

# National Audit for Falls and Bone Health in Older People 2010 Clinical Audit

## Group 1 Data Collection Form (Non-hip fragility fracture patients)

### The web tool will be open for data entry on 12 August 2010

Data is to be collected and then entered onto the web tool by Monday 20<sup>th</sup> December 2010

Between 20<sup>th</sup> and 30<sup>th</sup> December 2010 we ask you to export your data and check it for accuracy.

There will not be an opportunity to change information after 12 midday on Thursday 30<sup>th</sup> December because the web tool will be locked and all data will be with the statistician for analysis.

If, as you collect the information you find there is a need to explain your answers further, write a comment beside the question so that you can transfer this to the web tool comment box at a later date. Any questions contact: [fbhop@rcplondon.ac.uk](mailto:fbhop@rcplondon.ac.uk)

**Use the help notes to ensure your answers are consistent**

### DEMOGRAPHICS AND CASE MIX

Is this a data validation check?

☐ Yes

☐ No

Enter your number for this patient here

Patient audit number (web tool)

**(Assigned by web tool on data inputting)**

Auditor

**(please select all that apply)**

**(Add number here when entering data on web tool )**

- ☐ Doctor
- ☐ Nurse
- ☐ Therapist
- ☐ Pharmacist
- ☐ Clinical Audit
- ☐ Other (please specify)

Age

Sex

☐ Female

☐ Male

Usual place of residence

- ☐ Private residence
- ☐ Warden assisted
- ☐ Residential care home
- ☐ Care home (with nursing)
- ☐ Other (please specify)

Does this patient live alone?

☐ Yes

☐ No

Has the patient fractured as the result of a fall (exclude high-trauma injuries)?

☐ Yes

☐ No

Date of the fall

/   /     (DD/MM/YYYY)

**(Only include patients that fall & fracture a maximum of 5 days prior to presentation date)**

Injury incurred – what was fractured?

- ☐ Wrist
- ☐ Humerus
- ☐ Vertebra
- ☐ Pelvis

## 1.1 PRESENTATION

- 1.1.1 Place of presentation  
(Where patient attended NHS services for assessment / treatment)
- ☐ A&E  
☐ MIU  
☐ Other (give details)
- 1.1.2 Registration date (DD/MM/YYYY)  
(Week-day will be automatically displayed on the web tool)  
Registration time (24 hour clock)
- DD/MM/YYYY  
□□/□□/□□□□  
HH:MM  
□□:□□ hours
- 1.1.3 Date of discharge / admission / transfer from place of presentation?  
(Date of discharge / transfer from A&E / MIU etc)  
Time of discharge / admission to a ward/ transfer from another department from place of presentation (if not documented, use time of first notes entry *following* transfer)
- DD/MM/YYYY  
□□/□□/□□□□  
HH:MM  
□□:□□ hours
- 1.1.4 Was the patient admitted to an acute unit?  
(If **yes**, go to 1.1.4.1. If you have answered **No** go to 1.1.6)  
If **yes**, you will not be able to answer 1.1.7
- O Yes O No
- 1.1.4.1 In the first week of admission (or acute peri operative period) on what ward did the patient spend the majority of their time?
- ☐ Orthopaedic ward  
☐ Orthogeriatric ward  
☐ Dedicated hip fracture ward  
☐ General geriatric ward in acute trust  
☐ Other acute hospital ward (give details)  
☐ Community hospital – Geriatrician input  
☐ Community hospital - other  
☐ Other (give details)
- 1.1.4.2 Was transfer for rehabilitation in an NHS setting required?  
(If **yes**, go to 1.1.4.3. If you have answered **No** go to 1.1.5)
- O Yes O No
- 1.1.4.3 In what type of NHS setting was rehabilitation performed for the patient?
- ☐ Orthogeriatric ward  
☐ Dedicated hip fracture ward  
☐ General geriatric ward in acute trust  
☐ Other acute hospital ward (give details)  
☐ Community hospital – Geriatrician input  
☐ Community hospital - other  
☐ Other (give details)
- 1.1.4.4 Date patient moved to rehabilitation setting
- DD/MM/YYYY  
□□/□□/□□□□

- 1.1.4.5 On what ward/unit did the patient spend the majority of time between acute admission and discharge from NHS care?
- ☐ Orthopaedic ward  
☐ Orthogeriatric ward  
☐ Dedicated hip fracture ward  
☐ General geriatric ward in acute trust  
☐ Other acute hospital ward  
☐ Community hospital – Geriatrician input  
☐ Community hospital - other  
☐ Other (give details)
- 1.1.5 Date of discharge from inpatient NHS care? (i.e. the date of return to usual residence or new **permanent** residence)
- DD/MM/YYYY  
  /   /
- 1.1.5.1 What was the discharge destination from this complete episode?
- ☐ Usual residence  
☐ Other private address  
☐ Warden assisted (new)  
☐ Residential care home (new)  
☐ Nursing home (new)  
☐ Other (give details)
- 1.1.6 Did the patient have rehabilitation or support at home from a specialist early supported discharge team? O Yes      O No
- 1.1.7 **If not admitted to acute hospital**, where was the patient discharged to following assessment at ED/MIU?  
 (If you have answered **Yes** to 1.1.4 you cannot answer this question)
- ☐ Usual residence  
☐ Other private address  
☐ Intermediate care bed  
☐ Residential care home (new)  
☐ Nursing home (new)  
☐ Other (give details)
- 1.1.8 Did the patient have any *unplanned* readmissions within 28 days of discharge from the presenting episode? O Yes      O No

## **SECONDARY PREVENTION can be completed at various stages after the fall and fracture**

### **3.1 MULTI-FACTORIAL FALLS RISK ASSESSMENT**

**Not all components of a multi factorial risk assessment are relevant for all patients. Components may be performed at various stages after the fall has occurred and not all simultaneously.**

The data to be collected here should be derived from assessments that are carried out by the local falls service team or by staff adhering to processes within a locally developed falls pathway.

### **3.1 FALLS**

- |       |  |                           |                          |
|-------|--|---------------------------|--------------------------|
| 3.1.0 | Was a multi-factorial risk assessment performed?   | <input type="radio"/> Yes | <input type="radio"/> No |
| 3.1.1 | Did the falls assessment include a history of falls in the past year?  | <input type="radio"/> Yes | <input type="radio"/> No |
| 3.1.2 | Did the falls assessment include the context of the <i>presenting</i> fall (place and activity)?   | <input type="radio"/> Yes | <input type="radio"/> No |
| 3.1.3 | Was there documented evidence of the consideration of the cause of the index fall (aetiology) <i>including</i> transient loss of consciousness?            | <input type="radio"/> Yes | <input type="radio"/> No |
| 3.1.4 | Did the assessment document the presence or absence of any previous syncope, blackout, or unexplained fall(s)?   | <input type="radio"/> Yes | <input type="radio"/> No |
| 3.1.5 | Does the clinical record include a standardised assessment of cognitive function ( <i>not including pre-op for hip fracture, unless this was normal</i> )? | <input type="radio"/> Yes | <input type="radio"/> No |

### **3.2 MEDICATION**

#### **Medication review**

- |       |   |                           |                          |
|-------|---|---------------------------|--------------------------|
| 3.2.1 | Does the clinical record include any features of a medication assessment at the time of the fall? | <input type="radio"/> Yes | <input type="radio"/> No |
| 3.2.2 | Was the patient on any psychotropic (see help notes) medication at the time of the fall?          | <input type="radio"/> Yes | <input type="radio"/> No |
| 3.2.3 | Was the patient was on night sedation (see help notes) medication at the time of the fall?        | <input type="radio"/> Yes | <input type="radio"/> No |

#### **Medication intervention**

- |       |  |                           |                          |
|-------|--|---------------------------|--------------------------|
| 3.2.4 | By 12 weeks after the fall was there <i>evidence</i> of a medication review? (Can be in hospital, at home, in clinic etc.) | <input type="radio"/> Yes | <input type="radio"/> No |
| 3.2.5 | By 12 weeks after the fall was the patient on any psychotropic (see help notes 3.2.2) medication?                          | <input type="radio"/> Yes | <input type="radio"/> No |
| 3.2.6 | By 12 weeks after the fall was the patient on any night sedation (see help notes 3.2.3) medication?                        | <input type="radio"/> Yes | <input type="radio"/> No |

### **3.3 CARDIOVASCULAR**

#### **Did the patient's cardiovascular assessment include:**

- |       |  |                              |                             |
|-------|--|------------------------------|-----------------------------|
| 3.3.1 | Documentation of presence or absence of heart murmurs?   | <input type="radio"/> Yes    | <input type="radio"/> No    |
| 3.3.2 | Performance of an ECG?<br>(If you have answered <b>Yes</b> go to 3.3.3. If you have answered <b>No</b> go to 3.3.4.) | <input type="radio"/> Yes    | <input type="radio"/> No    |
| 3.3.3 | Documentation that the ECG was analysed?   | <input type="radio"/> Yes    | <input type="radio"/> No    |
| 3.3.4 | Documented lying and standing blood pressure readings?<br>(Exception – if patient is unable to stand)                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

☐ Unable to stand

### 3.3 CARDIOVASCULAR (continued)

#### Did the patient's cardiovascular assessment include:

- 3.3.5 Did cardiac assessment reveal an abnormality requiring further investigation or onward referral? (Also answer No if no assessment done) (If **Yes** go to 3.3.6, If **No** go to 3.4) ☐ Yes ☐ No
- 3.3.6 Is there evidence of referral to/for further investigation or assessment for cardiac disease? ☐ Yes ☐ No

### 3.4 VISION

- 3.4.1 Did the patient have any assessment for visual impairment? (Assessing reading only is insufficient, as near sight is not relevant to falls risk) ☐ Yes ☐ No ☐ Registered blind

### 3.5 CONTINENCE

- 3.5.1 Did the patient have any assessment of urinary function, including continence status? (If you have answered **Yes** go to 3.5.2. If **No** go to 3.6.) ☐ Yes ☐ No
- 3.5.2 Was there any impairment of urinary function or continence? (If you have answered **Yes** go to 3.5.3. If **No** go to 3.6.) ☐ Yes ☐ No
- 3.5.3 Was referral made for continence problems from the assessment, or is there clear documentation that referral was not required? ☐ Yes ☐ No ☐ Not required

### 3.6 ASSESSMENT OF MOBILITY AND FUNCTION

- 3.6.1 Do the clinical records indicate that a gait, balance and mobility assessment was performed within 12 weeks of the fall? (If you have answered **Yes** go to 3.6.2. If you have answered **No**, **Immobile** or **Declined** go to 3.6.5.) ☐ Yes ☐ No ☐ Immobile ☐ Declined

#### Does the clinical record of this assessment include:

- 3.6.2 Result of a gait, balance and mobility assessment, using a standardised tool (or a decision that further assessment is inappropriate, e.g. severely limited mobility)? ☐ Yes ☐ No
- 3.6.3 Statement of person's perceived functional ability? ☐ Yes ☐ No
- 3.6.4 Record of fear of falling during activities of daily living using recognised assessment tool? ☐ Yes ☐ No

#### Strength and Balance Training interventions

- 3.6.5 Has the patient participated in any form of exercise programme? (If you have answered **Yes** go to 3.6.6. If you have answered **No**, **Not relevant** or **Declined** go to 3.7.) ☐ Yes ☐ No ☐ Not relevant ☐ Declined
- 3.6.6 Was this an Otago or FaME programme > 12 weeks duration? (Modification or shorter duration is only acceptable if this is clearly documented as being on clinical grounds, including frailty, not if a modified programme is offered as standard). ☐ Yes ☐ No ☐ Modified
- 3.6.7 Has the strength and balance programme been **prescribed** by an appropriately trained professional? ☐ Yes ☐ No
- 3.6.8 Has the strength and balance programme been **monitored** by an appropriately trained professional competent to modify and progress the exercise programme? ☐ Yes ☐ No

### 3.7 SAFETY AT HOME

**Skip 3.7 if usual place of residence is a residential or nursing home**

- 3.7.1 Was the patient's home assessed by an Occupational Therapist for home/environmental hazards?  
(If **yes** answer got to 3.7.2. If **no, not relevant or declined** go to 3.7.4)

☐ Yes  
☐ No  
☐ Declined  
☐ Did not return home

- 3.7.2 Was an access or home visit/assessment performed in the patient's own environment?

(If you have answered **Yes** go to 3.7.3. If you have answered **No** or **Declined** go to 3.7.4.)

☐ Yes  
☐ No  
☐ Declined

- 3.7.3 What home hazard assessment was performed in the patient's own environment?

☐ Westmead  
☐ Home fast  
☐ Safety Assessment of function for rehabilitation (SAFER)  
☐ Locally validated tool (provide supporting evidence of validation)  
☐ Unvalidated tool or no tool

#### Home hazard interventions

- 3.7.4 Were appropriate home hazard interventions offered?

☐ Yes  
☐ No  
☐ Not relevant  
☐ Declined

- 3.7.5 Was the patient recommended any form of telecare (such as a pendant alarm) to assist in the management of their falls risk?

☐ Yes  
☐ No  
☐ Not relevant  
☐ Declined

### 3.8 SOCIAL CARE

- 3.8.1 Was the patient assessed for their need of social care support?

(If **yes** answer 3.8.2. If **no, not relevant or declined** go to 3.9)

☐ Yes  
☐ No  
☐ Not relevant  
☐ Declined

- 3.8.2 Was referral for Social services input offered?

☐ Yes  
☐ No  
☐ Not relevant/private care  
☐ Declined

### 3.9 ORGANISATION OF CARE

- 3.9.1 Did the multi-factorial falls risk assessment involve a multidisciplinary falls clinic/service?

(If **yes** then answer 3.9.2. If **no or not appropriate**, go to 3.9.3)

☐ Yes  
☐ No  
☐ Not appropriate

- 3.9.2 Did the multi-factorial falls clinic/service include medical assessment supervised by a consultant or non-consultant career grade?

☐ Yes ☐ No

- 3.9.3 Did the multi-factorial falls risk assessment of this patient lead to an individualised intervention plan recorded in the clinical notes?

☐ Yes  
☐ No  
☐ Not relevant

(If **yes**, complete 3.9.4. If **no or not relevant** go to section 4)

- 3.9.4 Was the intervention plan shared with the patient in writing?

☐ Yes ☐ No

#### 4.1. OSTEOPOROSIS SECONDARY PREVENTION

- 4.1.1 Was a clinical assessment of osteoporosis/fracture risk performed in line with NICE TA 161 or good practice for men? (Including decision to commence treatment in women aged 75, women 65-74 years and men aged 65 and over with osteoporosis.) O Yes    O No
- Previous DXA Scan**
- 4.1.2 Does the patient have documented evidence of a previous fragility fracture? O Yes    O No
- 4.1.3 Has the patient had a DXA scan in the 2 years prior to the presenting fracture? O Yes    O No  
(If you have answered **Yes** go to 4.1.4. If you have answered **No** go to 4.1.5.)
- 4.1.4 Did the patient's DXA scan show evidence of osteoporosis? ☐ Yes  
☐ No  
☐ No scan results available
- New DXA Scan**
- 4.1.5 Has the patient been referred for a DXA scan following the **presenting fracture**? Or was a clinical decision documented to commence treatment without DXA in female patient aged 75 and over? Or had a DXA been performed previously? ☐ Yes  
☐ No  
☐ Clinical decision  
☐ Previous DXA  
(If you have answered **Yes** go to 4.1.6. If you have answered **No**, **Clinical decision** or **previous DXA** go to 4.2.)
- 4.1.6 Was the DXA scan performed within 6 weeks of the index fracture? O Yes    O No
- 4.1.7 Did the patient's DXA scan following the **presenting fracture** show evidence of osteoporosis? O Yes    O No

#### 4.2. OSTEOPOROSIS INTERVENTIONS

##### **Prior prescription of Calcium, Vitamin D, Bisphosphonates or other osteoporosis medications**

- 4.2.1 Was the patient prescribed Calcium (1 g per day) prior to the fracture? O Yes    O No
- 4.2.2 Was the patient prescribed Vitamin D3 (800 iU per day) prior to the fracture? O Yes    O No
- 4.2.3 Was the patient prescribed a bisphosphonate or other appropriate medication prior to the fracture? (Other licensed and recommended medications are Strontium, Parathyroid hormone analogues, Raloxifene) O Yes    O No

##### **Post-fracture prescription of Calcium, Vitamin D, Bisphosphonate or other osteoporosis medications**

- 4.2.4 At 12 weeks post fracture, was the patient prescribed Calcium (1 g per day or equivalent)? ☐ Yes  
☐ No  
☐ Contraindicated
- 4.2.5 At 12 weeks post fracture, was the patient prescribed Vitamin D (800 iU per day or equivalent)? ☐ Yes  
☐ No  
☐ Contraindicated
- 4.2.6 At 12 weeks post fracture, was the patient prescribed a bisphosphonate? ☐ Yes  
☐ No  
☐ Contraindicated  
If you have answered **Yes** go to 5.1. If you have answered **No** go to 4.2.7.
- 4.2.7 At 12 weeks post fracture, was the patient prescribed other appropriate therapy for osteoporosis (strontium, parathyroid hormone (PTH), or raloxifene or denosumab)? ☐ Yes  
☐ No  
☐ Contraindicated

## **5 INFORMATION PROVISION**

- |     |   |                           |                          |
|-----|---|---------------------------|--------------------------|
| 5.1 | Is it documented within the medical, nursing or therapy notes that oral falls prevention information has been given to the patient or their carer?  | <input type="radio"/> Yes | <input type="radio"/> No |
| 5.2 | Is it documented within the medical, nursing or therapy notes that written falls prevention information has been given to the patient or their carer?<br>(If Yes, go to 5.3, If No go to 5.4) | <input type="radio"/> Yes | <input type="radio"/> No |
| 5.3 | Has the written falls information been provided in the patients own (or preferred) language?  | <input type="radio"/> Yes | <input type="radio"/> No |
| 5.4 | Is it documented within the medical, nursing or therapy notes that oral information with regard to bone health has been given to the patient or their carer?                                  | <input type="radio"/> Yes | <input type="radio"/> No |
| 5.5 | Is it documented within the medical, nursing or therapy notes that written bone health information has been given to the patient or their carer?<br>(If Yes, go to 5.6, If No go to end)      | <input type="radio"/> Yes | <input type="radio"/> No |
| 5.6 | Has the written information on bone health been provided in the patients own (or preferred) language?   | <input type="radio"/> Yes | <input type="radio"/> No |