National Audit of Inpatient Falls (NAIF)

User Guide

Who should participate in this audit?

All trusts and health boards (acute, specialist, community and mental health) in England and Wales that have inpatient beds for patients aged 60 and above should participate in this audit.

Inclusion criteria for independent healthcare providers

Independent healthcare providers who have been commissioned to provide NHS inpatient care can be categorised as follows:

1. commissioned by an NHS trust/health board

   Or
2. commissioned by a clinical commissioning group (CCG)

Healthcare providers **commissioned by an NHS trust/health board** already registered to NAIF may request that members of staff at the hospital site in question are registered to input data. **NB** the trust/health board is ultimately responsible for NAIF completion. Any requests for registration need to be approved by the trust/health board lead for this audit.

Healthcare providers **commissioned by a CCG** may register for the audit as a separate entity. They will be able to input data in response to any hip fractures sustained within their organisation and will receive their own feedback reports. At present, these data will not be used in national reporting which has been specifically designed to operate at trust/health board level.

Audit standards

NAIF standards are primarily derived from the National Institute of Clinical Excellence (NICE) Clinical guidelines G161 (Falls: assessment and prevention) and NICE quality standards 86 (Falls in older people).

Audit components

The audit will consist of two elements:

Facilities audit

- Background details for trust (England) or health board (Wales)
- Policy, protocol and paperwork audit
- Leadership and service provision.

Clinical audit

- Includes all patients who sustain a hip/femoral fracture while in an inpatient setting
- Collects evidence of the assessment and interventions undertaken prior to the hip/femoral fracture
- Collects evidence of the management of the patient in the immediate period following the hip/femoral fracture.

Facilities audit

Each trust/health board needs to complete one facilities audit data collection form which focuses on trust/ health board level data. If you have multiple hospitals within a trust/health board, you will need to collect one set of data to represent the whole trust / health board. Facilities audit data will be collected on a yearly basis.

In the unlikely event that you do not have trust/health board wide policies or data are not available by trust/ health board, please contact us at: falls@rcplondon.ac.uk or 020 3075 1511

Who should complete the facilities questionnaire?

An individual with a leadership role in falls prevention (eg falls specialist nurse, consultant geriatrician) is likely to be most suitable. However, they may need the support of other colleagues within the organisation. In order to facilitate this, we will provide an editable pro forma so that the questions can be circulated to those holding the relevant information (eg risk management, informatics team, local incident management system team, clinical governance).

Data entry

For the **facilities audit**, all data should be entered via the **crown web tool**, either directly or by uploading paper data collection forms.

Clinical audit

Evidence of assessment and intervention in case notes

Type of data: retrospective

Time period: Data collection for the case note reviews runs on a yearly basis, from January to December. At this point, data will be analysed and subsequently published in an annual report. If you do not have any patients meeting the sample criteria during this time frame, you will not be required to participate in the clinical audit at this stage. This may be the case for some trusts /health boards as the number of patients who sustain a hip/femoral fracture due to an inpatient fall in each trust/ health board in England and Wales is reported to be relatively low. However, you may still contribute to NAIF by completing the facilities audit.

Which patients should be included in the audit?

Eligible patients include those who are aged 60 years or above and have sustained a hip/femoral fracture whilst in an inpatient setting, as identified by the National Hip Fracture Database (NHFD) (www.nhfd.co.uk). NICE guidelines recommend a multi-factorial risk assessment (MFRA) for all hospital inpatients aged over 65 (and 50-64 where clinically indicated). The audit collects data on a patient's age, so is able to identify those aged 60-64, where a MFRA might not have been indicated.

Identifying inpatient falls

Inpatient falls resulting in hip/femoral fracture are identified and allocated to a trust/health board by those entering data onto the National Hip Fracture Database (NHFD). Upon the completion of the patient record onto the NHFD, all NAIF registered users at the trust/ health board in question will be notified via email. Teams should aim to complete data entry for each case **within 30 days** of receiving the notification and will receive weekly reminders until the unfinished record is complete. The designated clinical lead for NAIF is obliged to receive these notifications whilst other users may opt out if they wish. For more advice on opting out, contact us at falls@rcplondon.ac.uk

Data collection and entry

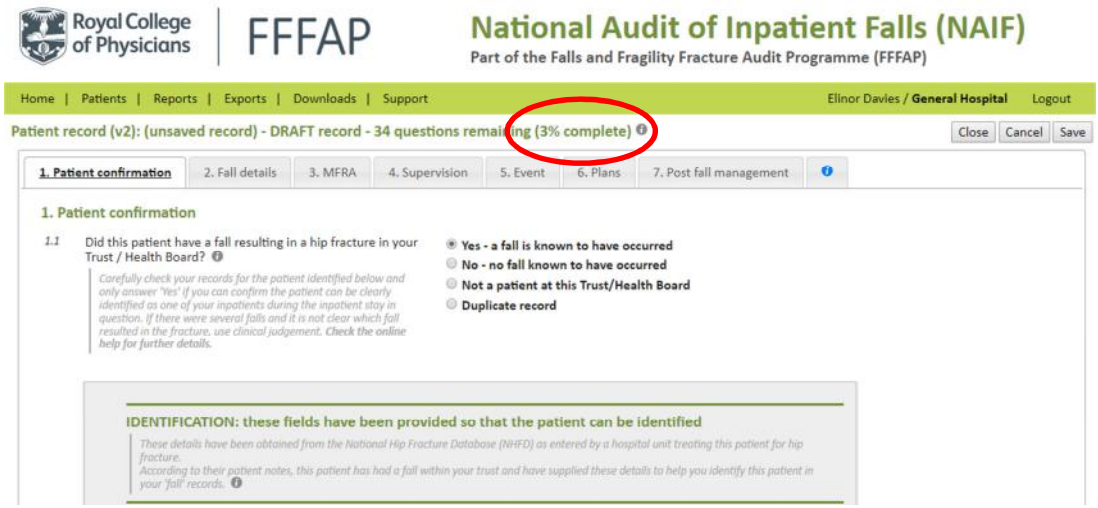
Data for the audit are collected from all types of notes (medical, nursing, therapy and drug charts). A post fall debrief form will be available on the documents page. It is advised that staff in the clinical area looking after a patient who sustains an injurious fall, complete this form within the same shift as the fall occurs. Using this form will significantly aid the subsequent audit data collection. For the **clinical audit**, all data should be entered via the **crown web tool**, either directly or by uploading paper data collection forms. Case note reviews require input from clinical staff with falls prevention knowledge and we advise that audit leads identify administrative support for local data entry.

Ensuring the smooth running of NAIF

As previously stated, it is the responsibility of those entering data onto the NHFD at the treating site to identify and allocate inpatient falls. As such, if there is a delay in the completion of NHFD records or the fall is allocated to the wrong trust/health board, NAIF users may not receive notifications for some time, if at all. To avoid this, we advise that all trusts/health boards **maintain regular contact** with the acute sites in which their patients receive treatment. Additionally, **patient documentation should be comprehensive** so as to ensure that NHFD users may enter data easily and correctly.

Data completeness

Upon registration for the audit, you will receive access details to the database. You can log in and view the completeness of each record as shown below:



Limit to number of registered users

Lead clinicians should identify **only 2-3** key NAIF staff, with a maximum of 5 for larger organisations. If your trust / health board has multiple sites, ensure that there is **at least one** registered user at each.

Inclusion of specialist, community and mental health hospitals

The scope of this audit includes specialist, community and mental health hospitals as well as acute hospitals. Sites should check within their trust/health board before registering as only one registration is required per trust/health board. If the trust/health board is already registered, we advise that you contact the falls lead and request a login for at least one person per site.

Specific guidance for questions about post fall management

Medical assessment

NICE QS86 recommends that when an inpatient sustains a fall, 3 things should happen:

1. (QS86: 4) The patient is assessed for injury before they are moved. This can be performed by **any healthcare professional**. The purpose of this assessment is to ascertain the presence of injuries in order to: decide how best to move the patient from the floor and decide whether the patient needs a medical examination within 30 minutes if serious injury is suspected and within 12 hours if not.

2. (QS86: 5) The patient is moved safely from the floor using appropriate manual handling methods to avoid unnecessary pain and/or further injury (this may involve working with paramedics / ambulance services if in specialist, community or mental health settings).

3. (QS86: 6) The patient has a medical examination. As stated above, this should be performed within 30 minutes if serious injury is suspected and within 12 hours if not. The examination should be performed by **a medically qualified doctor**. The purpose of the medical examination is not only to ascertain injury. It is also to arrange diagnostic tests (X-ray, CT), to ensure the patient is medically stabilised and to prescribe appropriate analgesia.

What happens in settings without 24/7 medical cover?

In **specialist**, **mental health** and **community settings** where a doctor is not on site 24/7, a competent health care professional should perform an assessment to determine whether a fast track medical examination is required. Where a serious injury is suspected, this assessment should result in a decision to arrange ambulance transfer to an emergency department within 30 minutes of the fall.

NB the 30 minute timeframe relates to the time at which the decision is made to request an ambulance, **not** when the ambulance arrives.

References

NICE Clinical Guideline 161: *Falls: assessment and prevention of falls in older people* (National Institute for Health and Care Excellence, 2013).

NICE Clinical Guideline 103: *Delirium: diagnosis, prevention and management* (National Institute for health and Clinical Excellence, 2010).

NICE Quality Standard 86: *Falls in older people* (National Institute for health and Clinical Excellence, 2015).

NPSA: *Slips trips and falls in hospital* (National Patient Safety Agency, 2007).

Patient Safety First: *The How to guide for reducing harm from falls* (Patient Safety First, 2009).

MHRA Device Bulletin 2013: *The safe use of bed rails*. (The Medicines and Healthcare products Regulatory Agency, 2013).

RCP: Implementing FallSafe: care bundles to reduce inpatient falls (The Royal College of Physicians, 2009)

RCP: CareFall: Reducing inpatient falls risks and post fall management (The Royal College of Physicians, 2014)