

National Audit of Inpatient Falls

2021 report findings and other things

Content

- Background to NAIF
- Key findings in 2021
- Responding to the report – quality improvement
- What is new:
 - Live dashboards for KPIs
 - Hot debriefs and after-action review
 - Post fall management

History of the National Audit of Inpatient Falls (NAIF)

- Commissioned by Health Quality Improvement Partnership (HQIP) contracted to the Royal College of Physicians (RCP)
- Two 'snapshot audits', in both 2015 and 2017 (15 consecutive non-elective admissions aged >65 over 2 days in May).
- Moved to continuous audit in January 2019. All inpatient hip fractures in England and Wales.

Processes since January 2019



- Identify inpatient fall with hip fracture (NHFD)



- Notify relevant falls audit team



- Audit team to review patient notes and extract data on:
 - Post fall management (QS86 q4,5 and 6)

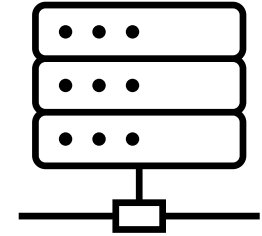
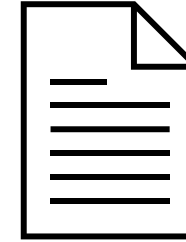
Role of audit



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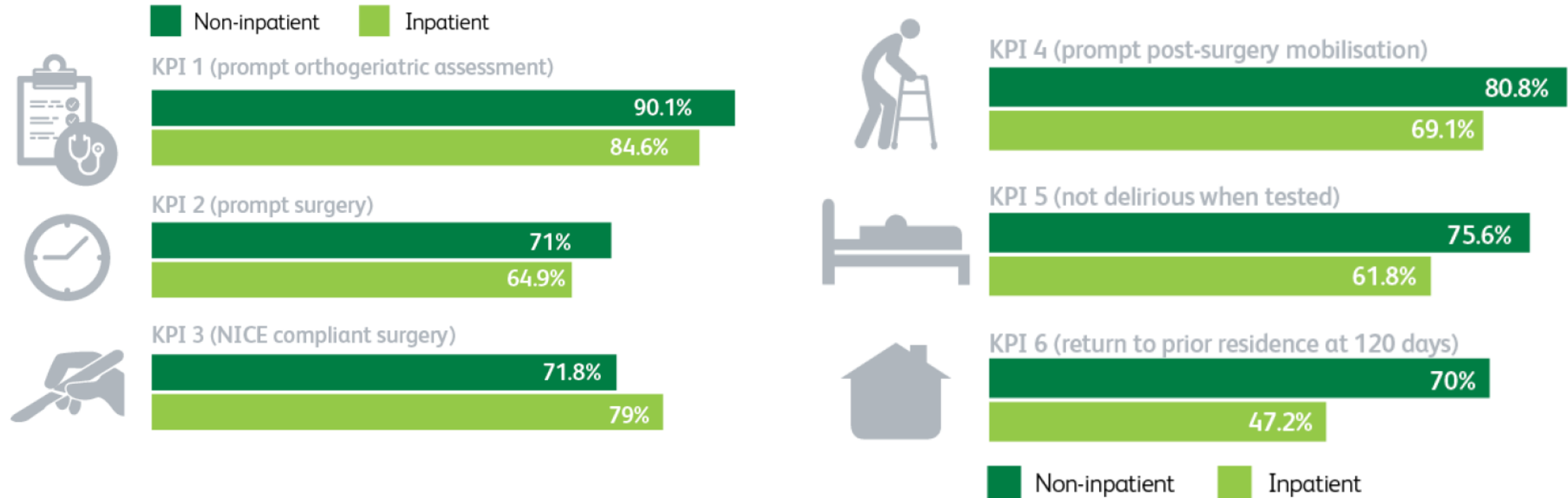
National Audit of Inpatient Falls (NAIF) Audit report 2020



Findings from 2019 (reported March 2020)



Figure 7. Difference between KPIs in hip fractures sustained as a non-inpatient or an inpatient.



Mortality (30-day)

Inpatient = 12.7%

Non-inpatient = 5.8%

Post fall management – clinical performance

Figure 16. Compliance with NICE quality standards 4, 5 and 6: QS86.



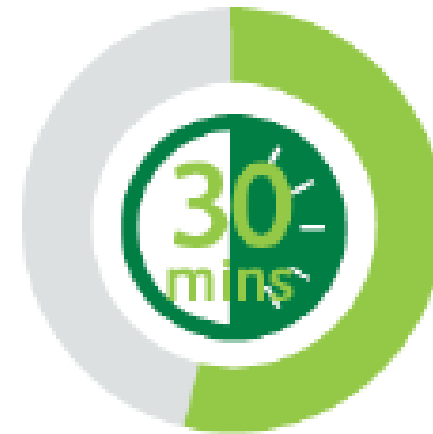
45%

were checked for signs of
injury before movement
from the floor
QS86=4



20%

used safe manual handling
methods to move the patient
from the floor
QS86=5



54%

had a medical
assessment within
30 minutes
QS86=6

Processes since January 2020



- Identify inpatient fall with femoral fracture (NHFD)



- Notify relevant falls audit team



- Audit team to review patient notes and extract data on:
 - Post fall management (QS86 q4,5 and 6)
 - Fall prevention activity prior to the femoral fracture (CG161)



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National Audit of Inpatient Falls (NAIF)

Annual report 2021

(2020 clinical and 2021 facilities audit data)

Autumn 2021

In association with



Commissioned by

NHFD question	
Presentation at A&E with a hip fracture?	
<input type="checkbox"/> No – already an inpatient on this hospital site	Registered on NHFD as an inpatient hip fracture
<input type="checkbox"/> No – already an inpatient in another hospital	
<input type="checkbox"/> No – already an inpatient in another trust	
Falls clinical lead	
of a potential case	

2052

NAIF question 1	
Trust or health board where the hip fracture occurred:	Same trust – answer NAIF question 2
	Different trust – use drop down menu to assign NAIF question 2 to correct trust



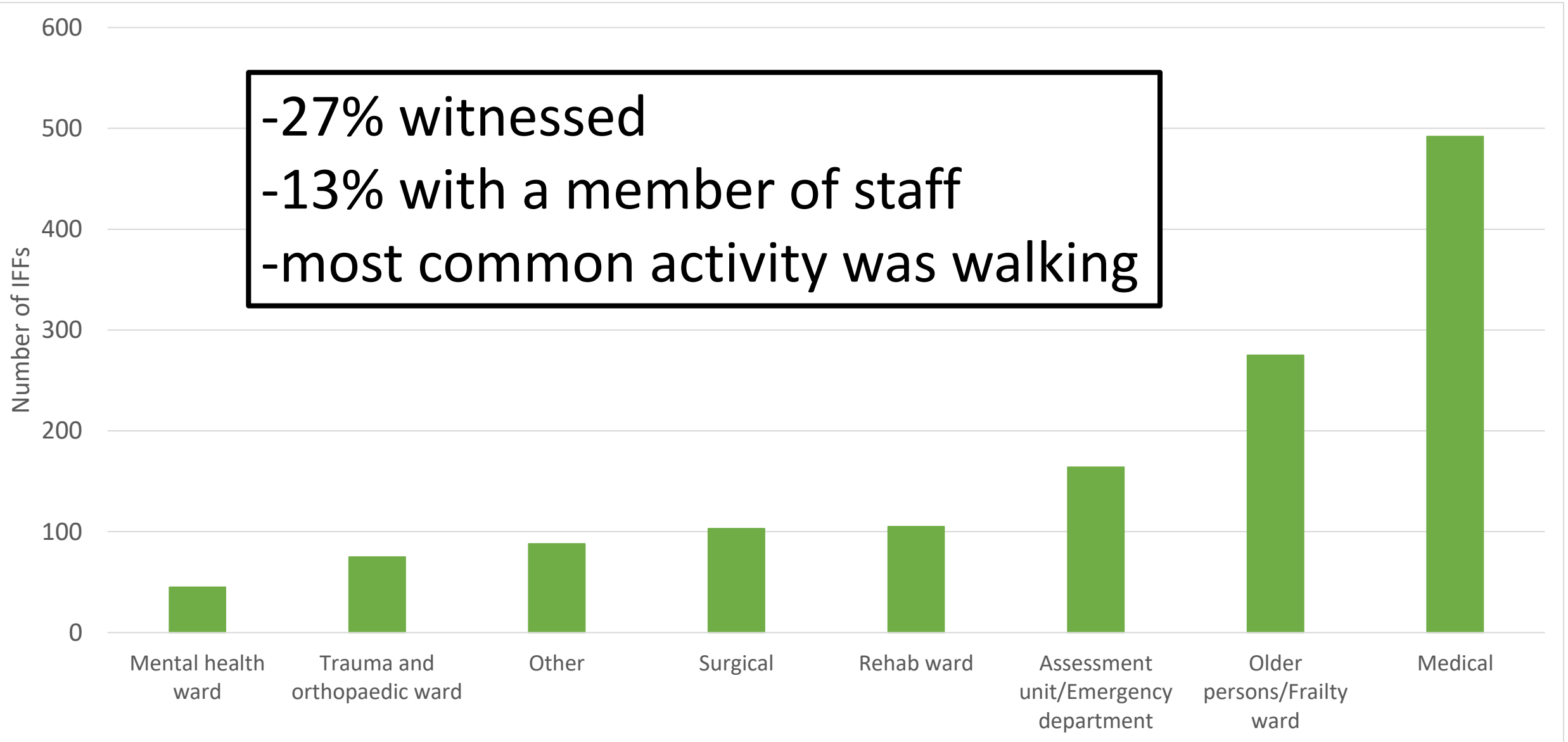
NAIF question 2	
Did this patient have a fall resulting in a hip fracture?	
<input type="checkbox"/> Yes - a fall is known to have occurred	Registered on NAIF as a case
Did this patient have a fall resulting in a hip fracture?	
of a potential case	

1357

29% - not a fall

Most fractures occur on medical wards

- 27% witnessed
- 13% with a member of staff
- most common activity was walking



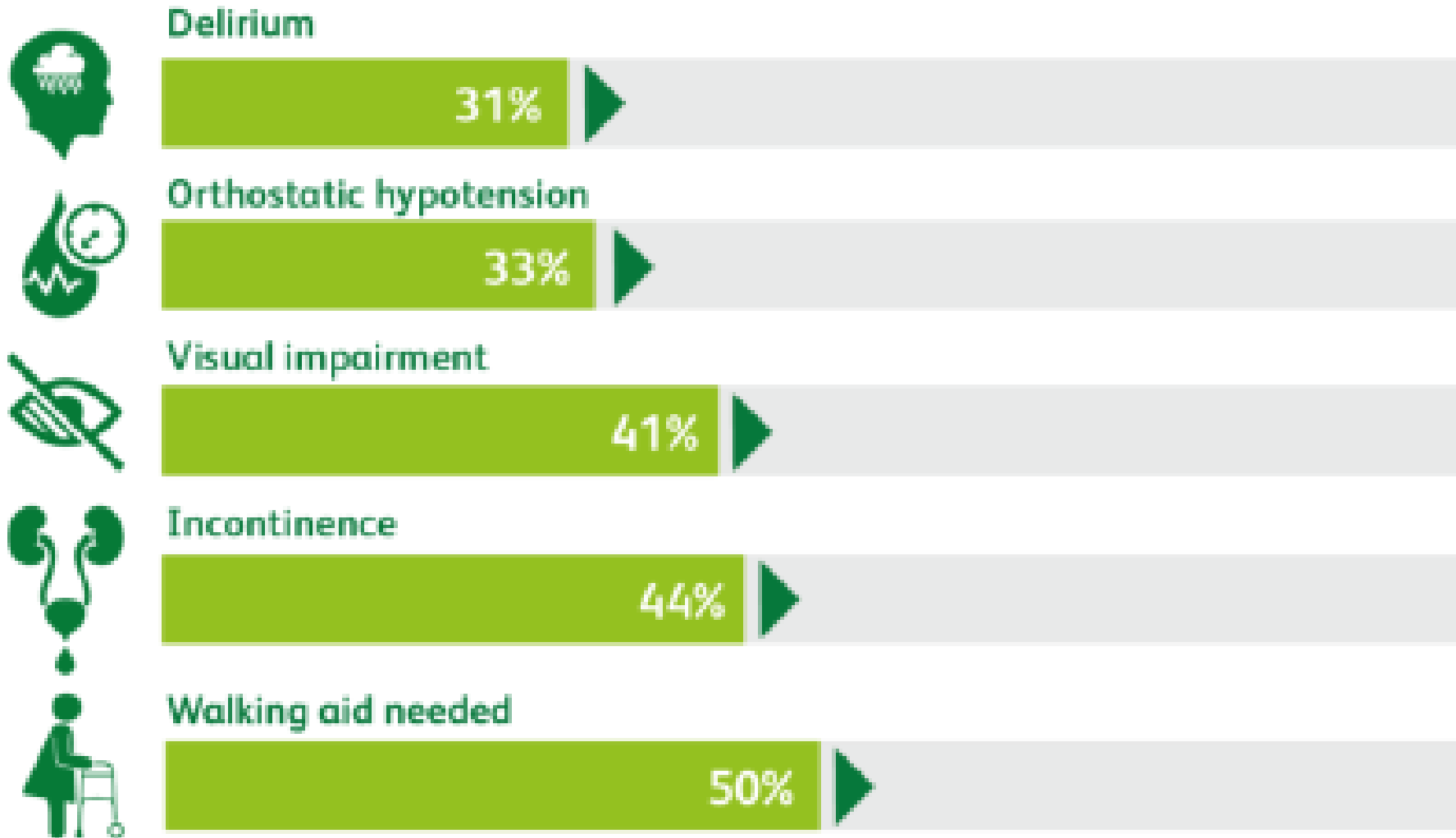
Fall prevention activity prior to the fracture

- 76% had a MFRA
- 3 days prior to the fall that caused the fracture
- For 80% it was the first fall

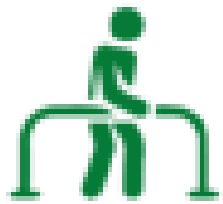


Components of MFRA

Prevalence of risk factors

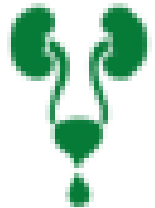


Care plans followed



Mobility care plan followed

71%



Continence care plan followed

95%



Walking aid being used

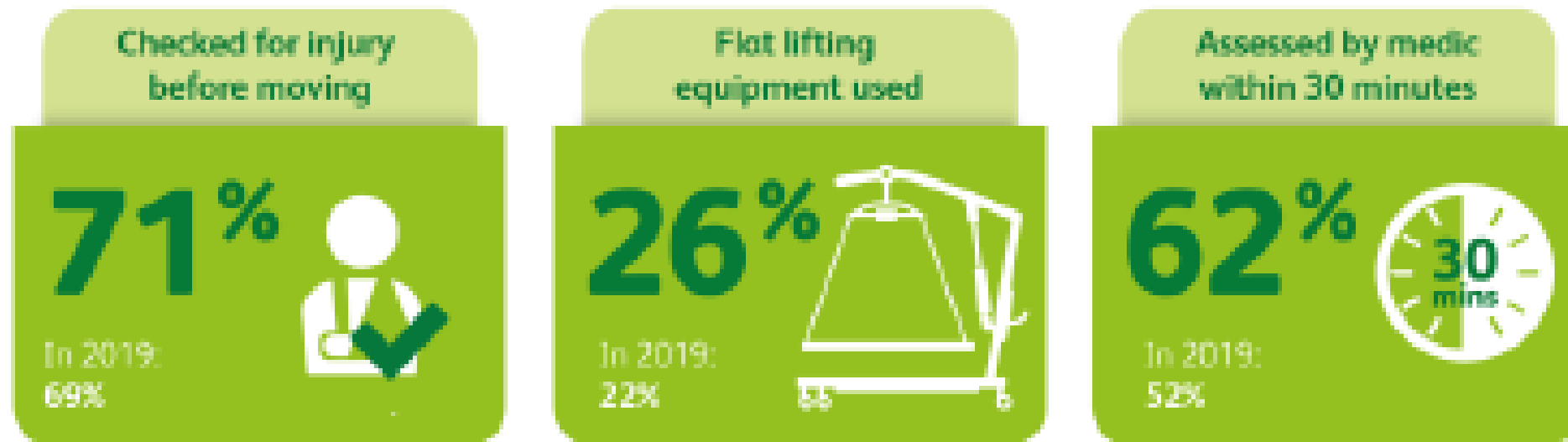
58%



Delirium care plan documented

47%

Post fall management



Recommendations – data quality

1. Clinical leads should assess the extent of the gap between actual and reported falls in your trust or health board if more than 10% of inpatient femoral fractures (IFFs) are recorded in NAIF as attributable to a fall. Higher proportions of IFFs not attributed to a fall suggest under-reporting.

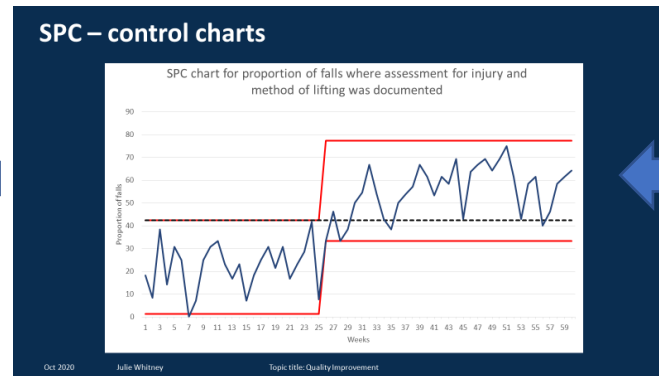
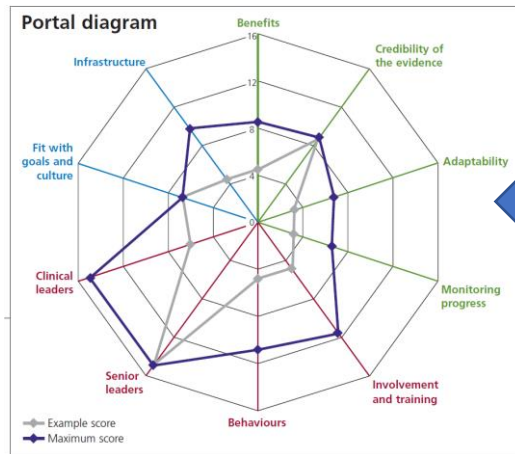
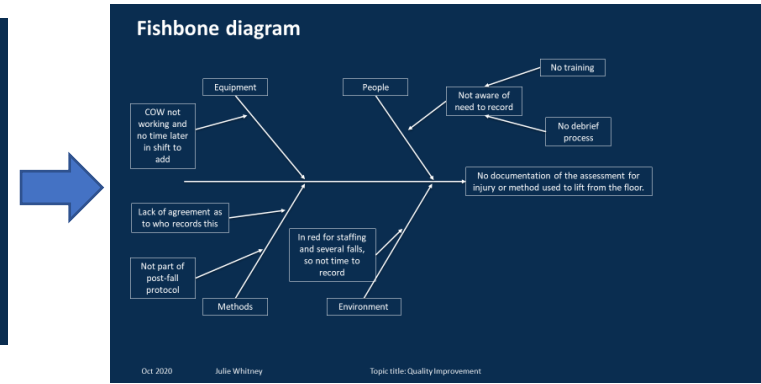
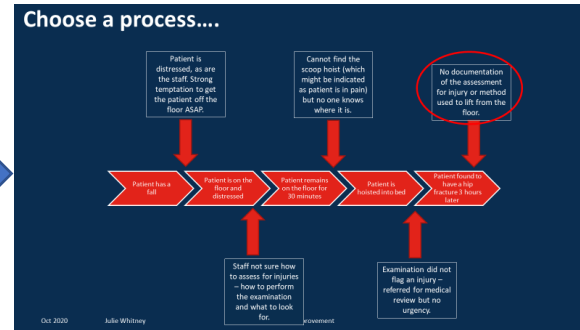
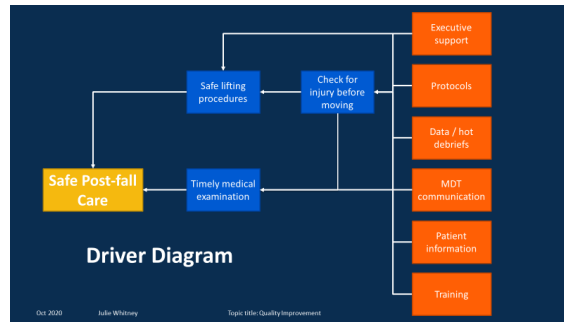
Recommendations - clinical

2. Implement MFRA in all ward types, as inpatient falls can happen anywhere.
3. Use QI methods to make improvements to MFRA completion
4. Use QI methods to make improvements to post fall management
5. Aim for analgesia within 30 minutes of a fall when hip fracture is suspected.
6. Identify where systems and processes can be improved to avoid delays.

Recommendations – dissemination and leadership

7. Review NALF reports and online real-time data for your trust in quarterly meetings of multidisciplinary team (MDT) falls working groups, so that these can be drivers for local QI projects.
8. Senior leaders should include time for participation in NALF and related QI activities in job specifications and plans for falls leads/practitioners/ coordinators.

How to drive improvement (quality improvement methods)

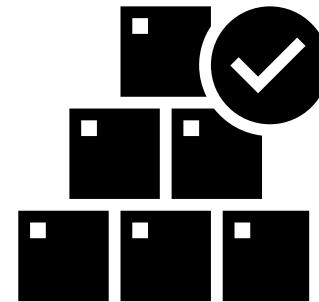
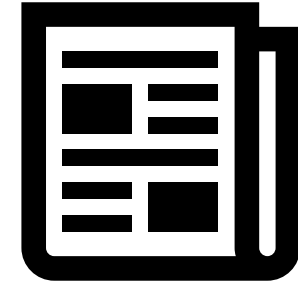
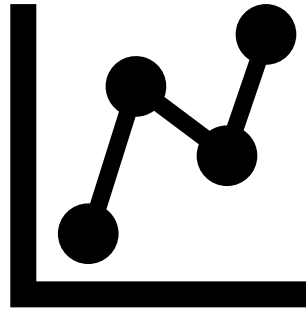


High power	Satisfy Opinion formers. Keep them satisfied with what is happening and review your analysis of their position regularly.	Manage Key stakeholders who should be fully engaged through communication and consultation.
	Monitor This group may be ignored if time and resources are stretched.	Inform Patients often fall into this category. It may be helpful to take steps to increase their influence by organising them into groups or taking active consultative work.
Low impact/stakeholding		High impact/stakeholding



How can the (NAIF) audit help with this?

- Data
- Resources
- QI collaboratives



Data



FFFAP

National Audit of Inpatient Falls (NAIF)

Part of the Falls and Fragility Fracture Audit Programme (FFFAP)

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KPIs overview

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KPI overview: [ALL]

Annualised values based on 1,224 cases averaged over 12 months to the end of October 2021.

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



76%

NAIF overall: 76%

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



79%

NAIF overall: 79%

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



69%

NAIF overall: 69%

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NAIF reporting v2 © Copyright 2019 - 2022 HQIP/RCP Falls and Fragility Fracture Audit Programme (FFFAP)



Resources:

Royal College of Physicians | Falls and Fragility Fracture Audit Programme

How to measure a lying and standing blood pressure (BP) as part of a falls assessment

1. Identify if you are going to need assistance to stand the patient and simultaneously record a BP.
2. Use a manual sphygmomanometer if possible and definitely if the automatic machine fails to record.
3. Explain the procedure to the patient.

Lying

0 min: Ask the patient to lie down for at least five minutes.

5 mins: Measure the BP.

0 - 1 mins

Ask the patient to stand up (assist if needed).

Measure BP after standing in the first minute.

3 mins

Measure BP again after patient has been standing for three minutes.

Repeat recording if BP is still dropping.

In the instance of positive results, repeat regularly until resolved.

If symptoms change, repeat the test.

Standing

Notice and document symptoms of dizziness, light-headedness, vagueness, pallor, visual disturbance, feelings of weakness and palpitations.

Advise patient of results and if the result is positive:

- a. Inform the medical and nursing team.
- b. Take immediate actions to prevent falls and/or unsteadiness.

A positive result is:

- a. A drop in systolic BP of 20mmHg or more (with or without symptoms).
- b. A drop to below 90mmHg on standing even if the drop is less than 20mmHg (with or without symptoms).
- c. A drop in diastolic BP of 10mmHg with symptoms (although clinically less significant than a drop in systolic BP).

Royal College of Physicians

Procedure for measuring lying and standing BP


- > Use a manual sphyg if possible.
- > Lie down 5 minutes. Take BP 1.
- > Stand up. Take BP 2 in 1st min.
- > After 3 minutes, take BP 3.

Continued opposite >>>

Royal College of Physicians | Falls and Fragility Fracture Audit Programme (FFFAP)

Look out!

Bedside vision check for falls prevention



In consultation with

BIOS British and Irish Orthopaedic Society | THE COLLEGE OF OPTOMETRISTS | The British Association of Geriatricians | Royal College of Nursing | NHS Improvement

<https://www.rcplondon.ac.uk/projects/outputs/measurement-lying-and-standing-blood-pressure-brief-guide-clinical-staff>

<https://www.rcplondon.ac.uk/projects/outputs/bedside-vision-check-falls-prevention-assessment-tool>

Coming soon.....

- Post fall management recommendations
- Gaining insight from inpatient falls

Post fall management

Aim:

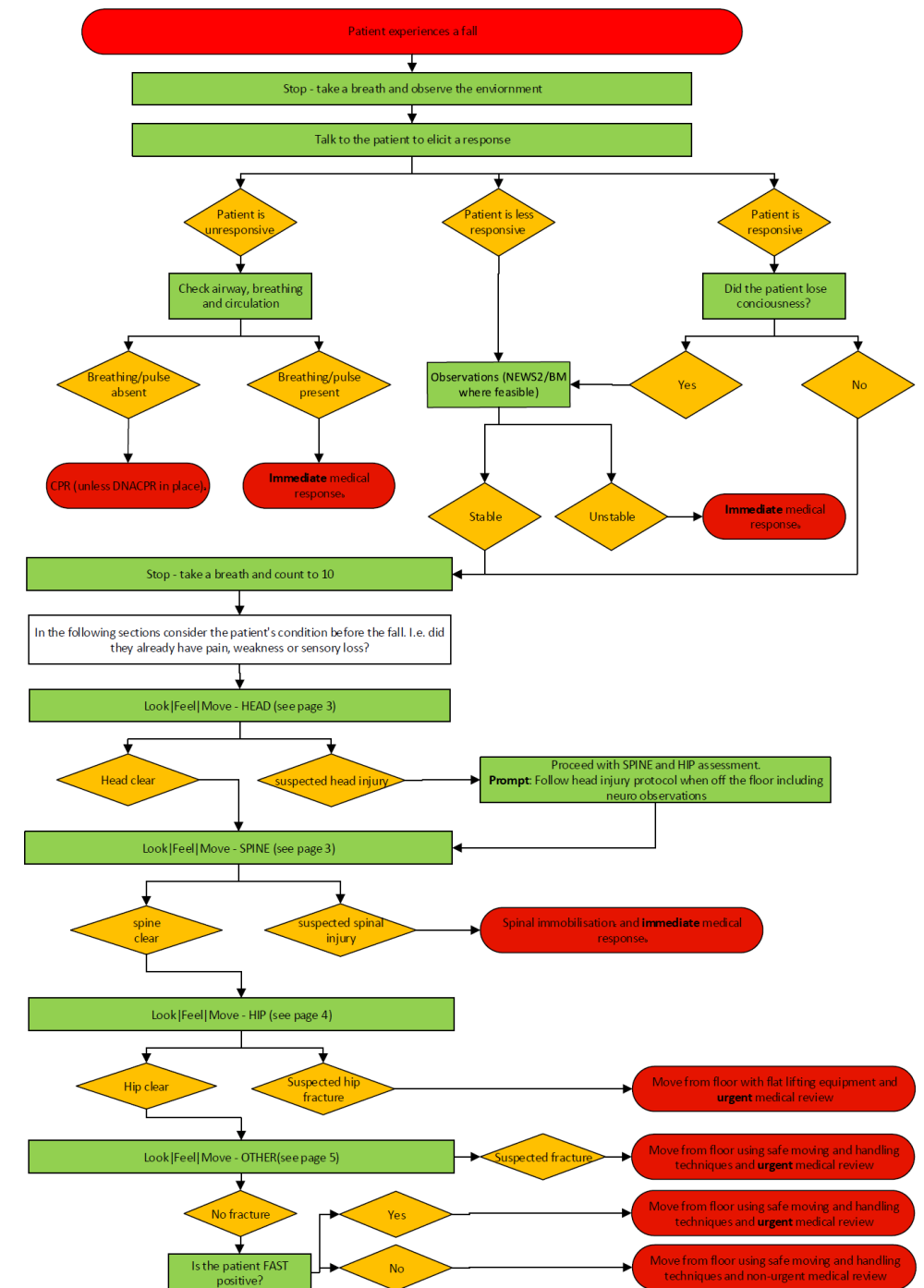
- To minimise harm to patients from incorrect management post injurious fall
- To ensure prompt access / referral to ongoing treatment when injury has occurred
- To reduce variation in post fall management

What is a post-fall check?

A brief assessment with the purpose of:

1. Ascertaining whether there is a serious medical cause of the fall that needs an immediate medical response.
2. Identifying important injuries that may influence the way in which a patient is moved from the floor and the subsequent medical response.

Plan to pilot in the next 2 months and then publish



Gaining insight from inpatient falls (GIIF)

- Linking with Patient Safety Incident Response Framework developments
- Hot debrief (immediate information collection)
- After-action review (MDT learning from the fall)
- Change the focus from incident reviews to methods that support learning
- Piloted in 6 sites in 2021
- Survey completed and focus groups to take place in next month
- Revised documents to be ready in April