

Report at a glance – key messages

Femoral fractures sustained in inpatient settings result in poorer patient experience and worse outcomes compared with fractures that occur outside of hospital.

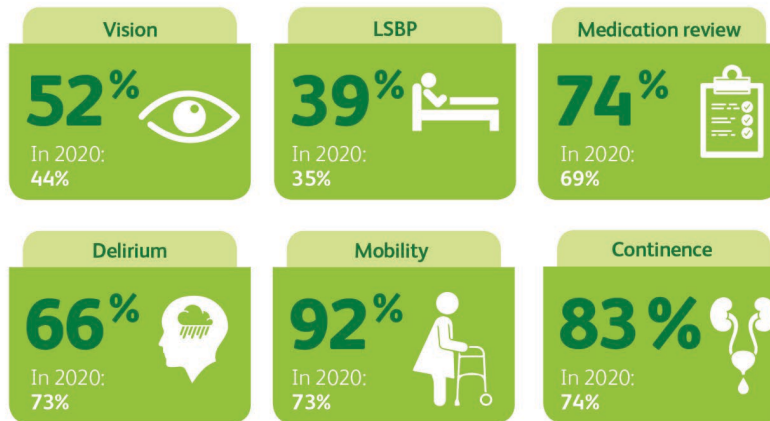
Femoral fractures can occur on any ward – not just on older people’s wards.

There is only one chance to get things right – most (80%) femoral fractures occur on the first inpatient fall.

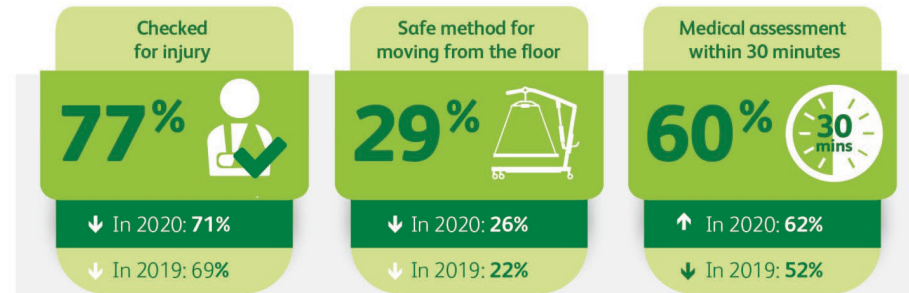
The records of inpatients who had a femoral fracture as a result of a fall were audited for the presence of multifactorial falls risk assessment (MFRA) prior to the fracture and post-fall management immediately afterwards.



of trusts and local health boards (LHBs) in England and Wales participated in the audit this year.



There have been improvements in the proportion of patients receiving MFRA component assessments, the exception being delirium assessment. However, completion of lying and standing blood pressure assessment remains below 50%. Two-thirds of MFRAs included fewer than five of these six component assessments.



Post-fall management KPIs continue to gradually improve, but only one-third of patients with a femoral fracture are moved from the floor using flat lifting equipment. Using flat lifting equipment reduces the risk of pain and distress for patients who have sustained a femoral fracture.

Next steps for trusts/LHBs:

- review local data on webtool and in the trust report
- identify areas for action in your organisation
- use quality improvement methods to find out why it is a problem, design an improvement intervention to address the problem, measure the impact of the intervention and ensure changes are sustained.