

Falls and Fragility Fracture Audit Programme

# Inpatient falls pilot audit

## Falls Workstream

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# Auditing falls prevention in hospital

- The problem
- How are NHS trusts doing?
  - Evidence from national feasibility/pilot audit
- The evidence/guidelines
  - NICE CG161



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# Slips, trips and falls by degree of harm in an acute setting Oct 2011-Sept 2012

Degree of harm	Total
No harm	147,467
Low	54,631
Moderate	5,634
Severe	898
Death	90
Total	208,720



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# Feasibility/pilot audit – Jan 2014

- Incorporating NICE CG161
- Patient-level (anonymised) data
- Acute hospitals only
  
- Focusing on fall prevention, not aftercare
- Simplified sampling strategy
- Simplified case note review (not simple enough)
- Linking assessments and interventions

# Patient population

- Most falls occur in over-75s with increasing risk with older age
- Audit sample: 20 consecutive non-elective admissions aged 70+ on each of 2 days
- Up to 40 patients per hospital

# Participation

- All hospitals in England, Wales and NI were invited to participate in pilot
- 88 initially volunteered
- 77 submitted data
- 2176 patients
- >99% data completeness
  
- Sample was not random or purposive and CANNOT be considered representative
- **Results are embargoed as not designed for publication**



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# NICE Clinical Guideline 161 (June 2013) in a nutshell

- Do NOT screen/stratify for falls risk
- Assessment for falls risk factors and targeted interventions on
  - ALL patients aged 65+
  - Patients aged 50-64 clinically judged to be at high risk of falling, eg previous stroke or PD

# NICE Clinical Guideline 161 in a nutshell

Assess for:

- cognitive impairment
- continence problems
- falls history and fear of falling
- footwear that is unsuitable or missing
- health problems that may increase falls risk
- medication
- postural instability, mobility and/or balance problems
- syncope syndrome
- visual impairment



# NICE Clinical Guideline 161 in a nutshell

Multifactorial interventions:

- Promptly address the patient's identified individual risk factors for falling in hospital **and**
  - Take into account whether the risk factors can be treated, improved or managed during the patient's expected stay
- i.e. Providing a walking aid – Yes  
Delivering a 12+ week exercise programme - No

In association with:

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## Falls and Fragility Fracture Audit Programme (FFFAP)

A suite of linked national clinical audits, driving improvements in care; managed by the Royal College of Physicians.

- > Falls Pathway Workstream
- > Fracture Liaison Service Database (FLS-DB)
- > National Hip Fracture Database (NHFD)



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