Driving Improvement through National Guidance, National and Local Audit

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15/10/21

Royal College of Physicians | NAIF

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- The evidence
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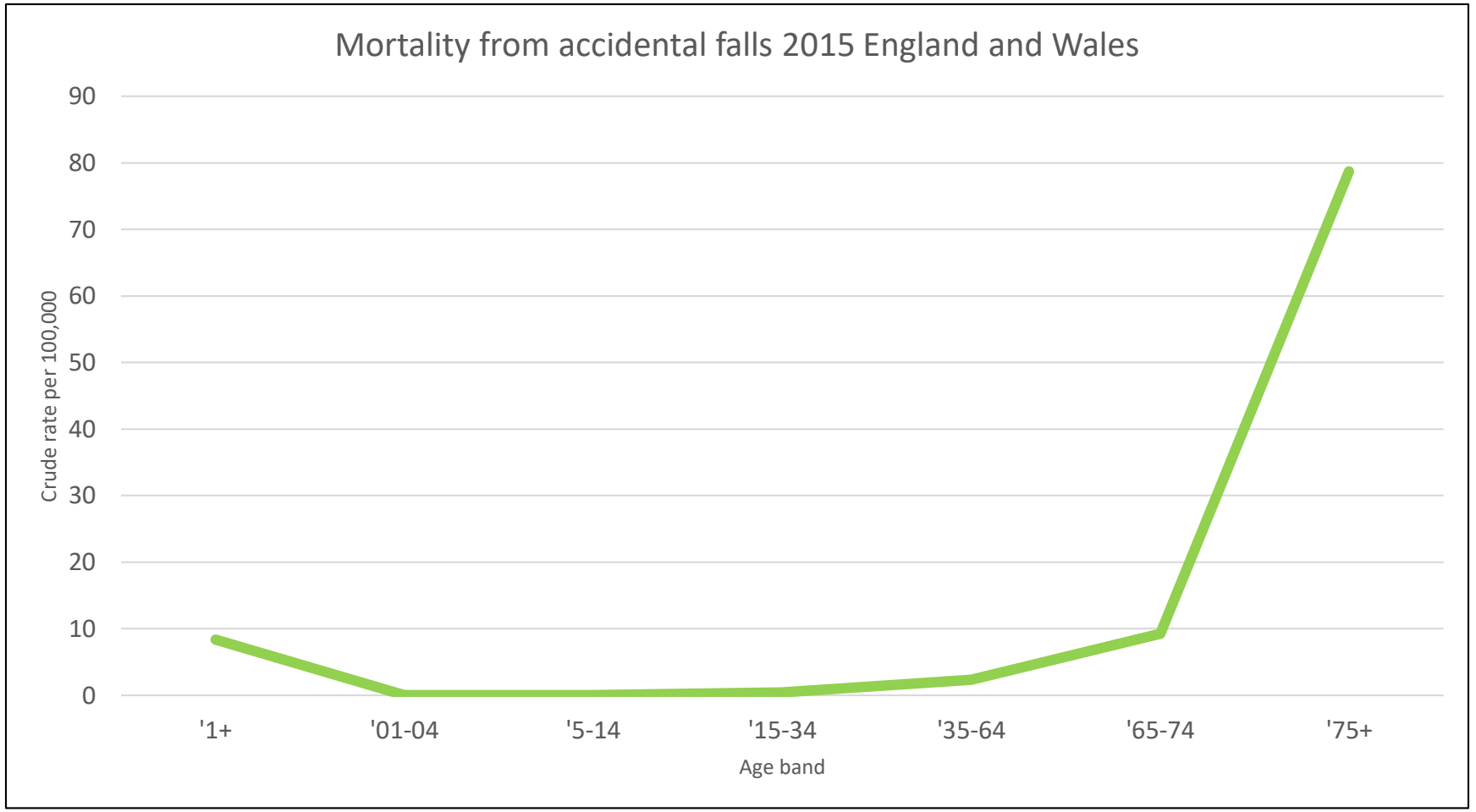
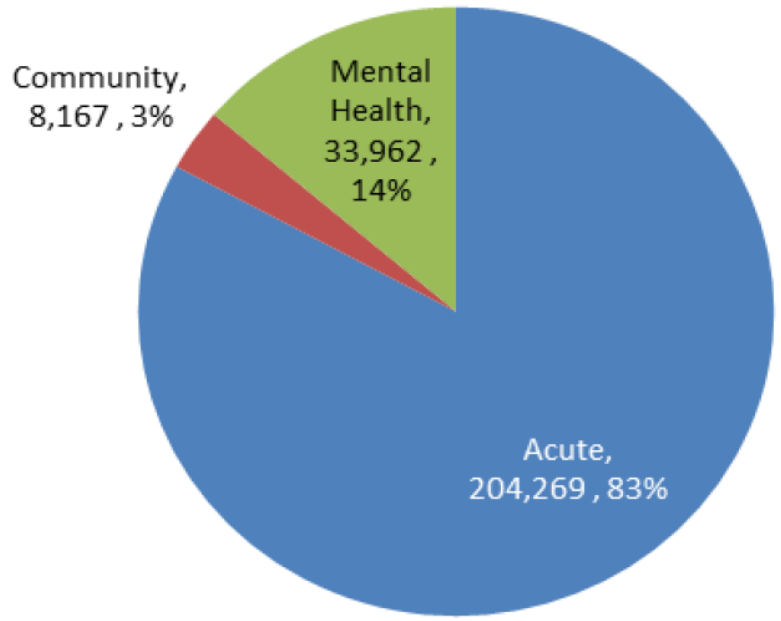
The Problem of Falls



Office for National Statistics

Inpatient falls

Figure 1: Breakdown of total reported inpatient falls 2015/16



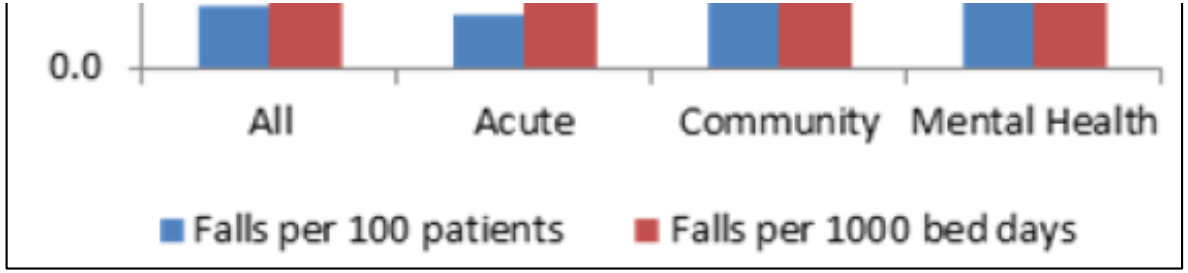
Source: National Reporting and Learning System 2015/16

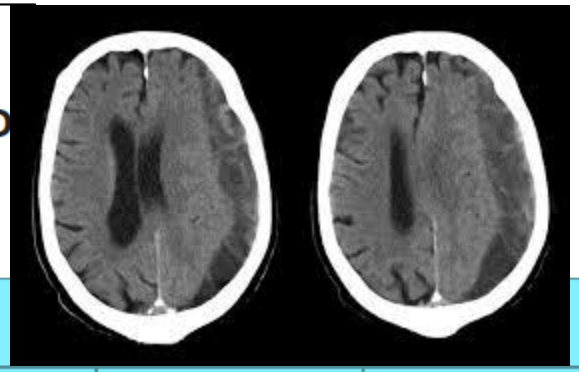
NHS Improvement 2017

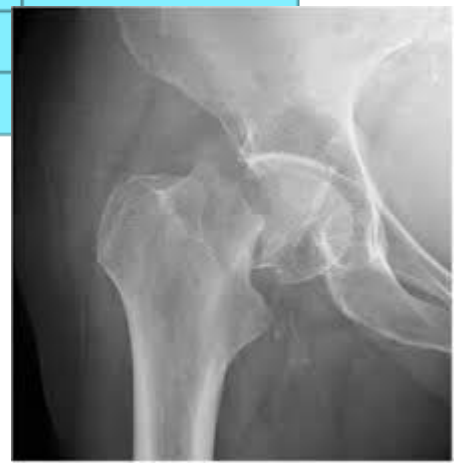
The Problem with Falls

Table 1: Breakdown of reported falls within age gro
(all hospital settings in England)

Age group	Total falls (15/16)	Breakdown by severity (%)				
		No harm	Low harm	Moderate harm	Severe harm	Death
Under 65	57,000	73.4	24.9	1.5	0.2	0.0
Over 65	190,000	71.1	26.0	2.2	0.6	
Total	247,000	71.9	25.5	2.0	0.5	







NHS Improvement 2017

“Like most people, I’d always considered a hospital to be a place of safety. So, when my mother was admitted to A&E after breaking her hip, I took it for granted that she’d be in safe hands, and that staff would do everything possible to make her better.”

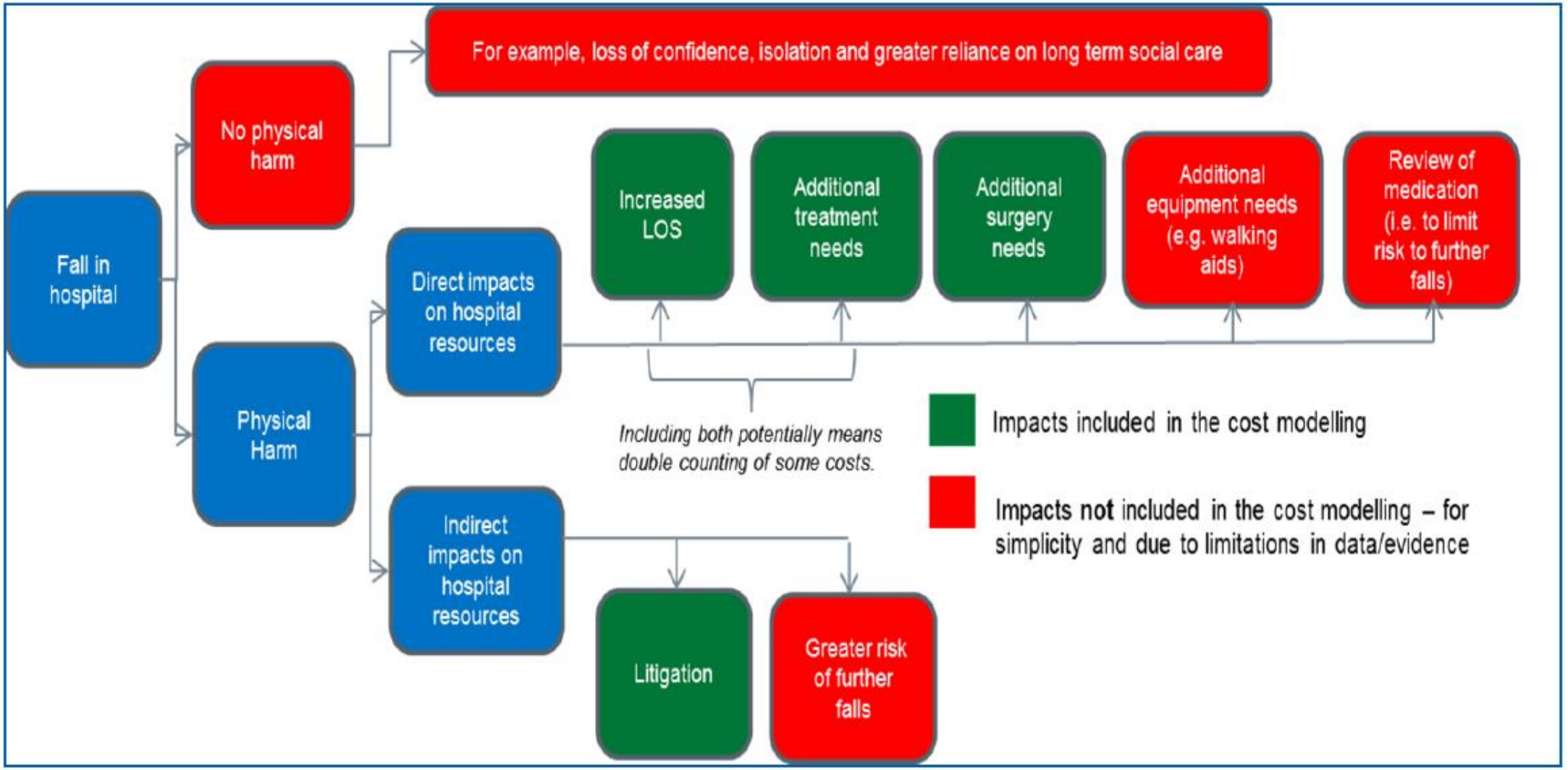
Julia Ellis (chair of the FFFAP Patient and Carer Panel)

The Problem with Falls

Falls in hospital can result in:

- Loss of confidence and slower recovery, even when physical harm is minimal
- Distress to families and staff
- Legal action against hospital trusts
- Overall costs to hospitals of £630 million per year

The Problem with Falls



NHS Improvement 2017

The Guidelines

NICE

National Institute for
Health and Care Excellence

NICE CG161


NICE National Institute for Health and Care Excellence
NICE Pathways
NICE guidance
Standards and indicators
Evidence services
Sign in
Search NICE...
Home › NICE Guidance › Conditions and diseases › Injuries, accidents and wounds › Injuries, accidents and wounds: general and other
Falls in older people: assessing risk and prevention
Clinical guideline [CG161] Published date: June 2013 Uptake of this guidance
Guidance
Tools and resources
Information for the public
Evidence
History
Overview
Introduction
Patient-centred care
Key priorities for implementation
1 Recommendations
2 Research recommendations
3 Other information
Guidance
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NICE interactive flowchart - Preventing falls in older people
Quality standard - Falls in older people
Next ›
This guideline covers assessment of fall risk and interventions to prevent falls in people aged 65 and over. It aims to reduce the risk and incidence of falls and the associated distress, pain, injury, loss of confidence, loss of independence and

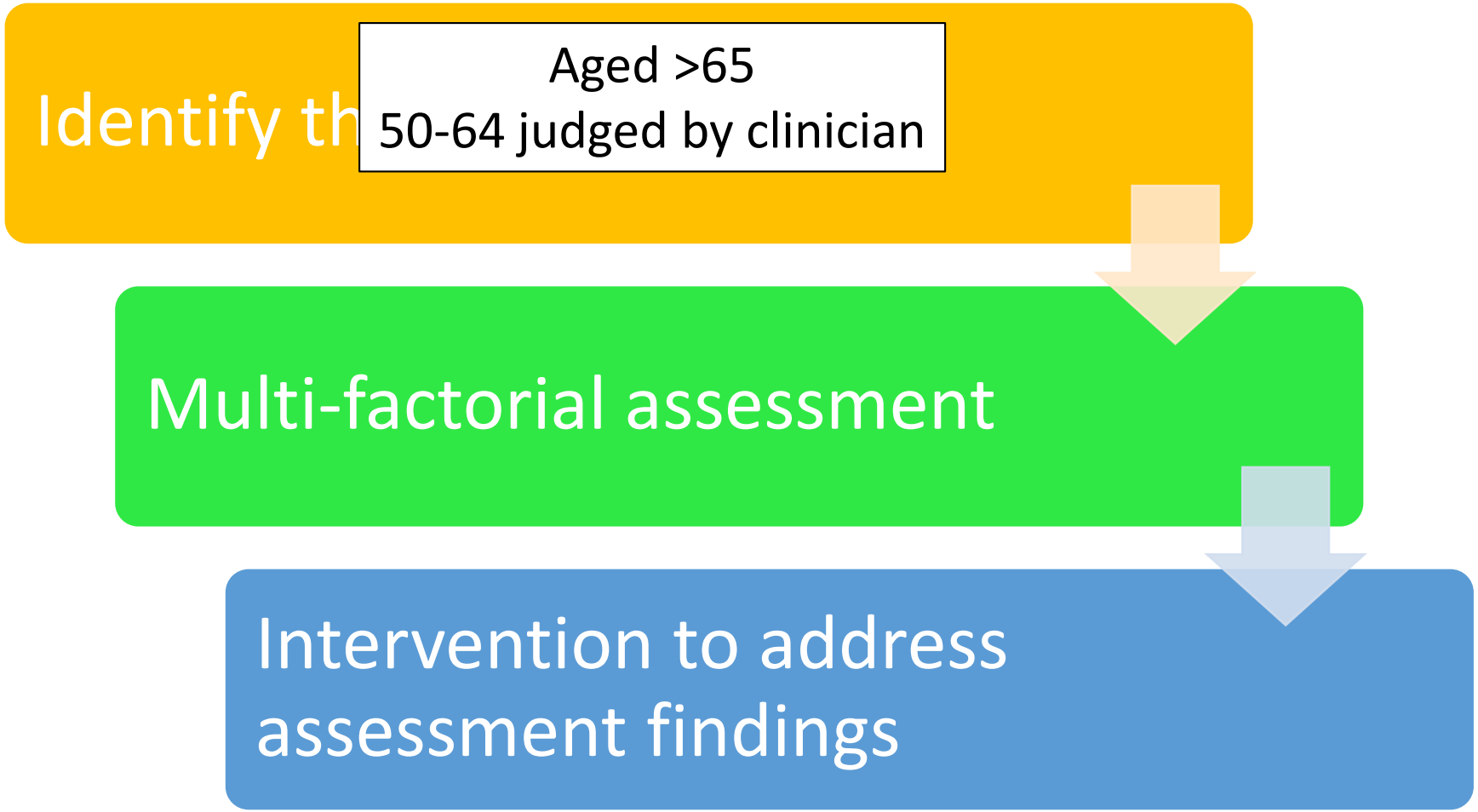
How to prevent falls in hospital settings?

NICE CG161

Identify those at high risk

- **1.2 Preventing falls in older people during a hospital stay**
- **1.2.1 Predicting patients' risk of falling in hospital**
- 1.2.1.1 Do not use fall risk prediction tools to predict inpatients' risk of falling in hospital. **[new 2013]**
- 1.2.1.2 Regard the following groups of inpatients as being at risk of falling in hospital and manage their care according to recommendations 1.2.2.1 to 1.2.3.2:
- all patients aged 65 years or older
- patients aged 50 to 64 years who are judged by a clinician to be at higher risk of falling because of an underlying condition. **[new 2013]**

How to prevent falls in hospital settings?



Multi-factorial Assessment

Multi-factorial assessment

NICE CG161:

- cognitive impairment
- continence problems
- falls history, including causes and consequences (such as injury and fear of falling)
- footwear that is unsuitable or missing
- health problems that may increase their risk of falling
- medication
- postural instability, mobility problems and/or balance problems
- syncope syndrome
- visual impairment

Multi-factorial Intervention

Intervention to address assessment findings

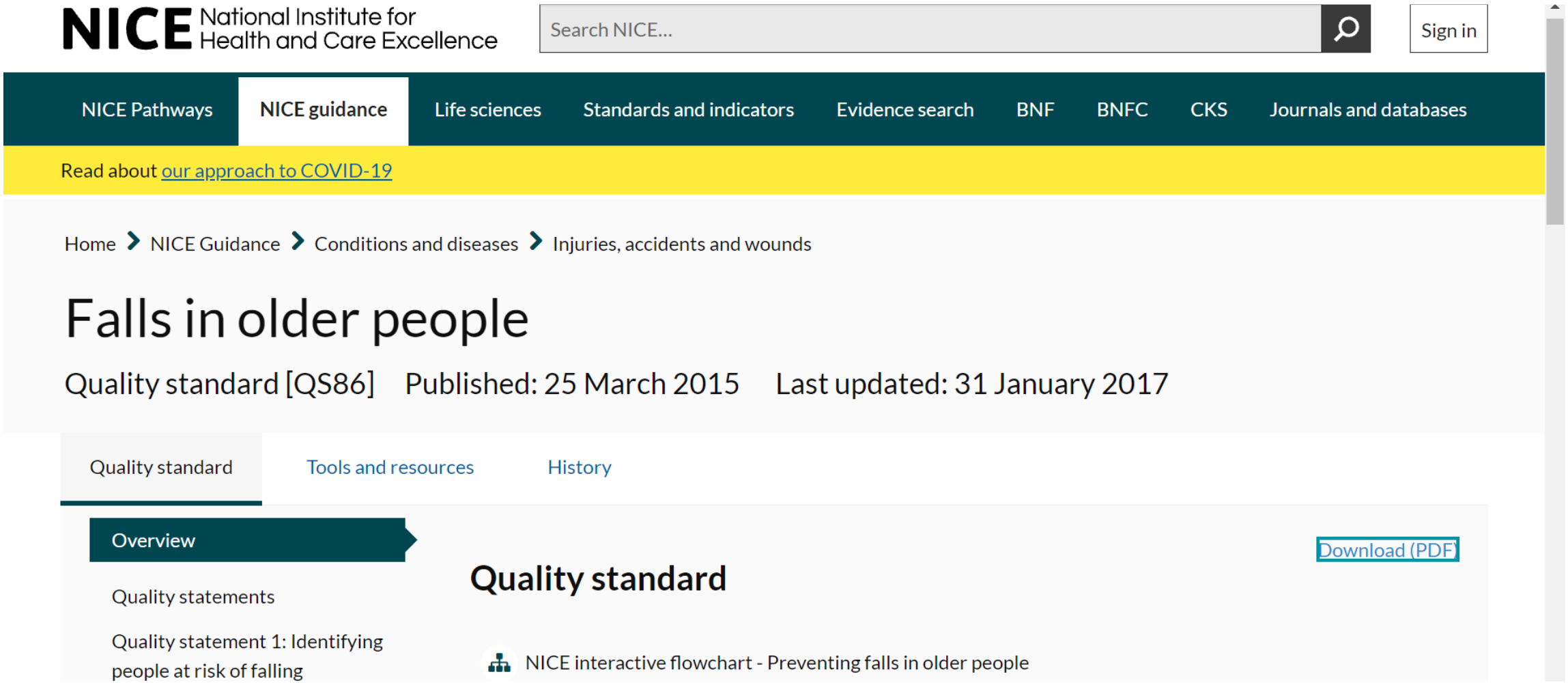
NICE CG161:

1.2.2.4 Ensure that any multifactorial intervention:

- promptly addresses the patient's identified individual risk factors for falling in hospital **and**
- takes into account whether the risk factors can be treated, improved or managed during the patient's expected stay. **[new 2013]**

1.2.2.5 Do not offer falls prevention interventions that are not tailored to address the patient's individual risk factors for falling. **[new 2013]**

Quality standards



NICE Quality standard 86: 4, 5 and 6

- Quality statement 4: Checks for injury after an inpatient fall
- Quality statement 5: Safe manual handling after an inpatient fall
- Quality statement 6: Medical examination after an inpatient fall

The evidence

Cochrane Findings

Additional physiotherapy (supervised exercises) in rehabilitation wards (subacute setting):

- Uncertain due to low quality evidence
- Rate ratio: 0.59, 95% CI 0.26 to 1.34 / Risk ratio: 0.36, 95% CI 0.14 to 0.93

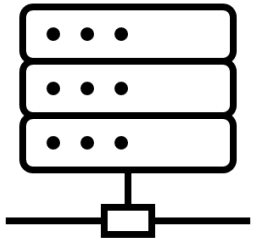
Bed and chair sensor alarms in hospitals:

- Uncertain due to low quality evidence
- Rate ratio: 0.60, 95% CI 0.27 to 1.34 / Risk ratio: 0.93, 95% CI 0.38 to 2.24

Multifactorial interventions:

- Uncertain due to low quality evidence
- May reduce rate of falls
- Rate ratio: 0.80, 95% CI 0.64 to 1.01 / Risk ratio: 0.82, 95% CI 0.62 to 1.09
- More likely in a subacute setting. Rate ratio: 0.67, 95% CI 0.54 to 0.83

Role of audit

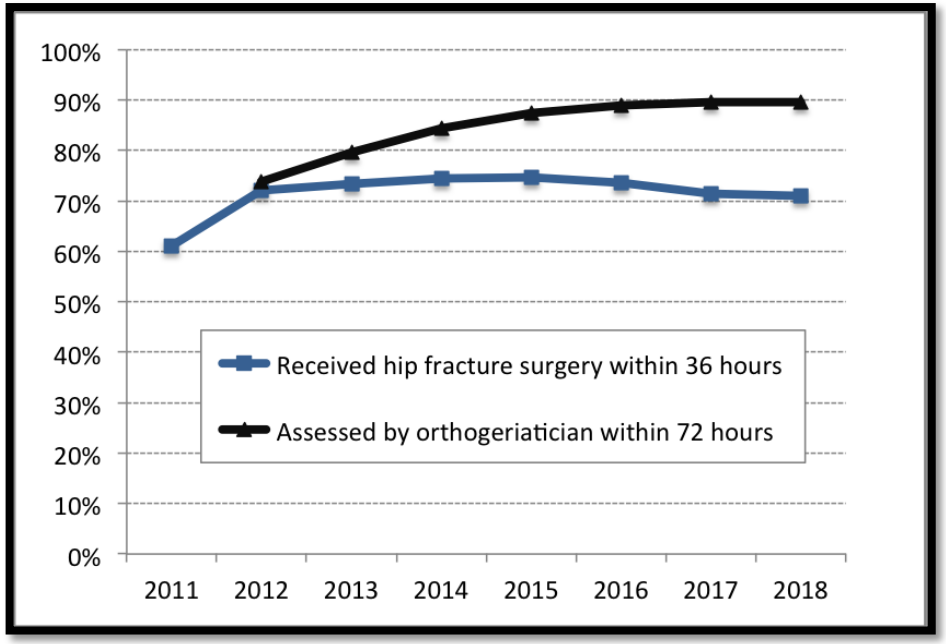


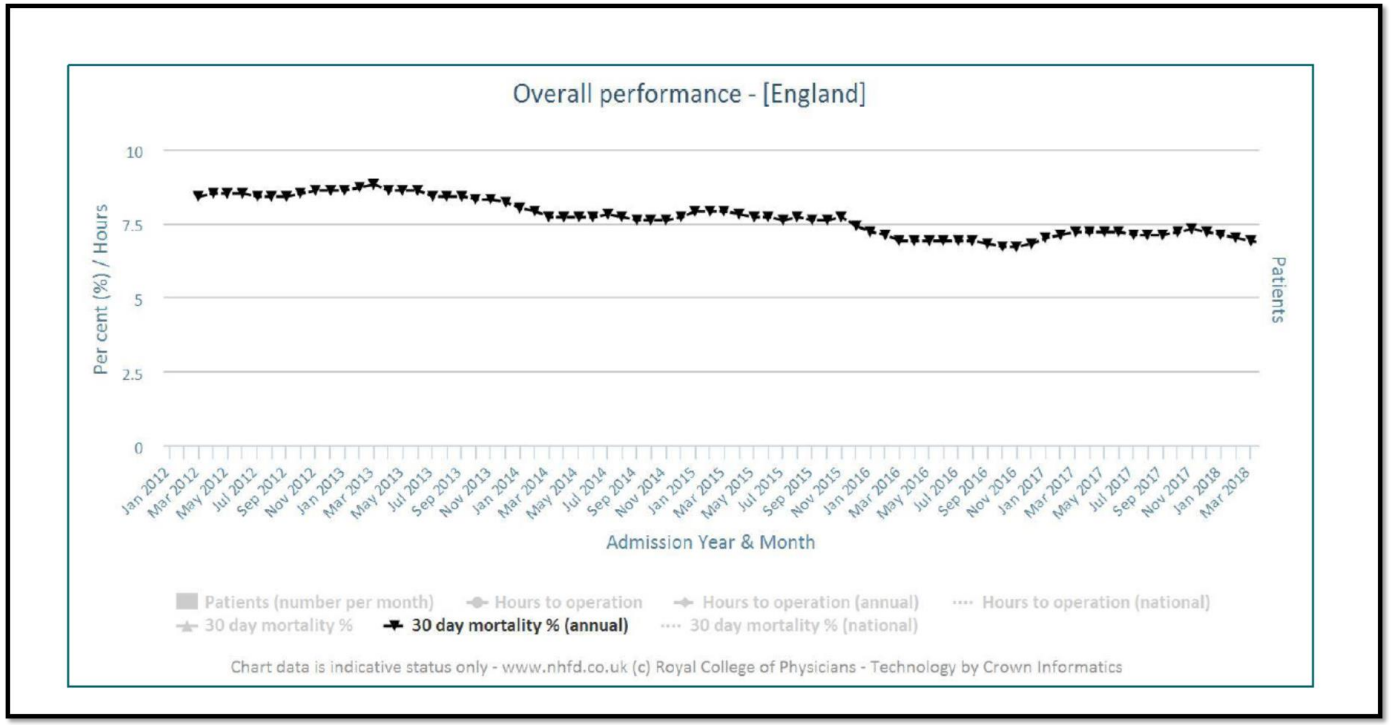
History of the National Audit of Inpatient Falls (NAIF)

- 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.

Why move from snapshot to continuous audit?

- To provide ongoing data to support driving improvement
- Data can be linked to outcomes





Processes since January 2019

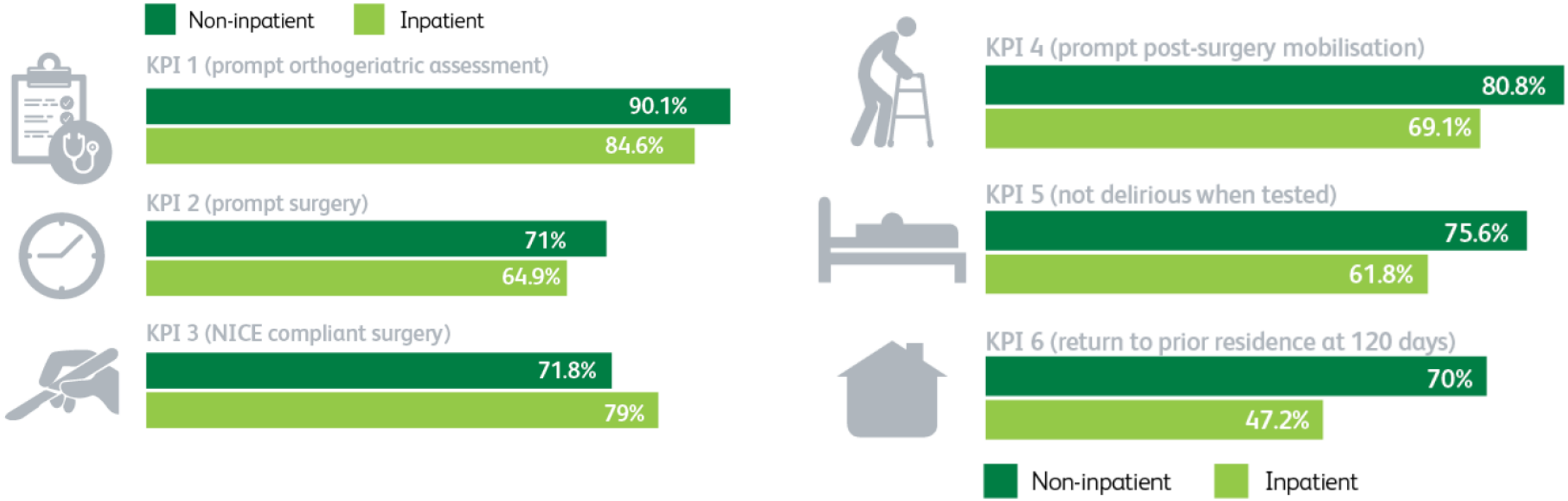
- Identify inpatient fall with hip fracture (NHFD)

- Notify relevant falls audit team

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

Findings from 2019 (reported March 2020)

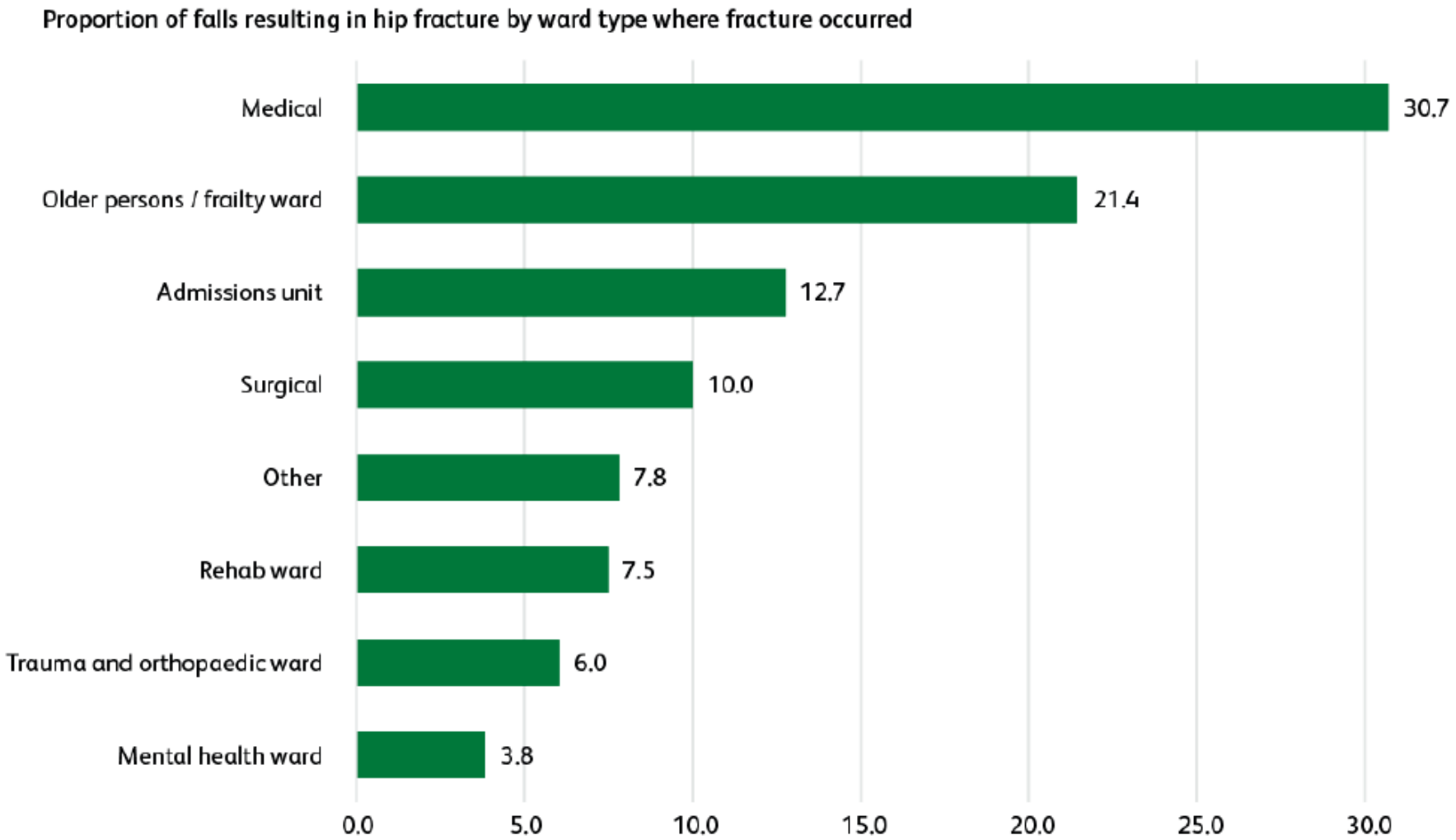
Figure 7. Difference between KPIs in hip fractures sustained as a non-inpatient or an inpatient.



Mortality (30-day)
Inpatient = 12.7%
Non-inpatient = 5.8%

Where do falls with hip fracture occur?

Figure 11. Ward type where hip fracture occurred.



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

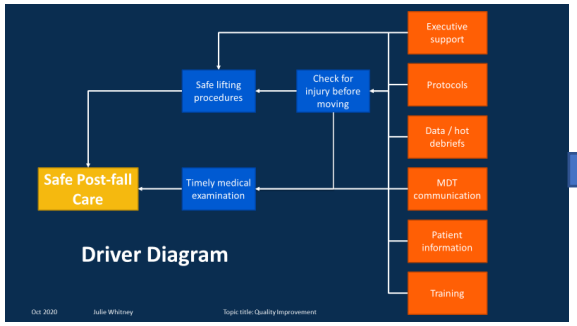
54%
had a medical assessment within 30 minutes
QS86=6

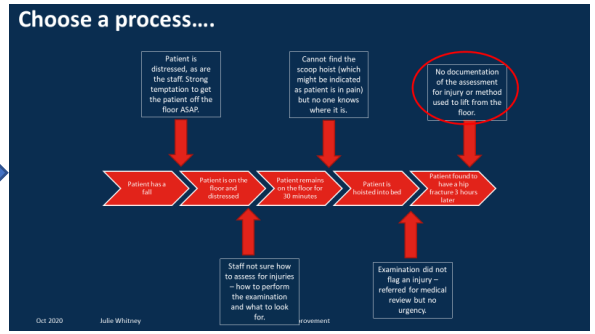
Findings from 2020

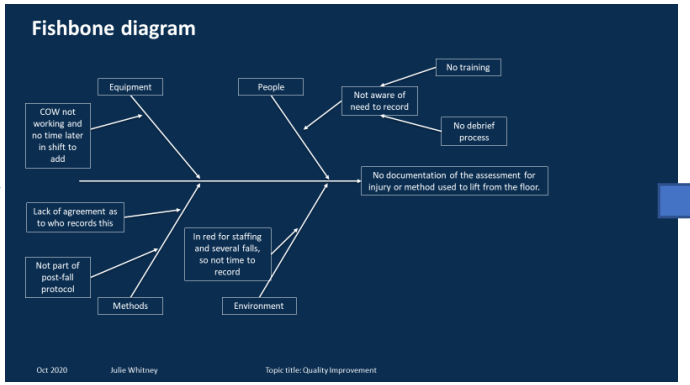
- Report to be published on 11 November 2021
- Will include data on fall prevention activity prior to the fall that caused the fracture

Watch this space!

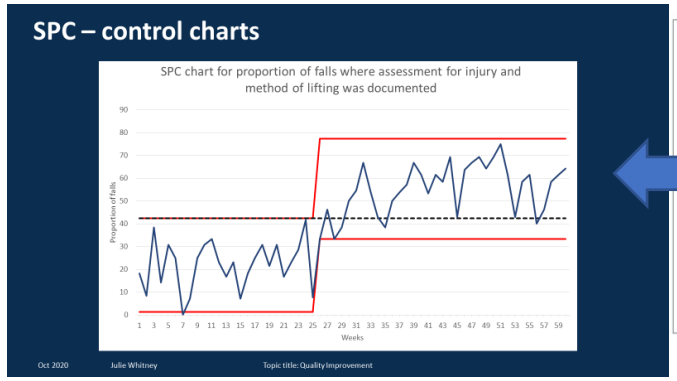
How to drive improvement (quality improvement methods)

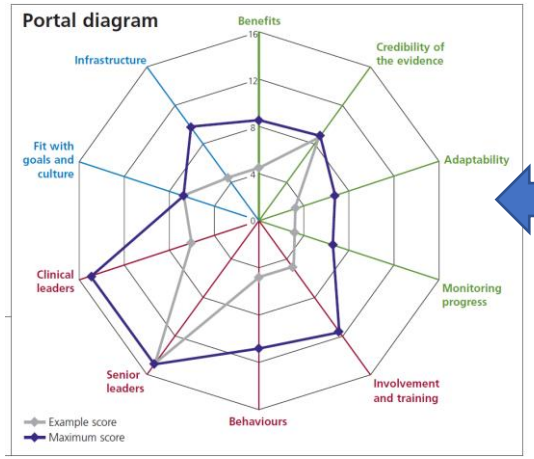






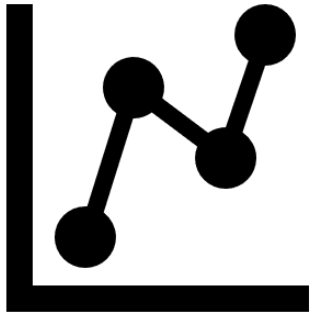
High power	**Satisfy** Opinion formers. Keep them satisfied with what is happening and review your analysis of their position regularly.	**Manage** Key stakeholders who should be fully engaged through communication and consultation.
Low power	**Monitor** This group may be ignored if time and resources 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**

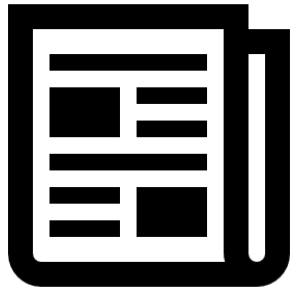


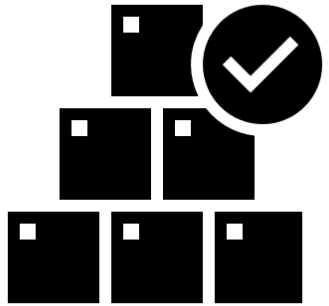


How can the (NAIF) audit help with this?

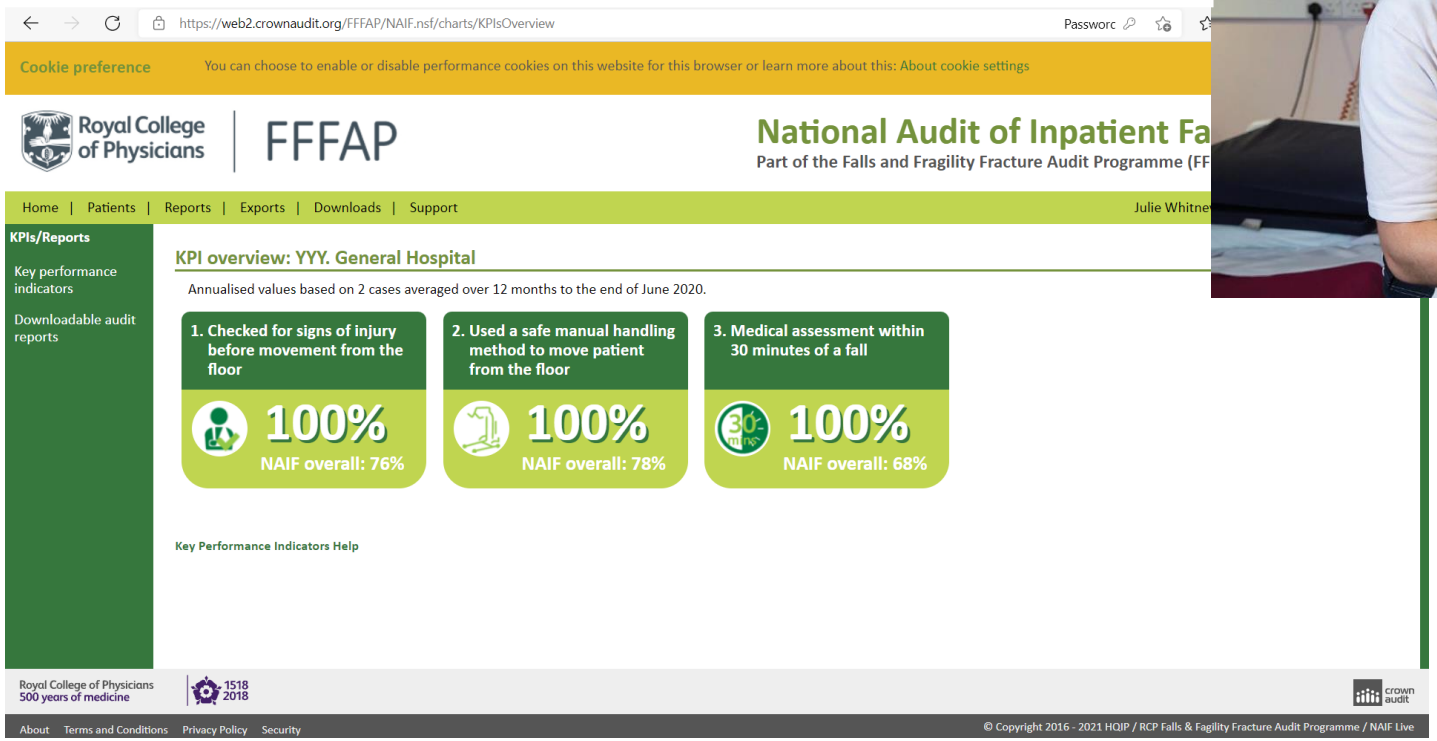
- Data
- Resources
- QI collaboratives





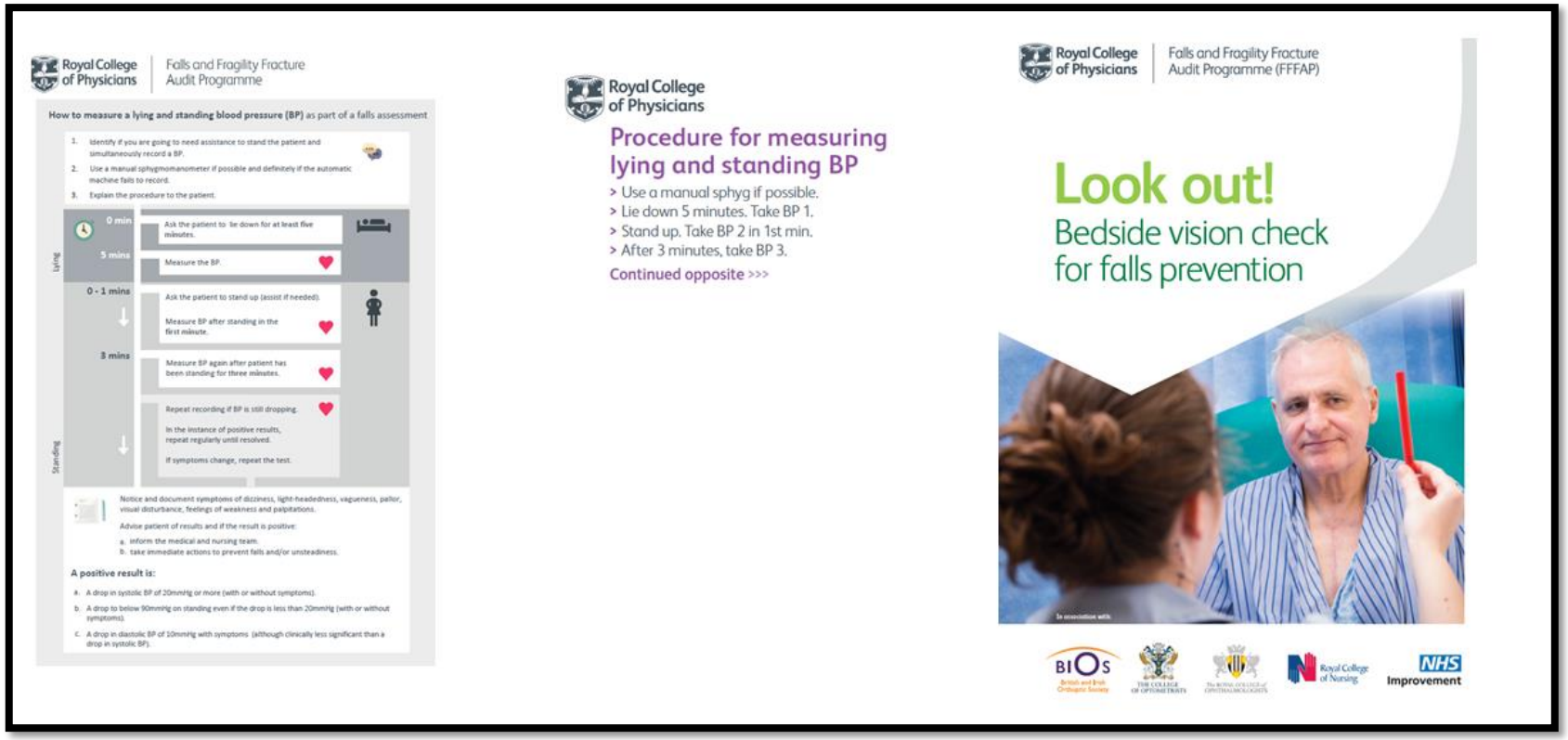


Data



Local data – up to date

Resources:



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

Still to come:

- How to do a post fall check
- Learning from inpatient falls – an alternative to investigation/SIRs/RCAs in line with NHSE Patient Safety Incident Response Framework (PISRF)

Quality improvement collaboratives

- Starting a pilot in November 2021
- Depending on the outcome of this, will be made available to more organisations

Thank you & Questions