The English and Welsh National Audit of Inpatient Falls: Six Years Using Data to Drive Improvement

J Whitney[1]; F Asadi[2]; S Howie[3]; M Murden[4]; J O' Flaherty[5]; S Pryor[6]; J Windsor[7]; Y Ang [2].

1. School of Life Course & Population Sciences, King's College London 2. Royal College of Physicians, London 3.St George's University Hospitals NHS Foundation Trust 4. Imperial College Healthcare NHS Trust 5. Mersey Care NHS Foundation Trust 6. Herts Bedded Units, Central London Community NHS Trust 7. National Patient Safety Team, NHS England

Introduction

- Falls are common in inpatient settings and are associated with poor outcomes.
- Evidence demonstrates multifactorial interventions to address fall risk factors are effective, and as such, have been incorporated into national and international guidelines[1,2]. However, these complex interventions are difficult to implement at scale in hospitals.
- Continuous audit with embedded quality improvement is one method for implementation and scaling up complex interventions.

Methods

- The National Audit of Inpatient Falls (NAIF), is funded by the Healthcare Quality Improvement Partnership and run by the Royal College of Physicians.
- Inpatient fall prevention actions and immediate post-fall management is continuously audited in older people who sustain fall-related injuries as a result of an inpatient fall in all English and Welsh hospitals.
- Key Performance Indicators (KPIs) are based on NICE quality standards for falls[3] and shared with hospitals via live dashboards, trust reports and an annual state of the nation report.

Results

- Continuous data collection for inpatient hip fractures started in 2019.
- There are ~ 2000 inpatient hip fractures each year, of which 85% are attributed to an inpatient fall.
- Audit completion rates are high and engagement with the programme is good.

Discussion

- The NAIF audit has driven improvement in assessment and management of falls through data, provision of resources and support for quality improvement through regular webinars.
- In 2025, the audit expanded to cover more fall-related injuries. Data analysis on this will begin in 2026.

KPI 1 : High quality Multifactorial Assessment to optimise Safe Activity (MASA)

KPI 1 indicates the proportion of patients who have ≥5 of the following actions prior to the fall: Vision assessment, Lying/standing blood pressure (LSBP), medication review, delirium screening and mobility & continence assessments and care plans.

Fig. 1. Change in KPI 1 between 2022 and 2024

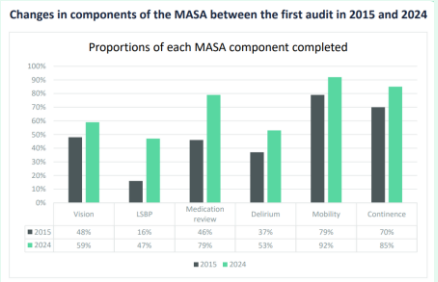

Fig. 3.MASA components 2015 and 2024

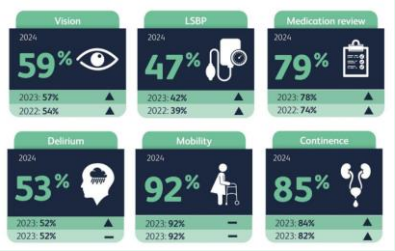

Fig. 2. Components of the MASA

KPI 1 rose from 31% in 2021 to 43% in 2024 with improvements in vision and LSBP assessment.
There have been greater improvements when analysing the changes between the first snapshot audit in 2015 and 2024 (fig.3).

KPI's 2-4 : Post fall management

KPI 2 evaluates if an effective initial check for injury took place before movement from the floor.
KPI 3 measures whether safe techniques were used to move the patient from the floor.
KPI 4 records whether a medical examination was undertaken within 30 minutes of the injurious fall.
All KPI's improved between 2022-24.

Fig. 4. Change in KPI 2,3 and 4 between 2022 and 2024

To access our resources, please use this link or the QR code to the right