5 December 2024

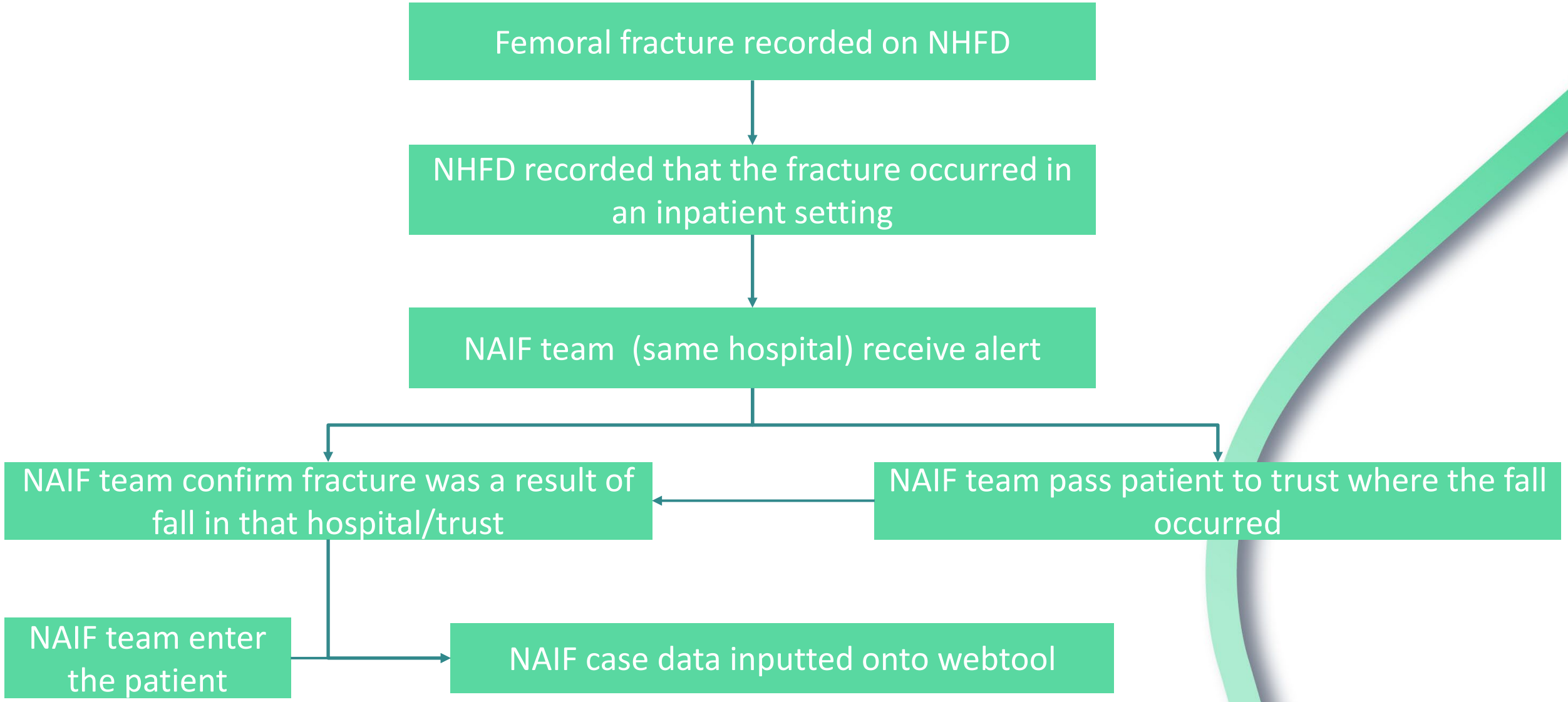
NAIF 2024 annual report and 2025 expansion

Dr Julie Whitney

Royal College of Physicians

National Audit of Inpatient Falls (NAIF)

Current NAIF process – until end of 2024



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Don't stop moving

Optimising safety while staying active in hospital

The 2024 National Audit of Inpatient Falls (NAIF) report on 2023 clinical data

1 January – 31 December 2023

In association with

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

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January – December 2023

	2023	2022
Femoral fracture recorded on NHFD	1959	2033
↓		
NHFD recorded that the fracture occurred in an inpatient setting		
↓		
NAIF team confirm fracture was a result of fall in that hospital/trust	1609	1669
(Proportion not due to an inpatient fall)	(18%)	(18%)

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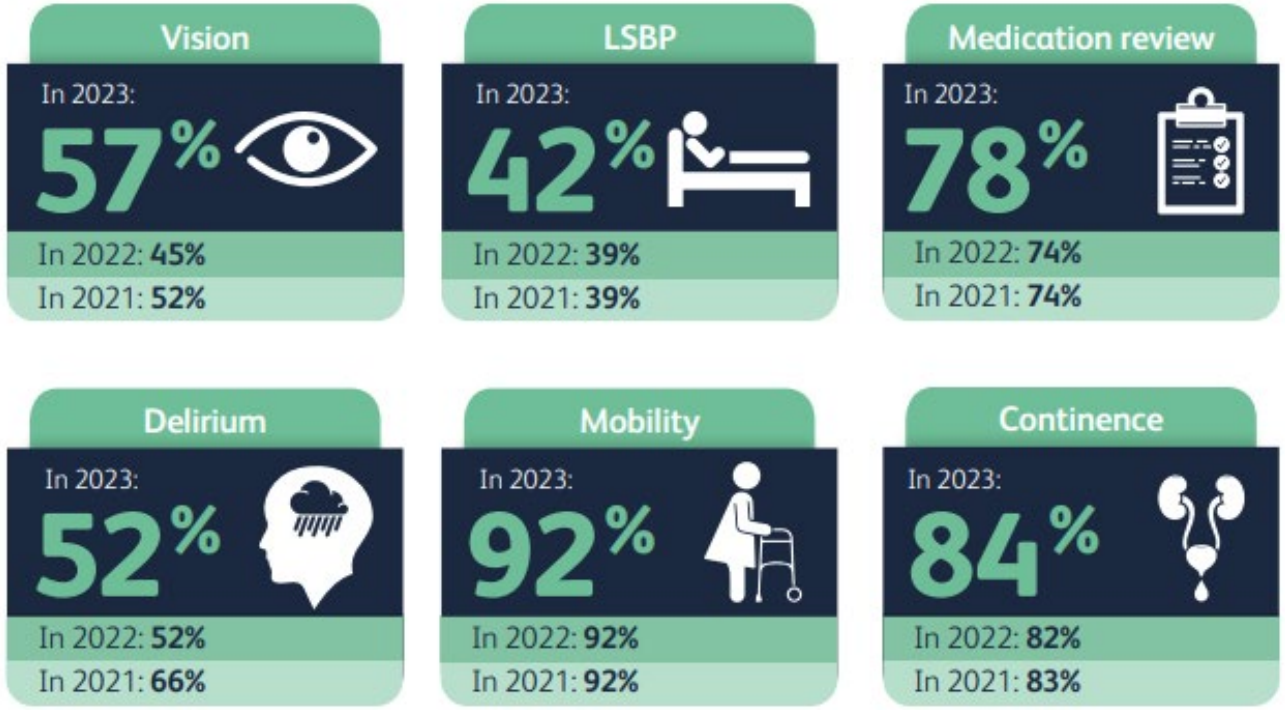
Assessment prior to the fall… Multi-factorial assessment to optimise safe activity



KPI 1 – High-quality MASA

- **39%** of patients had a MASA quality score ≥5 (in 2022 this was 37%).

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Clinical assessment data

	2023	2022
Lying / standing blood pressure (lsbp)		
General question (in the audit webtool): Had the patient had a documented lying / standing blood pressure measurement during the admission when the fall that caused the femoral fracture occurred?		
LSBP not possible	13%	13%
LSBP recorded (where not impossible)	42%	39%
Actual clinical measurement data (entered into the audit webtool): date and time and BP and heart rate measures entered onto the webtool		
Date and time LSBP recorded	31%	27%
Measure recorded for 5min supine	18%	15%
Measure recorded for 1min standing	10%	8%
Measure recorded for 3min standing	6%	5%
Time from LSBP to fall (days)	5 days	6 days
Delirium assessment		
General question: Did the patient have a delirium assessment and corresponding care plan (if required) during the admission when the fall that caused the femoral fracture occurred?		
Delirium assessment recorded	52%	52%
Actual clinical measurement data: date and time and 4AT and 4AT score.		
Date and time of 4AT recorded	22%	21%
Time from 4AT to fall (days)	6 days	7 days

Collecting NEWS measures

In 2023, there was a new question collecting data on National Early Warning Scores 2 (NEWS2) prior to the fall. The time and date of the NEWS2 was inputted for **91% of patients**, which was a median of **4 hours** before the fall that caused the femoral fracture.

	2023	2022
Orthostatic hypotension at 1 minute standing	28%	28%
Orthostatic hypotension at 3 minutes standing	22%	22%
Median 4AT score	3	3
4AT score ≥4	46%	45%
Median NEWS2	1	N/a
NEWS2 <4	98%	N/a
New confusion on NEWS	4%	N/a

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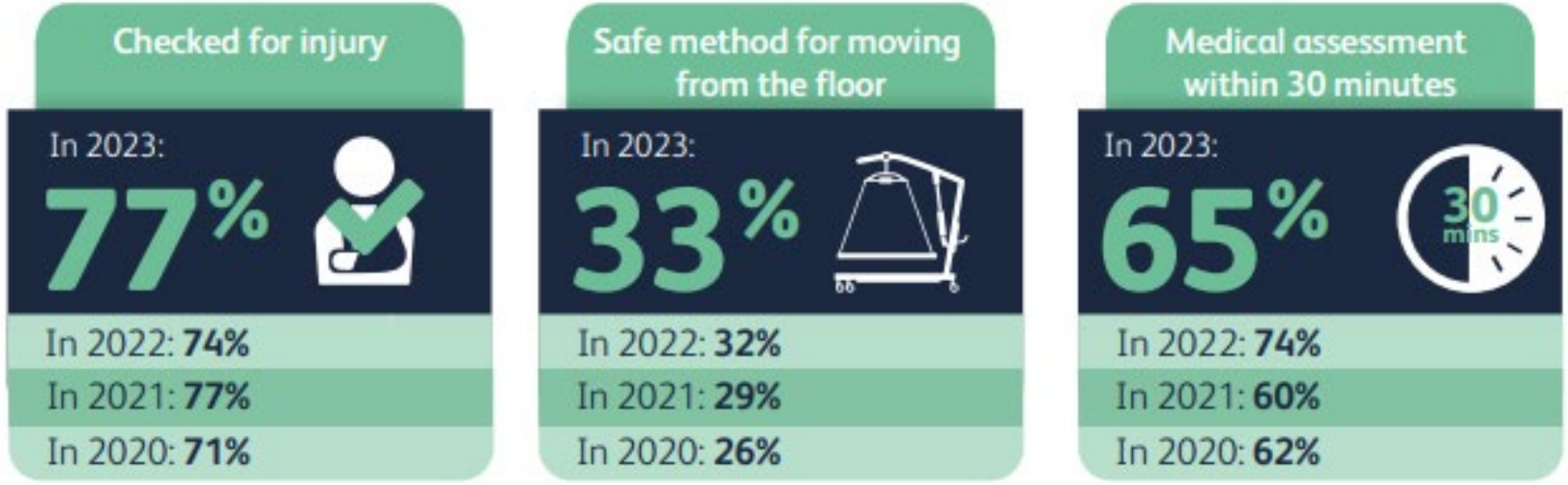
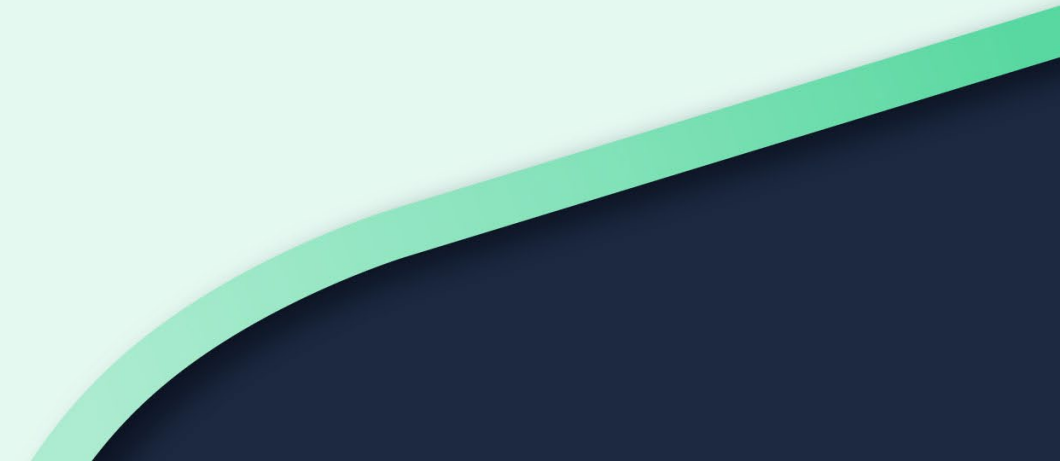
Immediate post-fall management



- Analgesia prescribed 79% (76%)
- Median 1.5 hours to administration (2 hours)
- 26% had analgesia within 30 minutes (0)

Recommendations



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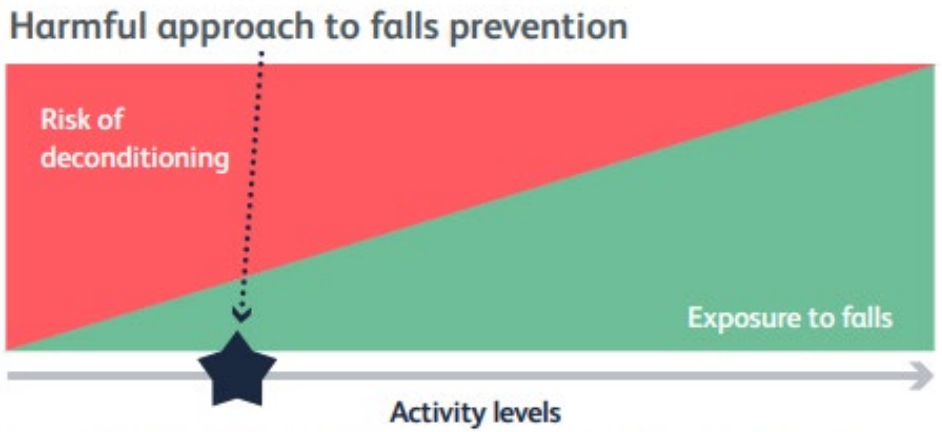
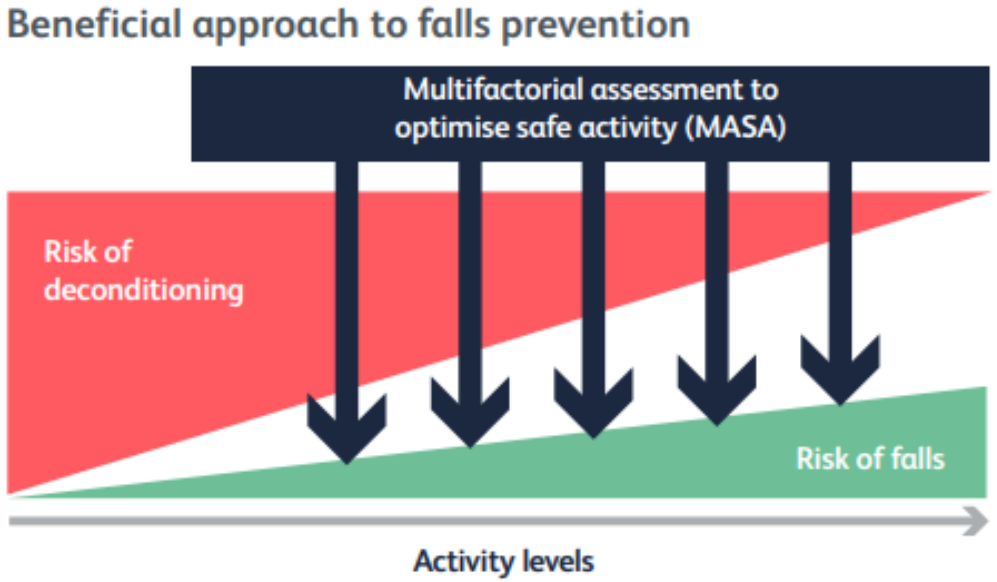
Recommendation 1

Trusts and health boards should review their policies and practice to ensure that older hospital inpatients are enabled to be as active as possible.



There is a theoretical increase in exposure to falls as activity levels increase



Application of high-quality MASA addresses factors that increase falls – enabling safe activity and avoidance of hospital-acquired deconditioning

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Recommendation 1

- Develop an ethos around promoting safe activity that:
  - Supports confidence and capacity in staff
  - Supports confidence and understanding among patients and families
  - Recognises that some falls will occur as a result of a patient being active and that restricting activity is also harmful
  - Applies effective multifactorial assessment to optimise activity (MASA) to identify factors that might impair an individual's ability to move safely and address with tailored interventions
  - Brings understanding of these complexities to the Patient Safety Incident Response Framework (PSIRF) process when investigating falls.

There will be an addition component of the mobility care plan question from January 2025:

'Did the patient have a documented mobility plan supporting them to be as active as possible during the admission?'

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Recommendation 2

NHS England and the Welsh Government should implement national drivers to ensure that all older people are screened for delirium upon hospital admission using the 4AT and reviewed for changes suggestive of a new onset of delirium for the duration of their admission.

> Needs to be 4AT and not NEWS

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Recommendation 3

Trusts and health boards should ensure that there are robust governance processes in place to understand when post-fall checks fail to correctly identify a fall related injury'.

In 2025 we will be changing KPI 2 to: '**the proportion of cases where a post-fall check is performed, and injury is suspected'**

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Recommendation 4

Trusts and health boards should have processes in place to hasten time to administration of analgesia after an injurious fall, to ensure that patients who sustain a femoral fracture in hospital are given analgesia within 30 minutes of falling.

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Recommendation 5

Trusts and health boards are encouraged to prepare for the audit expansion in January 2025.

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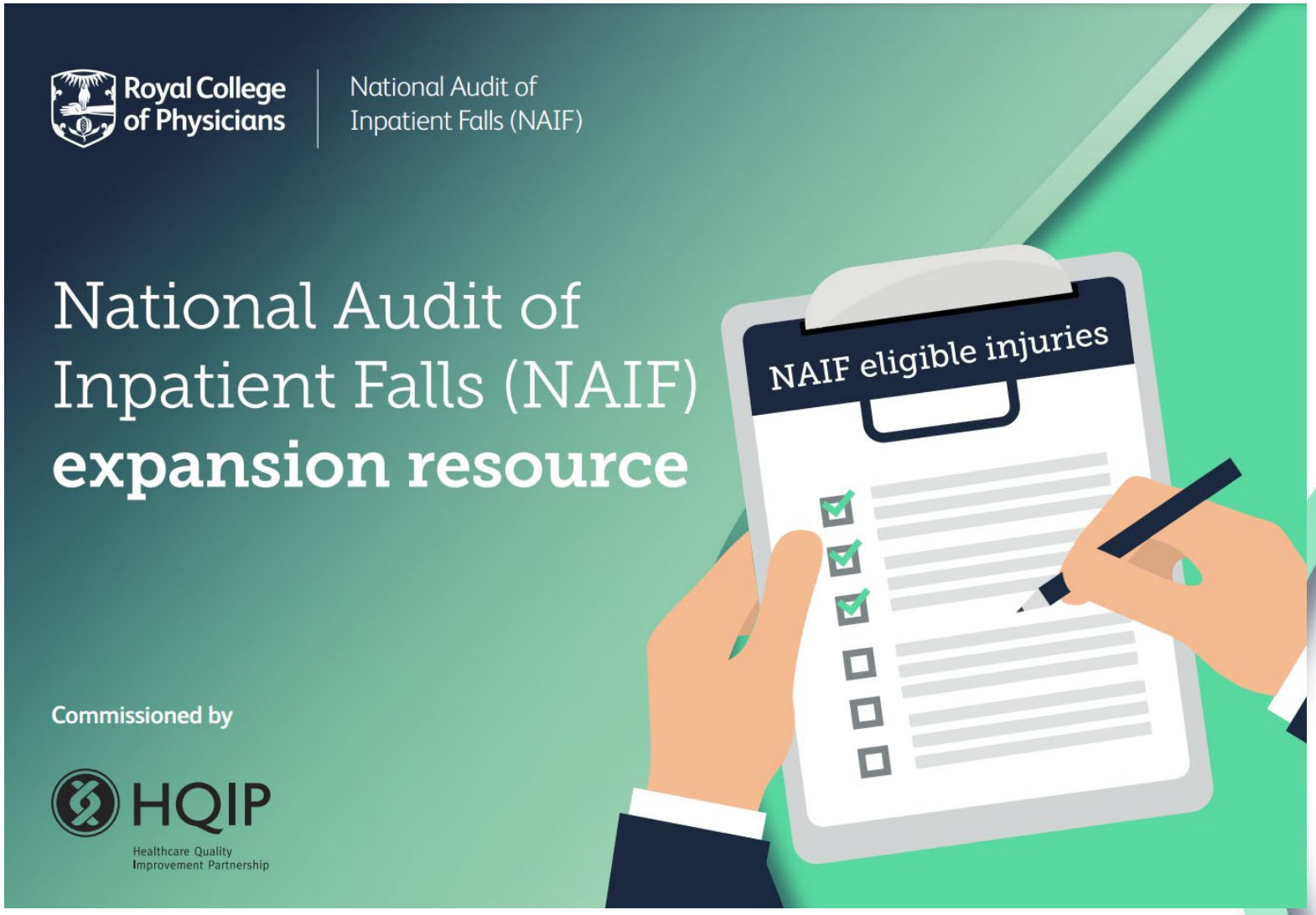
‘The Expansion’



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How is the audit expanding?

Sustained a fracture, head injury or spinal injury as a result of an inpatient fall

✓

Was aged 65 or older at the time of the fall

✓

Was an inpatient in the trust / health board completing the audit at the time of the fall

✓

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Eligible injuries

- Most cases will be clear, but some will require clinical judgement

For example:

- Laceration to the head without evidence bony or intracranial injury on imaging or symptoms of concussion would not be eligible
- Use clinical judgement about whether the injury is due to an inpatient fall

- Head injury
- Spinal injury
- Hip fracture
- Femoral fracture
- Vertebral fracture
- Rib fracture
- Humeral fracture
- Distal forearm fracture
- Pelvic ring fracture
- All other fractures

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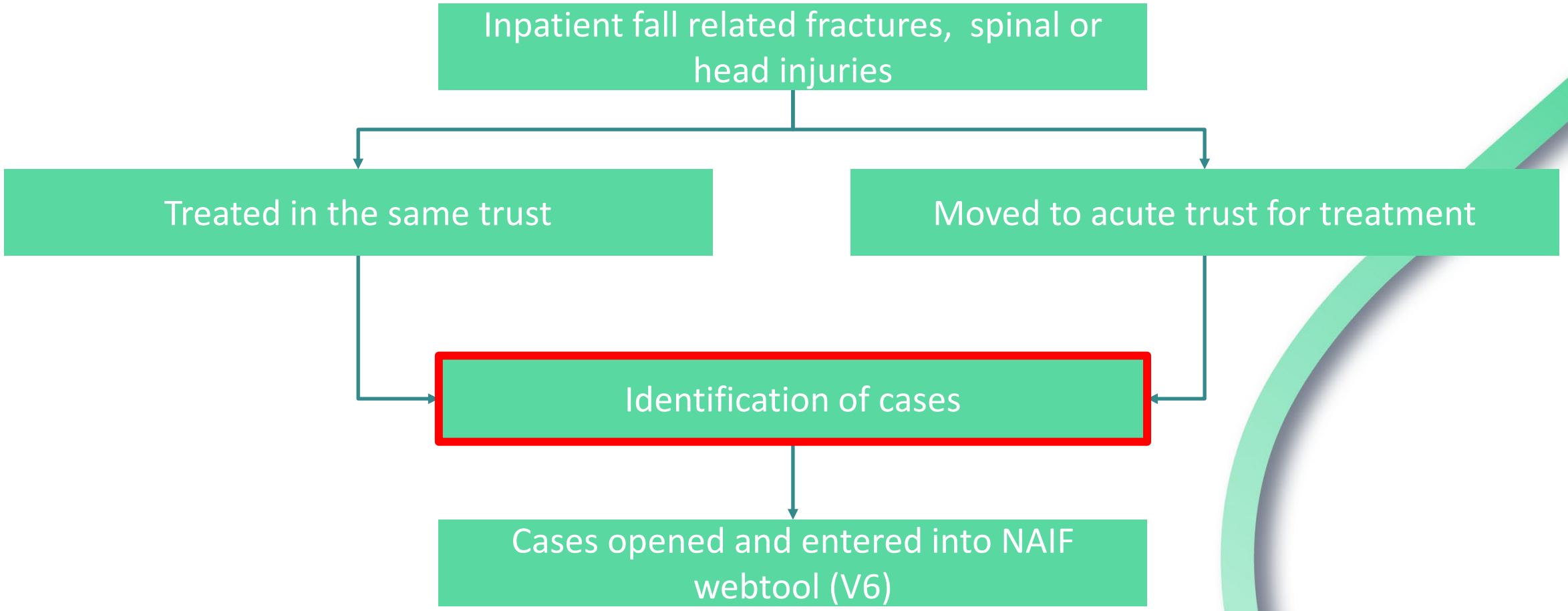
Identification of cases



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Findings from the pilot study

- 21 trusts participated in the six-week pilot
  - Identification of cases
  - Entering data into the new version of the webtool
- 30 survey responses from 21 trusts/health boards
- Generally positive feedback on the pilot – 60% responded easy/very easy for case identification and 80% selected easy/very easy for completing V6 dataset

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Focus groups

- Five focus groups with 18 participants
- Generally managed well with identification of cases, most places using existing processes – very confident they are identifying those eligible.
- Where this was more challenging was in trusts where there were not processes in place.
- No one used the recommendations in the resources, which was to modify the LFPSE form – most felt this would not add anything, but trusts without existing processes did think it would help. The recommendation was to have a drop down in the ‘manager’s sign off’.
- Version 6 of the webtool was easy to complete, and possible quicker than the previous version. The changes were seen as positive. Trusts with >1 record keeping system or paper notes found it most challenging.
- Some trusts have streamlined data collection by adding questions to the LFPSE or hot de-briefs.

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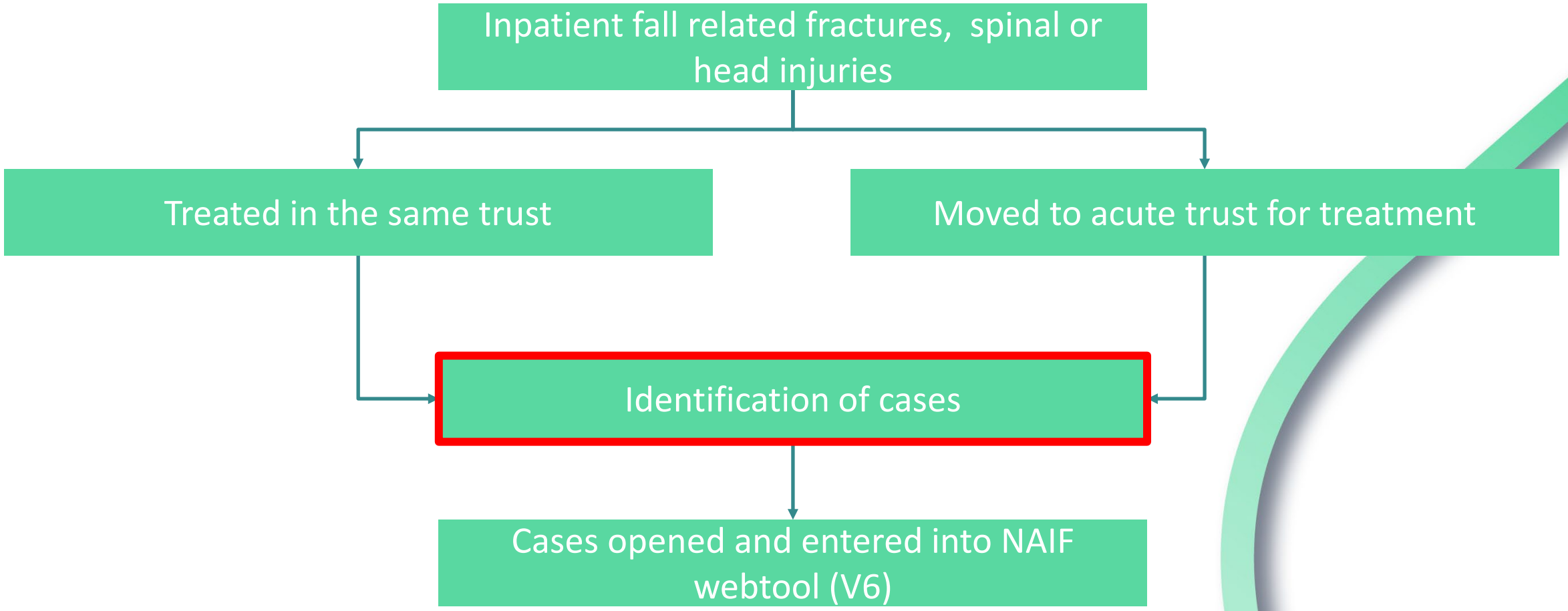
Identification of cases



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Identification

Method 1

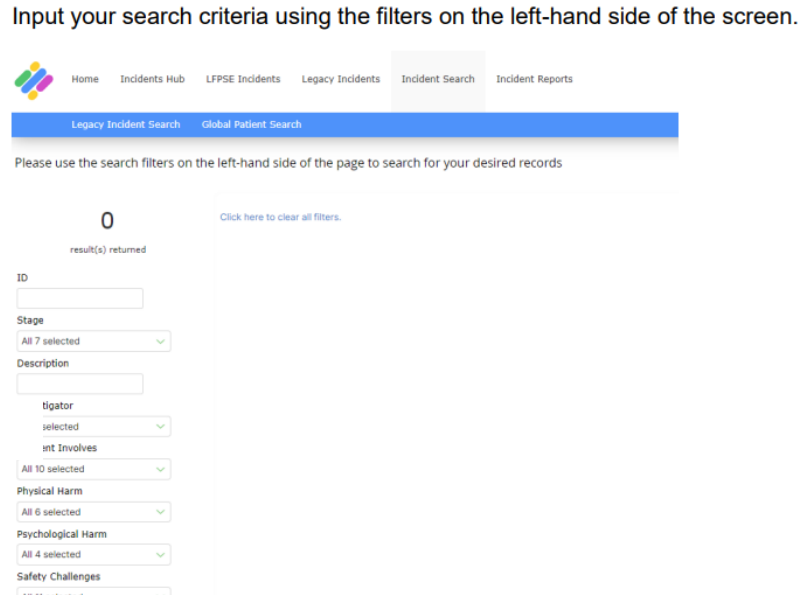
For trusts with existing processes, trusts with small numbers of fall related injuries

- Falls coordinator or equivalent is aware of all fall related injuries (screening incident reports / reviewing patients / attending MDMs).
- Compile a database of eligible patients to enter into the audit.

Method 2

For trusts without any process already in place

- Request a single 'drop down' in the 'manager sign off' section of LFPSE form (only when inpatient fall is selected).
- BIU / extraction search to generate a list for falls team to review.



In a few moments, we will hear from some of the pilot participants

Don’t forget FFFAP resources

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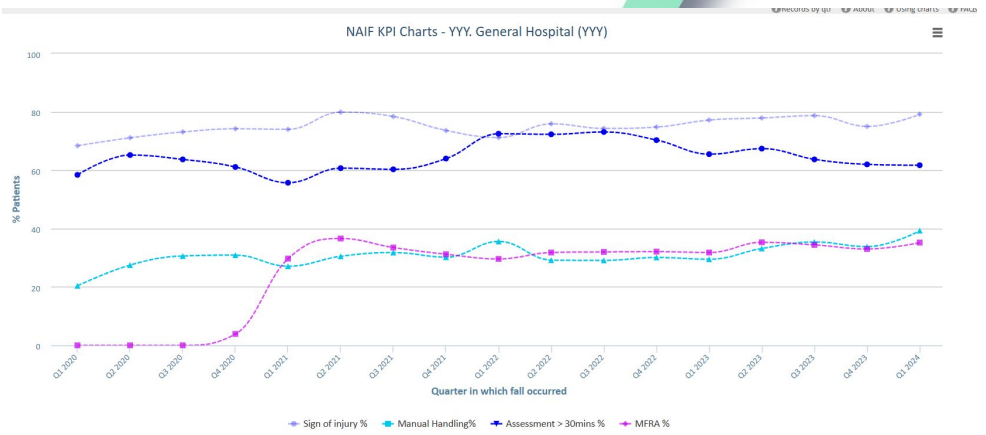
NAIF reporting

- Trust level data for KPIs updated every 3 months
- Move from annual trust reports to this data being available in real time

Annualised values based on 16 cases averaged over 12 months to the end of August 2024.
ND=No Data entered by this Trust for this period

1. Cases where patients were checked for injury before being moved	2. Cases where safe manual handling method was used to move a patient from floor	3. Cases that received a medical assessment within 30 minutes of a fall	4. MFRA quality score
38%	6%	69%	56%
NAIF overall: 78%	NAIF overall: 37%	NAIF overall: 64%	NAIF overall: 35%



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Quality Improvement Workbooks

The healthcare improvement workbook was developed to support local teams with quality improvement tools and enable service improvements with existing resources and limited budgets.

Two versions of the FFFAP healthcare improvement workbook have been developed for the National Audit of Inpatients Falls (NAIF) and Fracture Liaison Service Database (FLS-DB).

We all want to do better for our service and for our patients. However, in this era of ever-increasing financial restraints due to COVID-19 and other competing healthcare conditions, we are often in a position where we must improve our service on a budget using whatever resources are available to us at that moment. We hope that this workbook will help to teach you techniques that you can use during your work practice to continually improve over time in spite of the challenges we face today.

The techniques are based on the Institute for Healthcare Improvement (IHI) breakthrough collaborative series model, which has achieved dramatic results, including reducing waiting times by 50 %, reducing ICU costs by 25 %, and reducing hospitalisations for patients with congestive heart failure by 50 %; all without substantially increasing resource use. The key to this is becoming more effective and efficient at service delivery by identifying gaps in our service and brainstorming techniques for improvement.

Downloads

- FFFAP FLSDB Healthcare Improvement Workbook
- FFFAP NAIF Healthcare Improvement Workbook

Falls and Fragility Fracture Audit Programme

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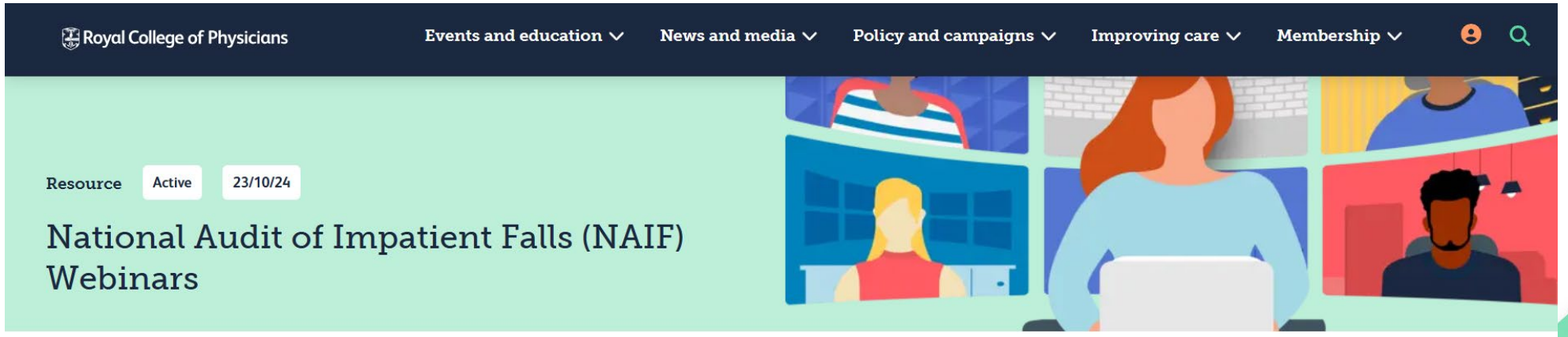
Quarterly Webinars



Latest NAIF seminar

Hydration Hurdles: Supporting Hospitalised Older Adults to Drink More

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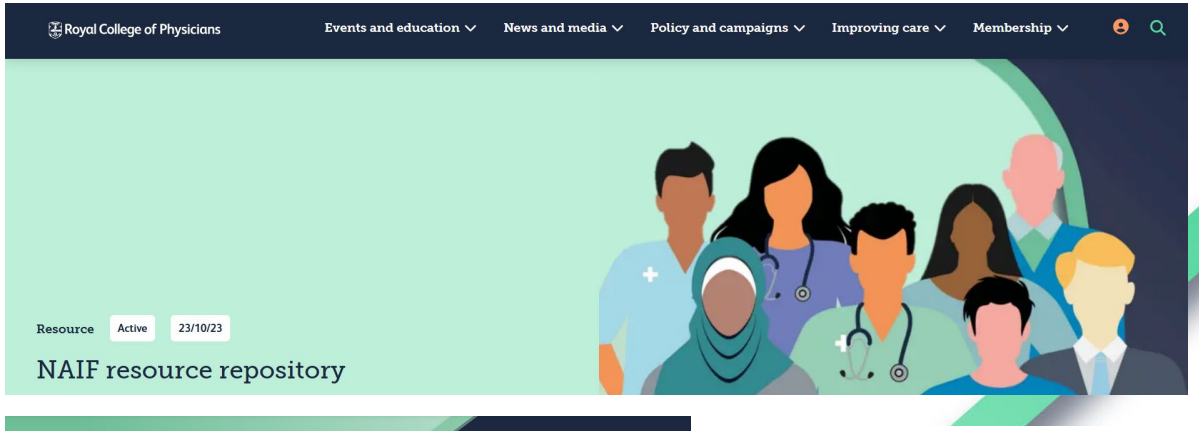
Resources

Patient

- Fall prevention, a guide for patients and their families
- Healthcare champion information resource
- Building confidence after an inpatient fall



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Resources

Clinical

- Supporting best and safe practice after a fall
- Carefall and Fallsafe training
- Lying / standing BP
- Vision assessment tool
- PSIRF support