

National Clinical Audit and Patient Outcomes Programme Project Summary

National Audit of Falls and Bone Health in Older People (2008-2011)

Purpose

The audit measures the organisation of services and care provided to older people for falls prevention, bone health and fracture management. Standards are derived from:

- National Service Framework (NSF) for Older People
- National Institute for Health and Clinical Excellence (NICE): the assessment and prevention of falls in older people (Clinical Guideline 21)
- NICE Technology Appraisal Guideline (161): secondary prevention of osteoporotic fractures in postmenopausal women
- British Orthopaedic Association (BOA), Care of Fragility Fractures (the "Blue Book")
- Scottish Intercollegiate Guideline Network (SIGN), Fractured neck of Femur (56).

The audit provides national benchmarking data, using evidence based quality standards, for a variety of healthcare settings: acute, primary care, care homes and mental health care.

Methodology

The audit has both organisational (policies, structures and staffing) and clinical (patient care) components.

The organisational audit requires one form to be completed for each organisation, using self-assessment.

The clinical audit uses local data, derived from case notes retrospectively, following the patient journey across the primary-secondary care interface. The first clinical audit looked at 20 hip fracture and 40 non-hip fragility fracture patients.

Sample size and types of falls/fractures for the next round of the audit has yet to be confirmed.

Participants gather data onto a hard copy data collection form and then transfer this information on to the web tool. Once participants have completed their data collection they can export their data to an Excel spreadsheet for their own use.

The Clinical Effectiveness and Evaluation Unit (CEEU) of the Royal College of Physicians London, has experienced in-house statisticians who contribute to the data collection tools, audit pilot, analysis and reports.

Key Quality Indicators

“Key” public indicators, based on evidence based standards with high validity, have been developed and published for the organisational audit, but have yet to be defined for the clinical audit.

Physiotherapy assessment within first 72 hours of admission

Data Collection Schedule

- Data collection for the organisational audit is: September – October 2010
- Data collection for the clinical audit is: October – December 2010

Participants will be able to commence data collection for both audits in September 2010.

Is the Audit Process or Outcome focused?

The audit is process focused. The audit is complementary to the National Hip Fracture Database (NHFD), which looks at hip fracture clinical outcomes but does not assess process in detail or depth. For example, the audit investigates the quality of care delivered (process) against standards such as evidence based prescribing for the prevention of secondary fragility fracture; whereas the NHFD measures mortality (outcome) following hip fracture.

Who is involved in the audit?

The Healthcare Quality Improvement Partnership (HQIP) has a contract with the Royal College of Physicians (RCP) London, CEEU to deliver the audit. The CEEU employs a project manager, administrator & clinical lead to carry out the audit, supported by a multi-professional steering group.

Main stakeholders

The Steering Group has representatives including the RCP, Help the Aged, Physiotherapists, Occupational Therapists, British Geriatrics Society (BGS), Royal College of General Practitioners (RCGP), Royal College of Nursing (RCN), Pharmacists, Social Care, Public Health and National Osteoporosis Society within England, Northern Ireland and Wales.

Date of the next Annual Report and outline content

An annual report is not provided. Instead, an individual report follows each round of the audit. The report is produced within 12 weeks of the end of data collection. Reports are provided to participating sites to illustrate their results compared to similar healthcare organisations. In addition, a national report is produced.

The next national report will be published in March 2011, summarising the next round of both organisational and clinical audits. A public report containing key indicators and identifying sites per SHA will also be published in March 2011.

More information:

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<http://www.rcplondon.ac.uk/clinical-standards/ceeu/Current-work/Falls/Pages/Introduction.aspx>