of the resource – clinical management



A fall could be a medical emergency…



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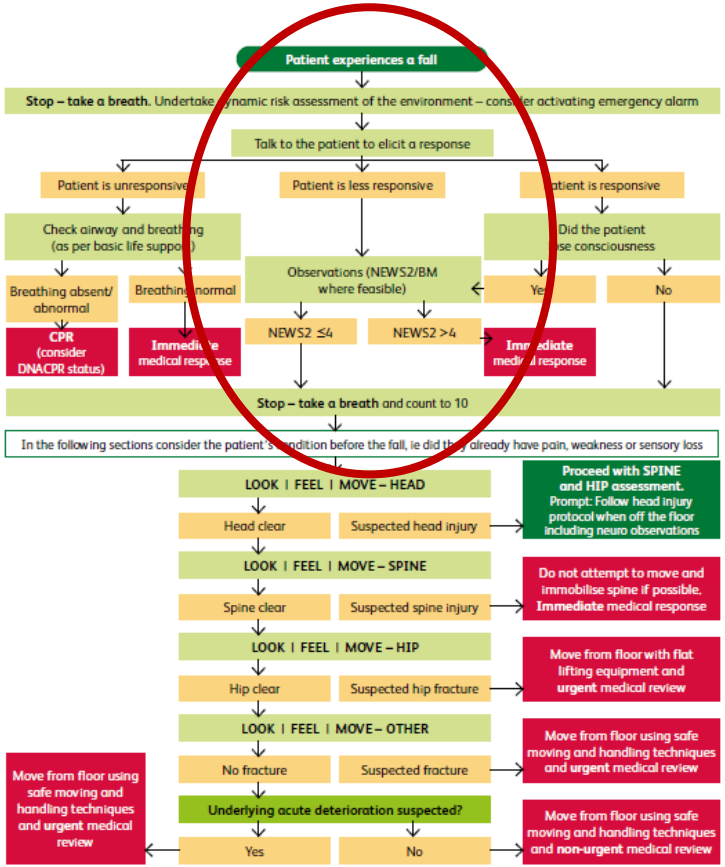
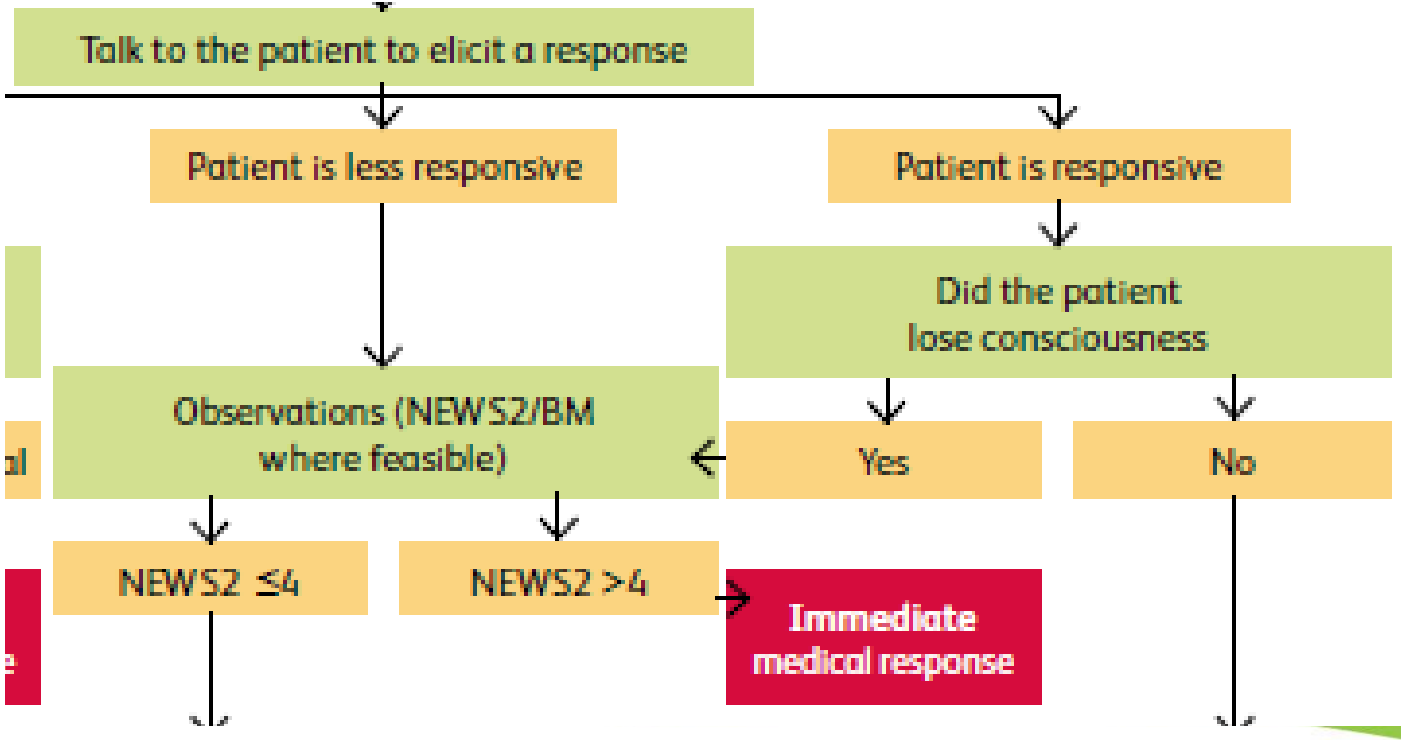


Transient loss of consciousness requires specific attention



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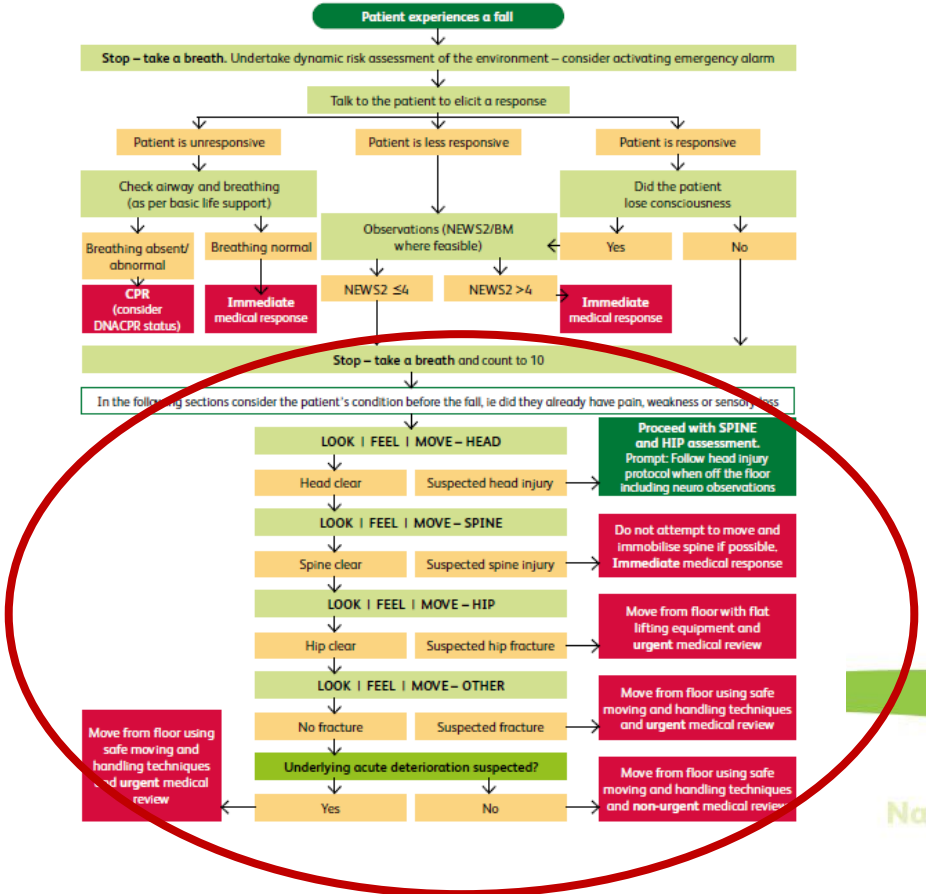
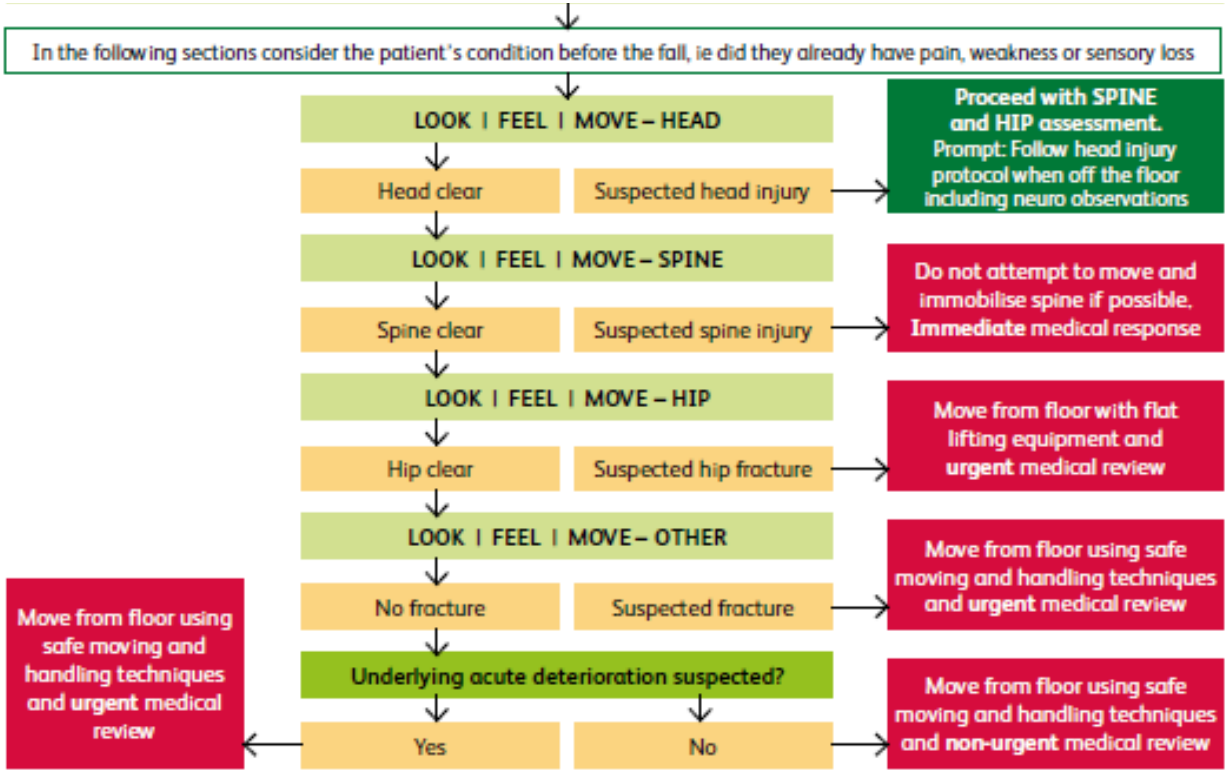


Check for injury to determine next steps



How to do the LOOK | FEEL | MOVE assessment

Head

Look

- Did the patient hit their head when they fell?* Do they have obvious facial or head injuries (bruises or lacerations), or was the fall unwitnessed?†
- Does the patient have **new** asymmetry of pupils?
- Is the patient on anticoagulant or anti-platelet medication, do they have a blood clotting disorder, or have they had recent brain surgery?
- Has the patient had any **new** reduction in level of alertness, loss of consciousness or seizures since the fall?

Feel

- Is the patient complaining of **new** headache, memory loss, dizziness, double vision or vomiting after the fall?

If the patient is confused or unable to give accurate answers, look for non-verbal signs of pain.

Spine

Look

- Was the fall from higher than standing height (ie down the stairs or over the rails of a raised bed)?
- Is there obvious **new** neck or spinal deformity?
- Have you already identified external evidence of head or facial injuries?
- Does the patient have a history of spinal fracture, or do they have osteoporosis or another condition that affects bone composition (such as cancer with metastases)?

Feel

- Is the patient complaining of **new** pain in the neck or spine?
- Is the patient complaining of **new** weakness or sensory changes (eg pins and needles or loss of sensation) in the arms or legs?

If the patient is confused or unable to give accurate answers, look for non-verbal signs of pain/weakness.

If you suspect a spinal injury after 'looking and feeling', do not continue to the 'move' section – proceed to spinal immobilisation / call 999.

If you do not suspect a spinal injury after completing the 'look' and 'feel' assessment, proceed to 'move and then assess the hip'.

Move

- Can the patient rotate their neck 45^{0} to the right and left?
- Is the patient able to move both arms and legs?

Always consider the patient's condition prior to the fall (ie – did they already have pain, weakness or sensory loss).

Hip

Look

- Is either leg shortened or rotated?
- Is there any new deformity (is the leg misshapen)?

Feel

- Is the patient complaining of new pain in the hip?

Move

- Can the patient raise each leg, keeping the knee straight and lifting the heel from the ground without significant pain (one at a time)?

Always consider the patient's condition prior to the fall (ie – did they already have pain, shortening, deformity or weakness).

If the patient is confused or unable to give accurate answers, look for non-verbal signs of pain.

Other

Look

- Did the patient fall onto an outstretched arm?
- Is there any obvious **new** deformity/ asymmetry/laceration/significant bruising in the chest, arms or legs?

Feel

- Is the patient complaining of **new** pain in the ribs/chest when moving/coughing/ taking a breath in?
- Is the patient complaining of **new** pain anywhere?

Move

- Ask the patient to lift and move both arms and legs (one at a time).
- Ask the patient to take a deep breath.

If the patient is confused or unable to give accurate answers, look for non-verbal signs of pain.

Post-fall management implementation toolkit

Deciding on priorities for post-fall management processes

3 Questions about post-fall management of femoral fracture

Post-fall management performance for patients with femoral fracture in the National Audit of Inpatient Falls (NAIF) can be found here: https://fffap.org.uk/fffap/naifrep.nsf/charts/KPIsoverview?open&org=[ALL]

Complete the table below using trust data:

Proportion of patients who sustained a femoral fracture following a fall while receiving care in your organisation in the past 12 months who were:
Checked for injury after sustaining a femoral fracture:
Moved from the floor using flat lifting equipment:
Assessed by a medically qualified professional within 30 minutes:
Date of review:

Post-fall management models

Each organisation should develop a bespoke implementation model based on their unique context. Factors relating to the inpatient population, such as clinical acuity and the prevalence of fall risk factors as well as the skill-mix of healthcare professionals, will influence the model selected.

Below are three examples of how such factors might influence the development of a post-fall management model.

Context	What are the issues?	What is the impact?	Considerations for implementation
Community rehabilitation ward	Patients are mostly older people with multiple fall risk factors. Increased exposure to falls as they engage in rehabilitation.	Ward with a high frequency of falls needing to frequently enact effective post-fall management.	Ensure the workforce on this ward has capability and capacity to meet frequent demand for effective post-fall management.

2 Question about inpatient ward falls rates

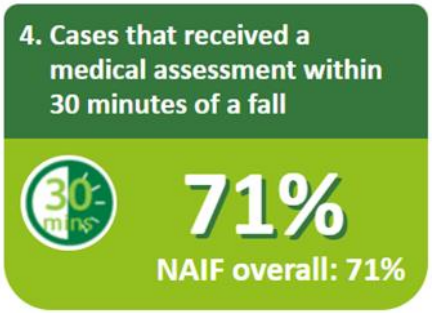
Use inpatient ward falls data to inform the post-fall management implementation approach for each ward. List the number of falls per year, fall rates (use the rate over 2 years if numbers are low) and falls with moderate and severe harm or death for each ward in the table below.

Wards/unit name:	Number of falls (per year)	Rate of falls (per 1,000 occupied bed days)	Number of falls with moderate harm or death (per year)	Number of falls with severe harm or death (per year)

Skill	Required for model Y/N	Competencies	
		Trust competencies already in use (note the staff groups required to achieve these – are changes required?)	**New competencies needed** (note the staff groups who will require this)
Observations			
ABC assessment	Yes		
Blood glucose testing	Yes		
Neurological observations and GCS	Yes		
NEWS2 measurement and interpretation	Yes		
Lying/standing BP	Yes		
SBAR	Yes		

National Audit of Inpatient Falls

What next?



- Analgesia prescribed 78% patients
- Median 2 hours after the fall

What is medical assessment?

What next?

> Expansion of the audit from Jan 2025

- Any fracture (spinal injury)
- Head injury

Other things to consider after the fall – update

> Learning from falls – PISRF

> Gaining insight from inpatient falls

- Guidance on developing PISRF responses to inpatient falls
- New versions of hot debrief (called post-fall debrief)
- New versions of after-action review (called post-fall structured review)

Thank you

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