

- CQC have collaborated with the NAIF and agreed to present these ‘key’ metrics about the quality of services.
- The audit report may also be reviewed if necessary [here](#).
- Outliers are generated from both the Hospital Profile data and the Annual Report data.

What this measures & rationale for inclusion	Interpretation	CQC prompts for follow-up
Is there documented evidence in the clinical notes that the patient was checked for signs or symptoms of potential for spinal injury and fracture before they were moved? (Safe)		
<p>Cases where patients were checked for injury before being moved.</p> <p>When a person falls, it is important that they are assessed and examined promptly to see if they are injured. This will inform decisions about safe manual handling and ensure that any injuries are treated in a timely manner. Checks for injury should be included in a post-fall protocol that is followed for all older people who fall during a hospital stay.</p>	<p>This is the percentage of patients checked for injury before moving. Trusts are encouraged not to compare with other sites, but instead to look at their individual progress over time. National averages are however shared for trusts to compare their performance with. Benchmarked as: ≥90% Better than expected (an aspirational standard) 80%<90% expected range (meets the standard) 60%<80% worse than the standard <60% much worse than the standard</p>	<p>Clinical leads should be able to evidence use of QI methods to reduce falls and where performance is poor, to improve post fall assessment.</p> <p>All patients over 65 should have a high-quality multifactorial falls risk assessment completed in line with NICE guidance. Notes/observation should reflect these are being followed. Local guidance on falls management should include assessment before moving a patient. Clinical notes can be checked for documentation of examination of patient before being moved.</p> <p>Ensure staff have appropriate training in assessment of spinal injury and fracture. Trained staff should be available 24/7. Timely and effective post-fall management improves outcomes for patients.</p>
What manual handling method was used to move the patient following the fall that resulted in the hip fracture (as documented in the clinical notes)? (Effective)		
<p>Cases where safe manual handling method was used to move a patient from the floor.</p> <p>When a person falls, it is important that safe methods are used to move them, to avoid causing pain and/or further injury. This is critical to their chances of making a full recovery. Safe manual handling methods should be included in a post-fall protocol that is followed for all older people who fall during a hospital stay.</p>	<p>This is the percentage of patients moved using flat lifting equipment. Trusts are encouraged not to compare with other sites, but instead to look at their individual progress over time. National averages are however shared for trusts to compare their performance with. Benchmarked as: ≥90% Better than expected (an aspirational standard) 80%<90% expected range (meets the standard) 60%<80% worse than the standard <60% much worse than the standard</p>	<p>Clinical leads should be able to evidence use of QI methods to reduce falls and where performance is poor, to improve safe manual handling post fall.</p> <p>Staff should have appropriate and up to date manual handling training. Ensure guidance is being followed by checking clinical notes of patients who have fallen. If compliance is poor review any reported incidents due to inappropriate manual handling technique. Ensure specialist equipment is available and able to be accessed with speed, including out of hours.</p>
Is there documented evidence that the patient had a medical assessment within 30 minutes of the fall that resulted in the femoral fracture? (Effective)		
<p>Cases that received a medical assessment within 30 minutes of a fall.</p>	<p>This is the percentage of patients assessed by a doctor within 30mins of a fall which was documented in the clinical notes.</p>	<p>Clinical leads should be able to evidence use of QI methods to reduce falls and where performance is poor, to improve the speed and</p>

When an older person falls, it is important that they have a prompt medical examination to see if they are injured. This is critical to their chances of making a full recovery. Timescales for medical examination should be included in a post-fall protocol that is followed for all older people who fall in hospital.

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quality of medical assessment and analgesia provision. Request local falls guidelines and ensure they reflect the need for a medical review within 30 minutes of injury. Staff should know when and how to contact a trained professional for a medical review, particularly out of hours when fewer staff can increase delays. Check medical notes and prescription charts of falls patients to ensure they are receiving a prompt medical review and analgesia is being given. Ideally within 30 minutes of an injury. Timely and effective post-fall management improves outcomes for patients.

Version	Live date	Author	Details
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20221124	24/11/22	MR	Agreed by NAIF