

Phase 2. Falls and Fragility Fracture Audit Programme: National Audit of Inpatient Falls (January 2020)

Clinical Audit Proforma (VERSION 2)

Q 1.11

	QUESTIONS	FIELD HELP
	Did this patient have a fall resulting in a femoral fracture in your Trust / Health Board?	
	<input type="checkbox"/> Yes - a fall is known to have occurred <input type="checkbox"/> No - no fall known to have occurred <input type="checkbox"/> Not a patient at this Trust/Health Board <input type="checkbox"/> Duplicate record	<p><i>Carefully check your records for the patient identified below and only answer 'Yes' if you can confirm the patient was an inpatient in your organisation at time in question and that there was a documented fall that resulted in a femoral fracture.</i></p> <p><i>Check the online help for further details.</i></p>

Questions 2

	QUESTIONS	FIELD NOTES
2.1	Time and date when the patient was admitted to the trust / health board where the fall resulting in the femoral fracture occurred:	
	DATE: DD/MM/YYYY: TIME: HH:MM:	<i>Please record the date and time the patient arrived at your hospital. It is important to record the arrival time because this is the first point of contact with the organisation.</i>
2.2	Time and date of fall which caused the femoral fracture:	
	DATE: DD/MM/YYYY: TIME: HH:MM:	<i>Please record the date and time of the fall that caused the femoral fracture</i>
2.2		
2.3	Type of ward where fall happened:	
	<input type="checkbox"/> Medical <input type="checkbox"/> Assessment unit / Emergency department <input type="checkbox"/> Mental health ward <input type="checkbox"/> Older persons/frailty ward <input type="checkbox"/> Rehab ward <input type="checkbox"/> Surgical <input type="checkbox"/> Trauma and orthopaedic ward <input type="checkbox"/> Other	<i>Assessment unit is a short stay decisions unit e.g, Emergency department(ED), Acute Medicine Unit (AMU) or Clinical Decision Unit (CDU) or equivalent.</i> <i>If your trust does not have wards categorised as medical, surgical, admissions unit, older persons/frailty, rehab or mental health ward, select 'other'.</i>

Questions 3

	QUESTIONS	FIELD NOTES
3.1	Was a documented multi-factorial risk assessment (MFRA) completed?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No documented MFRA (if yes – answer 3.1a)	<i>A definition of MFRA can be found in the download section. This specifies what the National Audit of Inpatient Falls agrees to be the necessary components of a MFRA.</i>
3.1a	How many days prior to the fall that caused the fracture had the multifactorial risk fall risk assessment (MFRA) been undertaken or updated?	
	Days:	<i>The number of days should be counted from either the first MFRA or a subsequent update. Whichever date is closest to the fall that caused the fracture should be used.</i>
3.2	Prior to the fall that caused the femoral fracture, had this patient had any other falls during the same admission?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No (if yes answer 3.3)	<i>Indicate 'Yes' if there are any falls recorded that occurred before the fall that caused the femoral fracture. This should refer to falls that occurred during the SAME admission (to the Trust/Health Board) as the fall that caused the femoral fracture, even if the falls occurred in other ward locations. Do not include falls that occurred before the admission episode in question or during previous admissions.</i>
3.3	Was there documented evidence that the MFRA and intervention plan had been reviewed following the inpatient fall(s)?	

	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p><i>Review the actions taken after each inpatient fall. If there was more than one fall, only indicate 'Yes' if there is documented evidence of a re-assessment after every fall. See definition of MFRA and intervention plan (downloads page).</i></p>
3.4	<p>Was there documented evidence that the MFRA and intervention plan was being followed at the time of the fall that caused the femoral fracture?</p>	
	Yes No	<p><i>To answer this question, firstly review the MFRA. Any risks identified by the MFRA should be linked to intervention actions. Review clinical documentation to ascertain whether intervention actions had been undertaken / were in place at the time that the patient had the fall that caused the fracture. If an intervention action had been recommended in clinical documentation, but was not in place at the time of the fall that caused the fracture, answer: No. If there was no or an incomplete MFRA or no intervention actions recommended to address identified risk factors answer 'No'</i></p> <p><i>See document for definition of MFRA and intervention plan (downloads page).</i></p>
3.5	<p>Had the patient had a documented assessment of vision during the admission when the fall that caused the femoral fracture occurred?</p>	
	<input type="checkbox"/> Yes - no visual impairment identified <input type="checkbox"/> Yes - visual impairment identified <input type="checkbox"/> Not documented	<p><i>A vision assessment should identify the presence of visual impairment and/or the need for visual aids such as spectacles. The following three elements are necessary for a vision assessment to meet the criteria for this audit: questioning about spectacle use and simple testing of distance and near vision (see Q1-3 in the RCP tool)</i></p>
3.6	<p>Had the patient had a documented lying / standing blood pressure measurement during the admission when the fall that caused the femoral fracture occurred?</p>	
	<input type="checkbox"/> Yes - no evidence of orthostatic hypotension <input type="checkbox"/> Yes - evidence of orthostatic hypotension <input type="checkbox"/> Not documented <input type="checkbox"/> Not possible	<p><i>Definition of lying / standing BP and OH (link to the RCP guidance). Only use the option not possible, if the patient was unable to stand for the duration of the inpatient stay prior to the femoral fracture.</i></p>

3.7	Is there documented evidence that the patient had a medication review during the admission when the fall that caused the femoral fracture occurred?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	<p><i>This question is asking whether the patient's medications were assessed to identify any drugs that might contribute to falls. This could be by a doctor, pharmacist or any other appropriate member of staff. It is also asking whether any changes were made in light of this, or if a decision was recorded that no changes were required/possible.</i></p> <p><i>Medication review may not always result in de-prescribing of medications known to contribute to falls. Provided the review includes an assessment weighing up the risk and benefit of decisions regarding medications that contribute to fall risk, this constitutes a medication review.</i></p>

Questions 4

	QUESTIONS	FIELD NOTES
4.1	Was a documented enhanced supervision prescription, being followed at the time of the fall that caused the fracture?	
	<input type="checkbox"/> No enhanced supervision prescription <input type="checkbox"/> No - prescribed but not followed <input type="checkbox"/> Yes (If no prescribed but not followed or yes – answer 4.2)	<p><i>Enhanced supervision prescription is an individualised plan for provision of increased supervision compared to what would usually be provided in the setting in which the patient is based. It might include: movement sensors, closer observation, cohorting, intentional rounding, one-to-one supervision, bay tagging.</i></p>
4.2	Which of these options best describes the primary enhanced supervision prescription at the time of the fall that caused the fracture?	
	<input type="checkbox"/> Movement sensors <input type="checkbox"/> Closer observation <input type="checkbox"/> Cohorting <input type="checkbox"/> Intentional rounding	<p><i>Answer, as to what was prescribed, even if it was not followed at the time of the fall.</i></p>

	<input type="checkbox"/> One-to-One supervision <input type="checkbox"/> Bay tagging	
--	---	--

Questions 5

	QUESTIONS	FIELD NOTES
5.1	Was the fall that caused the femoral fracture witnessed?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Was there documented evidence that the fall had been witnessed?</i>
5.2	What was the patient documented to have been doing at the time of the fall that caused the femoral fracture?	
	<input type="checkbox"/> Lying/sitting in the bed <input type="checkbox"/> Sitting in a chair <input type="checkbox"/> Using a commode <input type="checkbox"/> Transferring between the bed/chair/commode <input type="checkbox"/> Walking on the ward <input type="checkbox"/> Using the toilet/bathroom <input type="checkbox"/> Not on the ward at the time of the fall	<i>If the patient was in the process of getting up or sitting down from the bed / chair / commode, choose "transferring between the bed / chair / commode"</i>

	<input type="checkbox"/> Not known as the fall was unwitnessed <input type="checkbox"/> Not documented	
5.3	Was there evidence that the bed height was appropriately configured for safe transfers at the time of the fall that caused the femoral fracture?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>The bed should have been positioned at an appropriate height based on an individualised assessment of the patient, with a judgement weighing up the risk of the patient falling from the bed against the difficulty of standing from a bed that is too low. Answer No if there was no documentation of bed height.</i>
5.4	Was there documented evidence that an appropriate bed rail prescription was in place at the time of the fall that caused the femoral fracture?	
	<input type="checkbox"/> Bed rails not recommended <input type="checkbox"/> Bed rails recommended <input type="checkbox"/> No assessment Answer 5.4 a if a bed rail prescription in place	<i>A bed rail prescription should include a documented assessment to ascertain whether bed rails should be raised. This audit does not support the use of bed rails as a falls prevention intervention, unless they are supported by an assessment and the presence of indications as specified in the NLRS guidance. This prescription should be up to date based on the patient's needs at the time of the fall that caused the fracture</i>
a	<i>a) Was the bed rail prescription plan in place at the time of the fall that caused the femoral fracture?</i>	
	<input type="checkbox"/> Prescription being followed <input type="checkbox"/> Prescription not being followed	
5.5	Was there documented evidence that any of the following actions were taken at the time of the fall that caused the femoral fracture?	
A	<i>The patient was given the call bell and instructed on how to use it:</i>	

	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not appropriate <input type="checkbox"/> Not documented	Choose 'Not appropriate' where it has been deemed following an assessment that the patient would be unable to use a call bell effectively.
B	<i>The patient was informed that they should ask for help before moving:</i>	
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not appropriate <input type="checkbox"/> Not documented	Answer 'Not applicable' if the MFRA mobility assessment indicated no need for supervision when transferring or walking. Choose 'Not appropriate' where it has been deemed following an assessment that the patient would be unable to remember to ask for help.
c	<i>An alternative strategy was put into place as the patient was deemed unable to ask for help or use the call bell:</i>	
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not appropriate <input type="checkbox"/> Not documented	Only answer Yes if there was documented evidence of an assessment that highlighted: 1. Use of a call bell or prompting to ask for help was deemed unlikely to be effective due to poor cognition or delirium and, 2. An alternative strategy was in place for the patient to seek assistance. Answer 'Not appropriate' if an alternative strategy was not indicated (assessment for dementia and delirium identified no evidence of cognitive impairment or confusion and no communication issues were observed).
d	<i>A walking aid was situated within the patients reach (if aid was indicated in the mobility plan)?</i>	
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/> Not documented	Only answer 'Not applicable' if a walking aid was not required (as stated in mobility assessment and plan).
5.6	Was there evidence that the patient's mobility plan was followed with regards to walking aid use and supervision provided at the time of the fall that resulted in the femoral fracture	

	<input type="checkbox"/> Yes <input type="checkbox"/> Mobility plan was NOT FOLLOWED in full <input type="checkbox"/> No mobility plan documented or plan unclear	<i>Please answer that the mobility was not followed regardless of the reason for this. There are many possible reasons for mobility plans not being followed. Ascertaining the underlying cause will form part of the post fall debrief.</i>
5.7	Was there evidence that the patient had a continence care plan that was being followed at the time of the fall that resulted in the fracture?	
	<input type="checkbox"/> No continence problems identified <input type="checkbox"/> Continence care plan was being followed <input type="checkbox"/> Continence care plan not followed <input type="checkbox"/> Not documented	<i>An individualised continence care plan consists of a documented assessment of urinary and faecal continence, flagging any problems identified and a plan to address these problems.</i>
5.8	Was the patient on their own at the time of the fall that caused the fracture?	
	<input type="checkbox"/> The patient was on their own <input type="checkbox"/> The patient was with a member of staff <input type="checkbox"/> The patient was with a family member or friend <input type="checkbox"/> Not recorded	<i>If the patient was in a location with another patient or visitor but no staff or family/friends were present – answer that the patient was on their own. If a member of staff or family member was in the same room or bay but did not have the patient in their sight line (i.e. the patient was behind a curtain or door), consider the patient to be on their own.</i>
5.9	Was the patient using a walking or mobility aid at the time of the fall that caused the fracture?	
	<input type="checkbox"/> Not indicated for this patient <input type="checkbox"/> Aid in mobility plan was being used <input type="checkbox"/> Recommended aid was NOT being used <input type="checkbox"/> Not recorded	<i>A walking aid is a device used by the patient, designed with the purpose of supporting walking or transfers, usually by incorporating the arms to re-distribute some of the load of weight-bearing or to increase stability. Commonly encountered walking aids include sticks, crutches, frames or/and three and four-wheel walkers. A mobility aid, is a device that is used to enhance mobility more generally. This could include a wheelchair or braces/splints worn when mobilising. Review mobility plan to determine what walking/mobility aid had been recommended at the time of the fall that caused the fracture</i>
5.10	Did the patient have a delirium care plan in place at the time of the fall that caused the fracture?	

	<input type="checkbox"/> Not delirious on formal assessment <input type="checkbox"/> Delirium identified - but no care plan documented <input type="checkbox"/> Delirium identified - care plan documented <input type="checkbox"/> No assessment for delirium <input type="checkbox"/> Not documented	<p><i>A delirium care plan includes a standardised assessment for the presence of delirium. If delirium is present, there should be a management plan in place which may consist of generic measures known to reduce delirium intensity and/or specific interventions tailored to assessment findings. This can be in the form of a specific care plan or detailed in the clinical notes.</i></p> <p><i>If a patient develops a new onset confusion, assessment for delirium and initiation of a care plan should begin without delay. Therefore if there is evidence the patient has developed a new confusion before the fall that caused the fracture, but this was not identified on formal delirium assessment, answer not documented.</i></p>
--	--	---

Questions 6

	QUESTIONS	FIELD NOTES
6.1	Is there documented evidence in the clinical notes that the patient was checked for signs or symptoms of potential for spinal injury and fracture before they were moved ?	

	<input type="checkbox"/> Yes - injury suspected <input type="checkbox"/> Yes - no injury suspected <input type="checkbox"/> No	<i>If there is no outcome of the check for signs and symptoms documented in the clinical notes, answer 'No'.</i>
6.2	What manual handling method was used to move the patient following the fall that caused the femoral fracture (as documented in the clinical notes)?	
	<input type="checkbox"/> Flat lifting equipment/scoop hoist <input type="checkbox"/> Standard hoist / other lifting equipment <input type="checkbox"/> Ambulance service equipment <input type="checkbox"/> Assisted to get up with help by staff <input type="checkbox"/> Got up independently <input type="checkbox"/> Method not documented	<i>As documented in the clinical notes. Note: record as 'Staff assisted to get up' if the patient was moved without equipment being used.</i>
6.3	Is there documented evidence that the patient had a medical assessment within 30 minutes of the fall that resulted in the femoral fracture?	
	<input type="checkbox"/> Assessment by medically qualified professional within 30 minutes <input type="checkbox"/> Assessment by other healthcare professional within 30 minutes <input type="checkbox"/> Assessment by medically qualified professional within 12 hours <input type="checkbox"/> No assessment recorded or it was undertaken more than 12 hours after fall	<i>This assessment should be performed by a medically qualified person (as stated in CG161). However, in settings where a doctor is not on site 24/7, a competent health care professional (other than a doctor) can perform an assessment to determine whether a fast track (transfer to emergency department) or routine follow-up (review within 12 hours) is required. When completing this audit, the definitions used by the NICE quality standards should be used.</i> <i>If a patient is seen by a non-medical professional first, but subsequently reviewed by a medically qualified professional within 30 minutes, answer: Assessment by a medically qualified professional within 30 minutes.</i>
6.4	Time and date that first dose of analgesia was given following the femoral fracture?	
	Time of analgesia: Date of analgesia:	

6.5	What level of harm was attributed to the fall that caused the femoral fracture?	
	<input type="checkbox"/> Death <input type="checkbox"/> Severe harm <input type="checkbox"/> Moderate harm <input type="checkbox"/> Low harm <input type="checkbox"/> No harm	<i>See NRLS guidance. Please indicate the level of harm attributed to this fall as validated in your local reporting system (i.e. Datix /Ulysses / other).</i>
6.6	Was there documented evidence that appropriate action was taken to inform next of kin (NOK) within 24 hours of the fall that caused the fracture?	
	<input type="checkbox"/> NOK were contacted <input type="checkbox"/> The patient had requested not to contact NOK <input type="checkbox"/> No NOK OR NOK were uncontactable <input type="checkbox"/> Not documented	
6.7	From reviewing the documentation, did there appear to be any delays in transfer for femoral fracture care?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>The audit already captures data on time between fall and start of hip fracture care. Therefore, the audit team are asked to complete this section if they judge hip fracture care to have been delayed as indicated in the clinical notes.</i> <i>Hip fracture care should begin as soon as a fracture is suspected. Adequate analgesia, diagnosis and medical stabilisation with the aim of prompt surgery is the expected standard of hip fracture care.</i>
a	<i>Unavailability of an appropriately trained individual to assess the patient following the fall?</i>	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	

b	<i>Delay in accessing diagnostics (X-ray, CT, MRI)?</i>	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
c	<i>Delay was due to time taken to arrange a within hospital transfer?</i>	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
d	<i>Delay was due to time taken to transfer to another hospital?</i>	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
e	There was a delay in identification / diagnosis of hip fracture	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	