

National Audit of Inpatient Falls (NAIF)



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About NAIF

What is NAIF?

The National Audit of Inpatient Falls (NAIF) is a clinically led, web-based continuous audit of all inpatients who have a fall as an inpatient that results in any fracture, head and/or spinal injury. Data are collected from health records to evaluate the fall prevention activities that occurred before the fall that caused the fracture, as well as immediate post-fall management. Data are presented in form of annual report and trust dashboards. Resources have been developed to support organisations with improvement activities and these are available on the Crown webtool and RCP resource page.

All NHS trusts in England and health boards (HBs) in Wales (acute, mental health, community and integrated) with inpatient beds are eligible to participate in NAIF.

Audit standards and components

NAIF standards are primarily derived from the National Institute for Health and Care Excellence (NICE) Clinical guidelines G161 (Falls in older people: assessing risk and prevention) and NICE quality standard 86 (Falls in older people). The audit will consist of two elements:

1. Clinical audit

- Includes all patients who sustain any fracture, head and/or spinal injury while in an inpatient setting
- > Collects evidence of the assessments and interventions undertaken prior to the injury
- > Collects evidence of the management of the patient in the immediate period following the fall that caused the injury

2. Rolling facilities audit

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

The rolling facilities audit can be conducted at any time. Through a series of questions, this allows trusts to benchmark themselves against recommendations on fall prevention policy, practice and leadership.

NAIF expansion

From January 2025, the NAIF will be changing the way that audit data is collected. From the inception of the continuous audit which started in 2019, information about fall prevention activities prior to the fall and immediate post-fall management have been collected for all patients who sustain a femoral (hip) fracture while in hospital.

NAIF is expanding to collect information about patients **aged 65** and over who sustain any fracture, spinal or head injury as a result of an inpatient fall. This is a significant change for participating organisations, as they will have to identify and enter directly patients who are eligible for audit data collection. Up until now, patient cases were identified through the National Hip Fracture Database.

In line with British Geriatrics Society and Royal Osteoporosis Society's recommendations, virtual wards will not be included in the audit as they are not considered as inpatient settings.

Read the <u>additional resource here</u> that gives the reasons for the expansion, describes how the audit will work from January 2025 and makes recommendations as to how organisations can prepare for the change in identification of patient cases eligible for audit data collection.

NAIF webtool

How to access the website

To get set up on the NAIF webtool, a trust/local health board (LHB) will need to complete the registration form. Once your service has been set up, the NAIF team will provide you with access to the webtool. Your email will be automatically added to our mailing list for our quarterly newsletters.

If other team members in your service require access to the webtool, this can be provided by the individual allocated with lead clinician access.

Our resource page includes a <u>user guide</u>, which provides guidance on adding new users and helps users to navigate the webtool.

Key performance indicators

> KPI 1: High-quality multifactorial assessment to optimise safe activity (MASA) — This is a score calculated from adding together six assessment components for each patient (vision, lying and standing blood pressure (LSBP), medication, delirium, mobility, and continence). A maximum score of six indicates that all were completed for that patient. A score of five or more is considered a high-quality assessment.

The components of the MASA are described in more detail here.

Post-fall management

- > KPI 2: Check for injury before moving from the floor and an injury is suspected
- > KPI 3: Appropriate moving and handling method used to move the patient from the floor
- > KPI 4: Medical assessment within 30 minutes of the fall

NAIF does not measure or present falls rates. There are several reasons for this. Firstly, organisational falls rates will vary depending on local demographics, the inpatient specialties offered by a trust and the built environment, so direct comparison is not helpful.

In addition, accurate recording of falls depends on reporting culture. It would be misleading to conclude that low fall rates mean fewer falls.

Finally, falls prevention interventions do not aim to stop falls at all costs – their purpose is to minimise fall risk while enabling patients to remain active and participate in rehabilitation. Focusing on falls rates risks creating an environment of fear among patients and staff, leading to lower activity levels in patients and deconditioning, with the consequent harmful effects on function and wellbeing. NAIF seeks to promote processes associated with high-quality, responsive care and that ensure patients are supported to be safe and active during their inpatient stay.

Entering data on the website

Once you have access to the website, trusts/ HBs can begin entering their data. Data can be uploaded to the site via direct entry.

The <u>latest dataset proforma</u> lists the data that trusts/HBs enter on the website.

Rolling facilities audit

The rolling interactive NAIF facilities audit is designed so that participants can undertake this audit when needed. For example, it could be completed and shared for benchmarking, to justify improvement ideas, support business plans and/or support governance discussions.

There is currently no deadline for completion, trusts are encouraged to use the audit tool at least once a year or more often, if needed, for their service. Facilities audit data will occasionally be included in our national reports. When this is planned, the NAIF team will announce timescales for completion, well ahead of time through mailers and newsletters.

The rolling facilities audit dataset can be downloaded from our <u>website</u>.



How is data fed back to trusts/HBs?

When trusts and HBs input their data, this information is fed back to them via three different methods: the KPI dashboards, run charts and annual reports. These allow trusts and HBs to see what needs improvement and track progress, enabling them to make data-driven decisions when implementing changes to provide better care.

KPI dashboard and run charts

The <u>KPI dashboard</u> provides the proportion of patients entered into the audit who have received care in line with each of our four KPIs. National proportions are provided as a comparison.

By clicking on each dashboard item, run charts are available tracking progress of each KPI over time.

Trusts and HBs should use their own data to inform the focus of local improvement activities.



Annual reports

The annual reports provide a state of the nation overview for the data collected in England and Wales over 1 year. Recommendations, based on the report findings, are made for local and national decision makers to improve practice in supporting older inpatients to move around safely and safe and effective immediate management of inpatient falls.

Previous annual reports can be accessed on our NAIF website.

Trust reports*

Trust reports are generated once yearly following the release of the annual report and provide a breakdown of trust/HB performance on data collected by NAIF and compared to national figures. The trust reports provide more detail than the KPI dashboards as they include breakdown of KPI performance (such as individual MASA components and additional data not included in current KPIs (eg time to analgesia).

*We are refining how trust reports will work going forward and will provide an update in due course.



^{*}More information about trust reports will be updated once details have been confirmed with Crown.

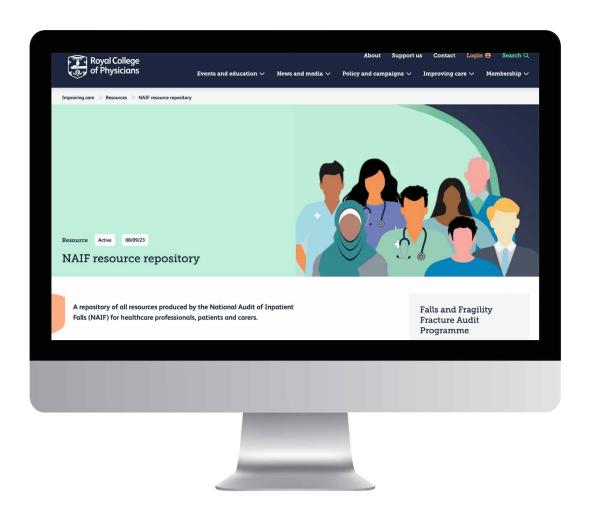
Using NAIF for care improvement

NAIF quarterly webinars and newsletters

The team runs quarterly free interactive webinars delivered by the clinical lead and often accompanied by special guest speakers on different topics around improvement. All webinars are recorded for those unable to attend and can be found on our resource repository.

NAIF regularly sends updates via a quarterly newsletter.

Anyone not registered on the NAIF webtool who wishes to receive updates can <u>email us</u> to join our mailing list.





Resources for clinicians, patients and carers

The NAIF team regularly produces, signposts and updates resources to support improvement.

Support with multifactorial falls risk assessment (MASA)

- > Description of MASA
- How to measure lying and standing blood pressure
- > Look out! <u>Vision assessment resources</u>
- > Falls in older people: assessing risk and prevention NICE clinical guideline (CG161)
- > World Falls <u>Guidelines</u>

Support with post-fall management

- Supporting <u>best and safe practice</u> in post-fall management in inpatient settings
- <u>Falls in older people</u> NICE quality standard (QS86)

Support for patients and healthcare champions

- How should your hospital <u>prevent and respond</u> <u>to falls</u> during your stay?
- Healthcare champions and patient information resource
- > <u>Building your confidence</u> after a fall in hospital

Training and development

- > <u>Preventing falls in hospital</u> interactive e-learning resource: FallSafe and CareFall
- How to get falls e-learning fixed into your organisation
- > Post-fall debrief
- > Post-fall debrief <u>help notes</u>
- > Post-fall SWARM huddle
- > Post-fall SWARM huddle help notes

More resources and past webinars can be found on the <u>NAIF resource repository</u>.

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