

National Audit of Inpatient Falls (NAIF) expansion resource

Commissioned by



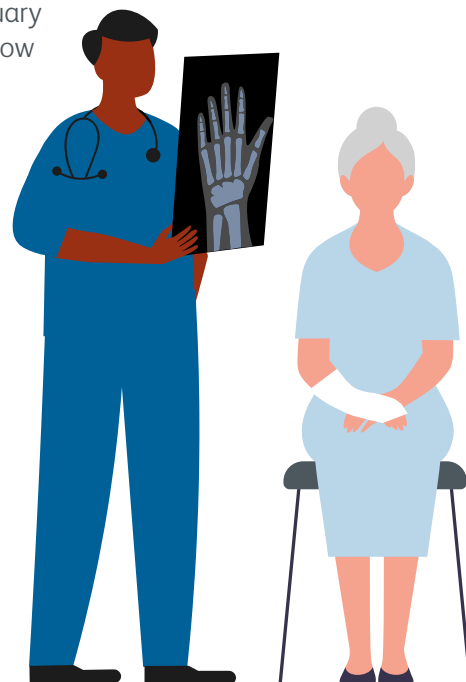
Summary

From January 2025, the National Audit of Inpatient Falls (NAIF) will be changing the way that audit data are collected.

From the inception of the continuous audit which started in 2019, information about falls 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.

From January 2025, NAIF will expand to collect information from patients who sustain any fracture, spinal or head injury as a result of an inpatient fall. This is a significant change for participating organisations, in that they will now have to identify patients who are eligible for audit data collection. Up until now, cases had been identified through the National Hip Fracture Database.

This document 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.



Why the expansion?

Focusing on femoral fractures using the National Hip Fracture Database (NHFD) to ascertain cases, allowed NAIF to refine the audit methodology and target recommendations for improvement. However, feedback from participants and stakeholders has suggested some disadvantages to this approach.

Firstly, the audit only evaluates the management of femoral fractures and no data are available to drive improvement for other fall-related injuries such as head injury, where the quality of immediate post-fall management can significantly alter the outcome for patients.

Secondly, there are thankfully small numbers of fall-related femoral (hip) fractures, with the average trust or health board having 13 each year. From an audit and quality improvement perspective, these small numbers present several challenges. Firstly, small numbers increase the risk of identification of cases so data cannot be published. This means it is not possible for organisations, patients or others to see and use the data to drive improvement. Moreover, where case numbers are small, the data are less reliable making it harder to know if a change is due to chance or a result of changes in practice and/or policy. Collecting data from more cases will enable trusts and health boards to better detect changes and use the NAIF audit dashboard and run charts to reliably measure the effect of improvement initiatives. To address these two limitations, NAIF will expand data collection to include all fall-related fractures, head and spinal injuries.

In recognition that the expansion will increase the number of eligible cases, the number and complexity of audit dataset questions will decrease.

What will happen?

There will be two principal differences in the NAIF audit processes from January 2025:

1. Trusts and health boards will identify eligible cases
2. The dataset will be more streamlined (including fewer questions)

There will be no significant difference to the overall look of the webtool or how data are input, analysed and reported.

Identification

Current case ascertainment

From 2019 until 2024 eligible cases have been identified via the NHFD based on a question in that audit about where the fracture occurred. A link between the NHFD and NAIF alerted NAIF teams when there was case to complete. From 2023, an option was added for NAIF teams to add cases independently.

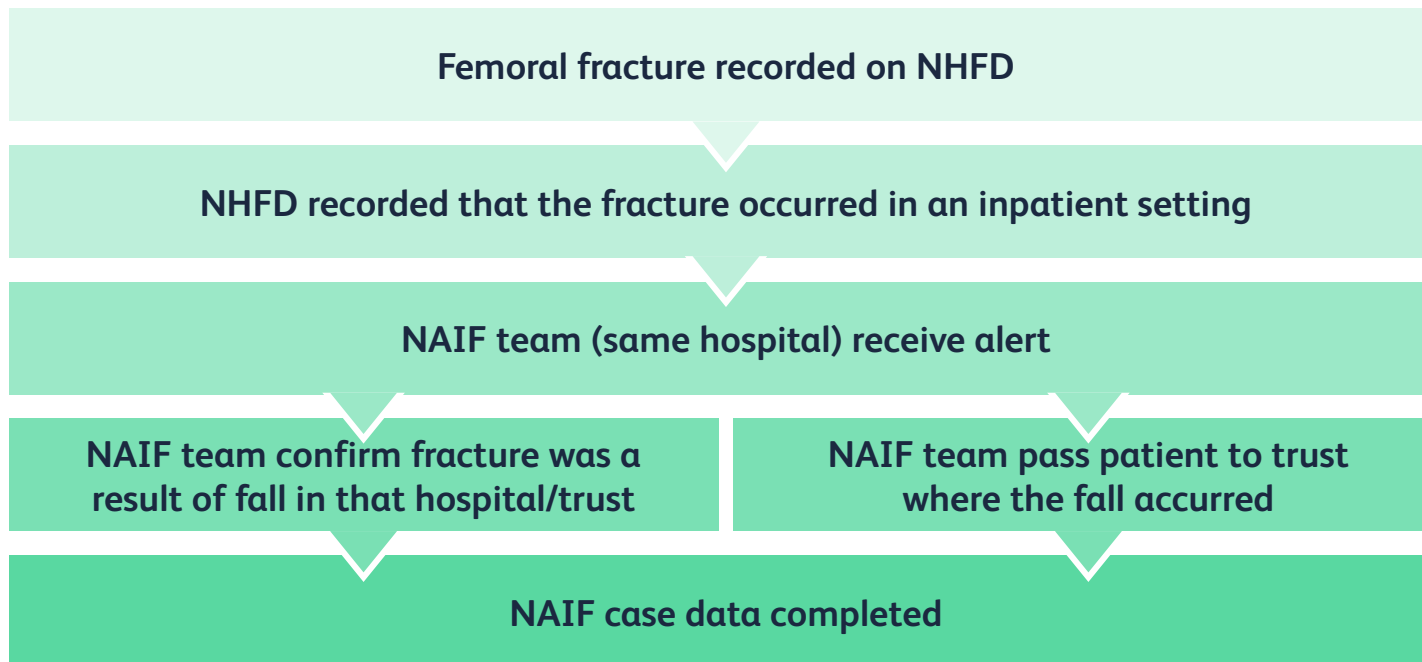


Fig 1. Process of case ascertainment from 2019

Case ascertainment from January 2025

When the audit expands to the new range of injuries, NAIF teams will have to identify the eligible patient cases in their organisation and enter these directly into the NAIF data collection webtool.

We are aware that this new approach to case ascertainment puts more responsibility on trusts and health boards to effectively identify eligible patient cases and that new processes will need to be developed to effect this change. This may be particularly challenging for organisations with non-acute sites where patients will be transferred elsewhere before the nature of their injuries is established.

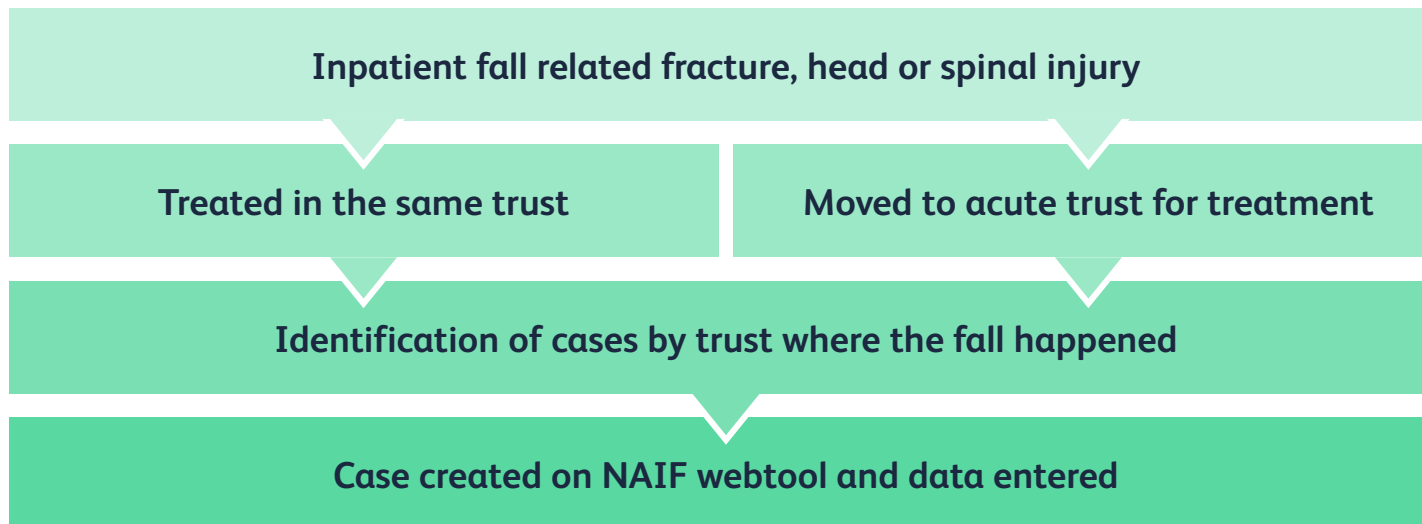


Fig 2. New process of case ascertainment from January 2025

NAIF eligible injuries and definitions from January 2025

To be eligible for the audit the following should apply:

- > The person is admitted to an inpatient bed (or in the emergency department)
- > They are aged 65 or older
- > A head injury, spinal injury or fracture has been sustained as a result of an inpatient fall (see [Definitions of NAIF eligible injuries](#) – these are also available in the webtool in help notes).

Please complete the NAIF audit if the patient:

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



Implementing NAIF case ascertainment

After consultation with stakeholders to identify the most efficient methods for case ascertainment, we recommend English trusts identify cases using the Learn from Patient Safety Events (LFPSE) systems and Welsh Health Boards use Patient Safety Incident Reporting and Management (PSIRM) forms.

It is not obligatory to use this approach – it was selected as it allows semi-automated generation of patient lists using existing processes. Trusts and health boards are encouraged to find the most efficient way to ascertain NAIF eligible cases in their organisation, which may be different to the suggestions here. For example, where falls teams already have a process for collecting these data or the inpatient bed pool is so small, the falls lead would be aware of all cases, the suggested process would be unnecessary.

Trusts may also consider how they link the new NAIF methods with their approach to falls within the Patient Safety Incident Response Framework (PSIRF) (see [NAIF PSIRF resources](#) for more details) to leverage support with audit data entry and streamline processes.



Suggested process for identification of cases

1. Each organisation ‘localises’ their LFPSE/PSIRM by adding a ‘bespoke’ question whenever an inpatient fall is selected as an event:
 - a. ‘Has the patient sustained a National Audit of Inpatient Falls (NAIF) eligible injury?’
2. The list of injuries (see [Definitions of NAIF eligible injuries](#)) could be included as a help note / dropdown) to support those completing the LFPSE/PSIRM report.
3. Ensure an option is given to answer ‘not known’ to allow for diagnoses to be added when they are made after the initial event report is filed.
4. A senior review process should ensure that the NAIF question is answered definitively before a report is signed off.
5. Ensure that NAIF teams have access to download and filter the LFPSE/PSIRM reports to generate lists of NAIF eligible cases.

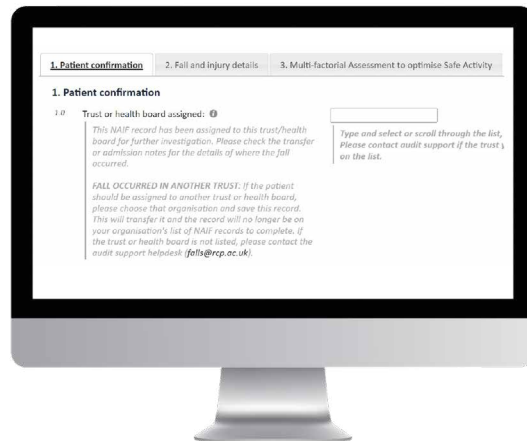
Important note:

In order to ensure accuracy of ascertainment, organisations are encouraged not to prioritise rapid closure of LFPSE/PSIRM cases where time is needed to find out what happened to the patient and whether they had sustained a NAIF eligible injury. This is particularly important when patients are transferred to another acute site for treatment.

Manually adding a new case to the Crown webtool

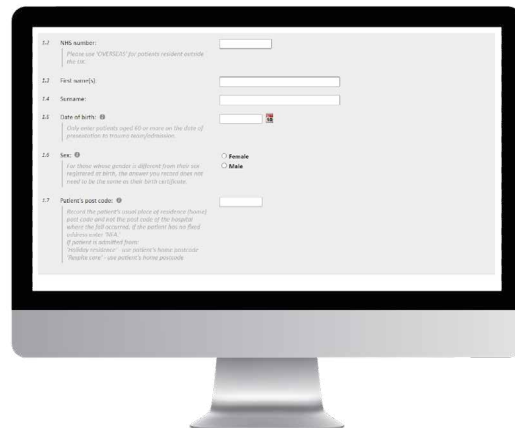
When logged into the webtool, there is a link at the top left-hand side of the screen which will allow a new record to be created. The NAIF audit team will need the patient's full name, date of birth and NHS number to create a new record.

1. You will be asked to specify your trust / health board



The screenshot shows the '1. Patient confirmation' step of the webtool. It includes a progress bar with three steps: '1. Patient confirmation', '2. Fall and injury details', and '3. Multi-factorial Assessment to optimise Safe Activity'. The main content area contains instructions for selecting the trust or health board, a dropdown menu, and a text box for additional information. A note at the bottom explains the process if the fall occurred in another trust.

2. Basic information about the patient is required.



The screenshot shows the patient information step of the webtool. It includes fields for NHS number, first name, surname, date of birth, sex, and patient's post code. Each field has a small icon indicating a required field. There are also radio buttons for 'Male' and 'Female' under the sex field.

3. After selecting the injury type, audit data will be entered in the same way as previously.

Timeframes for submitting data

Data can be entered at any time after the fall that caused the injury. For cases to be included in the yearly national report statistics, all data must be entered before the annual data cut off (which is usually in March for the preceding year). Please be mindful that delays to data entry will mean performance may not be up to date in the live KPI dashboards.



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