

## **National Audit of Inpatient Falls publically available data**

### **Falls lay information RE public data:**

The national audit of inpatient falls reviews the care of older patients in hospital in England and Wales to ensure hospitals take steps to limit the patients' risk of falling. From 2019 onwards the audit will review the care of patients in hospital who fell and fractured their hip. This care will be reviewed by hospitals all year round. Before 2019, the audit was run differently and care was reviewed in specific weeks of the year rather than all year round. In 2015 and 2017 the audit reviewed the care patients in hospital had relating to whether doctors, nurses and other clinical staff checked to make sure they had limited the risk of the patient falling over while in hospital. The information collected in the 2015 and 2017 audits is primarily based on National Institute for Health and Care Excellence (NICE) recommendations. NICE recommends that all patients aged over 65 years old have a multi-factorial falls assessment while in hospital. This includes things like whether the patient had the call bell in reach, whether the patient had their vision checked and whether the patient's medication was reviewed in relation to their risk of falls. In both 2015 and 2017, the audit also reviewed hospital organisations' policies and procedures. You will find information such as whether the organisation has a leadership team with responsibility for falls prevention and whether the number of falls in the organisation are recorded and reported on regularly throughout the year. The patient and organisational information collected is publicly available [here](#). FFFAP and NAIF encourage the use of the publicly available data for research and also NHS service improvement work. If you have any questions please contact [falls@rcplondon.ac.uk](mailto:falls@rcplondon.ac.uk)

## **Data available for the NAIF**

Data analysed for snapshot audits for the annual reports in both 2015 and 2017 (metrics depends on what was reported for the specific year, to date two snapshot audits have been conducted 2015 and 2017). The full summary of the data available is in the data definitions files:

<https://www.rcplondon.ac.uk/file/9578/download?token=zVbmKF6s>

Metrics available include:

### **Key Indicators:**

- Number and % of patients assessed for presence or absence of delirium
- Number and % of eligible patients with continence or toileting care plan
- Number and % of patients who've had measurement of lying and standing blood pressure
- Number and % of patients an assessment for medications that increase falls risk
- Number and % of patients who've had any assessment of vision
- Number and % of patients who had call bell in sight and in reach of patient
- Number and % of patients who had appropriate mobility aid in reach

### **Other indicators**

- Number and % of patients asked about history of falls
- Number and % of patients who've had any assessment of cognitive impairment
- Number and % of patients with care plan to support the patient with cognitive impairment
- Number and % of patients with delirium care plan where needed
- Number and % of patients who had any assessment of continence
- Number and % of patients who had any assessment of fear of falling
- Number and % of patients who had a record of level of mobility
- Number and % of patients who had a mobility care plan
- Number and % of patients who had a medication review beyond medicine reconciliation with regard to falls risk
- Number and % of patients who had night sedation or other sedative medication administered since admission
- Number and % of patient had had a vision care plan where needed
- Number and % of patients who had documented evidence that patient/family/carer received written information about falls risk or falls prevention
- Number and % of patients who had documented evidence that patient/family/carer received oral information about falls risk or falls prevention
- Number and % of patients with safe footwear on feet
- Number and % of patients with immediate environment including route to nearest toilet free from clutter/trip/slip hazards