

## Key Performance Measures of use to AFFINITY project

*Standards as per the National Strategy 2008 –these are being collected by HIPE Irish Hip Fracture Database*

### **Hip Fracture Management**

**Standard 1:** All patients with hip fracture should be admitted to an acute orthopedic ward within 4 hours of presentation

**Standard 2:** All patients with hip fracture who are medically fit should have surgery within 48 hours of admission, and during normal working hours

**Standard 3:** All patients with hip fracture should be assessed and cared for with a view to minimising their risk of developing a pressure ulcer

**Standard 4:** All patients presenting with a fragility fracture should be managed on an orthopaedic ward with routine access to Geriatrics medical support from the time of admission

**Standard 5:** All patients presenting with fragility fractures should be assessed to determine their need for therapies to prevent future osteoporotic fractures

**Standard 6:** All patients presenting with a fragility fracture following a fall should be offered multidisciplinary assessment and intervention to prevent future falls

Are all of these standards being captured by IHFD as is?

### ***Proposed stats that may be collected within the PCT's,***

1. Number of people screened over 3 months
2. Number who had multi-factorial assessment over 3 months
3. Number of people referred onwards over 3 months

It may be possible to collate this information in the future:

1. Number of people over 65 yrs presenting at ED from named PCT with falls related issues over 3 months (It seems to me that we could ask HIPE to amend Admission Source to get this data?)
2. Number of people over 65 yrs presenting to Out of Hour Services from named PCT with falls related issues over 3 months (Would be curious as to availability of GP computer logs to give this data?). 7

### ***Metrics currently collected by acute hospitals (Compstat)***

Time to Surgery - % & Cumulative YTD % of emergency hip fracture surgery carried out within 48 hours of admission (pre-op LOS 0 1 or 2 dys)

Time to Surgery - Number & Cumulative YTD # of emergency hip fracture surgery carried out within 48 hours of admission (pre-op LOS 0 1 or 2 dys)

Time to Surgery - Total number & Cumulative YTD Total # of emergency hip fracture surgeries (Are there ages and/or age ranges available with these figures?)

Time to Surgery - Rolling 12 months -% of emergency hip fracture surgery carried out within 48 hours of admission (pre-op LOS 0 1 or 2)

Time to Surgery - Rolling 12 months - Number of emergency hip fracture surgery carried out within 48 hours of admission (pre-op LOS 0 1 or 2)

Time to Surgery - Rolling 12 months - Total number of emergency hip fracture surgeries

### ***Metrics being collected through HIPE***

Number and Age-standardised rate for those 65years and older emergency hospital admissions for falls related injury

Age-specific rate for those 65years and older emergency hospital admissions for falls related injury

*Additional relevant data available via HIPE:*

LOS

Percentage service who were Repeat Admissions

Type of fall

Type of Injury

Place of Occurrence

Admission Source

Discharge Status

Demographic profile

Co-morbidities

Month of occurrence

Specific nature of injury i.e. Fracture neck of femur

Mortality and morbidity

### ***Metrics being collected by NAEMS (formerly STARSWeb)***

NAEMS collects reported incidence of falls related events that occurred while in care. All enterprises indemnified by the State Claims Agency are statutory mandated to report such events when service users are under clinical care with HSE enterprises only (from 2010) capturing events that are Clinical and /or Employee and /or Public Liability related. 8

National aggregated reports are available at  
<http://www.stateclaims.ie/ClinicalIndemnityScheme/starswebStats.html>  
and specific reports are available on request.

***Metrics being collected by HIQA linked to Residential Care standards for Older Persons***

Mandatory reporting of falls causing harm to HIQA within three days.  
Inspections query systems and processes in place with respect to falls prevention/reduction and management when they occur.

***Metrics to be collected by National Clinical Care Programme for Older Persons within the Specialist Geriatric Services Model Part 1***

See Appendix 3 –KPIs page 79-81

<http://www.lenus.ie/hse/bitstream/10147/275614/1/SpecialistGeriatSerModelofCare.pdf>

*Metrics to be collected by Nursing & Midwifery Services based on DOH study*



Stage of development: Pilot testing

**Essential core data to be collected monthly during the pilot:**

**Age Group:**

Under 65 Years

Over 65 Years

**Fall:**

Date of Fall

Injury Severity/Grade

*(as per HSE Risk Matrix Impact Table)*

**Fall Circumstance:**

(a) Moving without supervision (b) Fall from bed/cot (c) Fall from chair, (d) Moving under supervision (e) Fall from toilet (f) Other

**Documented Risk Assessment prior to Fall (if patient 65years and over):**

Yes/No

*Date of last risk assessment prior to fall*

1-2 Days

3-5 Days

6+ Days

**Documented Appropriate Prevention Strategies prior to Fall (if patient 65years and over)::**

*(as per HSE (2008) Strategy to Prevent Falls and Fractures in Ireland's Ageing Population)*

Yes/No

1.	KPI title	Falls Incidence
2.	Description	<p><u>Definition:</u> A patient fall is defined as an event which results in a person coming to rest inadvertently on the ground, floor, or other lower level, excluding intentional change in position to rest in furniture, wall or other objects" (WHO 2007).</p> <p>The inpatient fall rate where patients sustained injury graded as per HSE Risk Matrix impact table by total bed days decided by 1000 or per 1000 admissions. Incidence figures will be presented by risk status or patient profile (age adjusted**).</p>
3.	Rationale	<p>Falls are commonly defined as "inadvertently coming to rest on the ground, floor or other lower level, excluding intentional change in position to rest in furniture, wall or other objects" (WHO 2007).</p> <p>Falls are a common cause of morbidity and mortality especially among elderly in-patients over 65 years of age. Falls may be caused by the person's health status, response to medical interventions, external factors such as type of floor and other factors (1). Falls are associated with functional disability and injury, increased length of stay, and can exert a burden on health care resources and a substantial cost to the community.</p> <p>Frequency of falls worldwide: Approximately 28-35% of people aged of 65 and over fall each year (2-4) increasing to 32-42% for those over 70 years of age (5-7). From a financial perspective falls and resultant injuries have a major impact on services and resources. Irish information on the Burden of Illness due to falls shows that by 2020 the costs will be approximately €922 - €1077 million (8).</p> <p>The risk of falls increases significantly with age and therefore crude fall rates without age adjustment tend to reflect the age of the local population served by the hospital/community, not the effectiveness of falls prevention measures (7).</p> <p>References:</p> <ol style="list-style-type: none"> <li>1. Blake A et al.(1988). Falls by elderly people at home: prevalence and associated factors. <i>Age Ageing</i>, 17:365-372.</li> <li>2. Prudham D, Evans J (1981). Factors associated with falls in the elderly: a community study. <i>Age Ageing</i>, 10:141-146.</li> <li>3. Campbell AJ et al. (1981). Falls in old age: a study of frequency and related clinical factors. <i>Age Ageing</i>, 10:264-270.</li> <li>4. Tinetti ME, Speechley M, Ginter SF (1988). Risk factors for falls among elderly persons living in the community. <i>New England Journal of Medicine</i>, 319:1701-1707.</li> <li>5. Downton JH, Andrews K (1991). Prevalence, characteristics and factors associated with falls among the elderly living at home. <i>Ageing (Milano)</i>, 3(3):219-28.</li> <li>6. Stalenhoef PA et al. (2002). A risk model for the prediction of recurrent falls in community dwelling elderly: A prospective cohort study. <i>Journal of Clinical Epidemiology</i>, 55(11):1088-1094.</li> <li>7. NHS NPSA (2007) Third Report from the Patient Safety Observatory, Slips Trips and Falls</li> <li>8. HSE, Department of Health and Children (2008) 'Strategy to Prevent Falls and Fractures in Ireland's Ageing Population'. National Council on ageing and older people, report of the National Steering Group on the Prevention of Falls in Older People and the Prevention and Management of Osteoporosis throughout life. <a href="http://www.hse.ie">www.hse.ie</a></li> <li>9. National Institute for Health and Clinical Excellence (2004) <i>Clinical Guidance on Falls</i> <a href="http://www.nice.org.uk/download.aspx?o=cg021fullguideline">www.nice.org.uk/download.aspx?o=cg021fullguideline</a>.</li> <li>10. HIQA 2012 National Standards for Safer Better Care</li> </ol>
3a.	Indicator	Please tick which Indicator Classification this indicator applies to, ideally choose one

	<b>Classification</b>	classification (in some cases you may need to choose two).  <input type="checkbox"/> Person Centred Care <input type="checkbox"/> Effective Care <input checked="" type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management <i>(see notes attached)</i>		
4.	<b>Target</b>	The benchmark has yet to be established and may vary over time or clinical setting. However, following a defined pilot period, the target will be established (most likely a 10% reduction annually).		
5.	<b>KPI Collection Frequency</b>	<input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:  Is this information:  <input checked="" type="checkbox"/> Current <input type="checkbox"/> Monthly in arrears <input type="checkbox"/> Quarterly in arrears <input type="checkbox"/> Rolling 12 Mths <input type="checkbox"/> Other – give details:		
5a.	<b>KPI Monitoring Frequency</b>	The KPI will be monitored by:  <input checked="" type="checkbox"/> HSE National <input checked="" type="checkbox"/> HSE Region <input checked="" type="checkbox"/> Hospital Group <input checked="" type="checkbox"/> Hospital Management <input checked="" type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Service Manager <input checked="" type="checkbox"/> CMHT <input checked="" type="checkbox"/> PCT <input type="checkbox"/> Other – give details:  Monitored on a (please indicate below) basis: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:		
6.	<b>KPI Reporting Frequency</b>	How often is the KPI reported e.g. the agreed reporting timeframe in the NSP.  <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:		
7.	<b>KPI Calculation</b>	<table border="0"> <tr> <td style="vertical-align: top;"> <b>Measure</b>            Rate of patients who had a fall         </td> <td style="vertical-align: top;"> <b>How to calculate</b>            • Determine the numerator: the total number of patients who sustained a fall over a time period            • Determine the denominator: the total of persons under the care of nursing/midwifery services, in any health care setting at the beginning of the time period  <u>Additional analysis at local level</u>            • Calculate rate for 1000 bed days by dividing the total number of falls occurring in the month by the total number of bed days in the month            • Multiply the result by 1000             Incidence figures will be presented by risk status or patient profile (age adjusted**).  <b>Risk Adjustment/Age group adjustment:</b> <ul style="list-style-type: none"> <li>Both nominator and denominator adjusted by age patient groupings (17-70 years, 70-84 years, over 85 years)</li> </ul> </td> </tr> </table>	<b>Measure</b> Rate of patients who had a fall	<b>How to calculate</b> • Determine the numerator: the total number of patients who sustained a fall over a time period • Determine the denominator: the total of persons under the care of nursing/midwifery services, in any health care setting at the beginning of the time period <u>Additional analysis at local level</u> • Calculate rate for 1000 bed days by dividing the total number of falls occurring in the month by the total number of bed days in the month • Multiply the result by 1000  Incidence figures will be presented by risk status or patient profile (age adjusted**). <b>Risk Adjustment/Age group adjustment:</b> <ul style="list-style-type: none"> <li>Both nominator and denominator adjusted by age patient groupings (17-70 years, 70-84 years, over 85 years)</li> </ul>
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8.	<b>Reporting Aggregation</b>	The levels at which the information is available  <input checked="" type="checkbox"/> HSE National <input checked="" type="checkbox"/> HSE Region <input checked="" type="checkbox"/> Hospital Group <input checked="" type="checkbox"/> LHO Area <input checked="" type="checkbox"/> Hospital <input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> CMHT <input checked="" type="checkbox"/> PCT <input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Gender <input checked="" type="checkbox"/> Other – give details: risk status		
9.	<b>Data Source Data Completeness Data Quality Issues</b>	<u>Data Source:</u> Patients nursing record, collected by a nominated person within the clinical practice setting  <u>The route through which it is communicated and collated:</u>		

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		<p>Collated using the minimum data set; provided by clinical staff to unit managers, reported through Clinical Risk Management or HIPE system or other appropriate reporting system</p> <p><u>Data Completeness and any Data Quality issues</u> Following full roll out of the KPI, 100% coverage is expected</p> <p><u>Specify any data quality issues known</u> Accuracy of reporting is dependent on the quality of the data collection system.</p>												
10.	<b>Tracer (Conditions) terms</b>	<p>Definition of fall: Inadvertently coming to rest on the ground, floor or other lower level, excluding intentional change in position to rest in furniture, wall or other objects (WHO 2007)</p> <p>HSE Risk Matrix</p> <table border="1"> <thead> <tr> <th></th> <th>Negligible</th> <th>Minor</th> <th>Moderate</th> <th>Major</th> <th>Extreme</th> </tr> </thead> <tbody> <tr> <td><b>Injury</b></td> <td>Adverse event leading to no apparent injury or minor injury not requiring first aid.</td> <td>Minor injury or illness, first aid treatment required &lt;3 days absence &lt; 3 days extended hospital stay Emotional Distress</td> <td>Significant injury requiring medical treatment e.g. Fracture and/or counselling. Agency reportable, e.g. HSA, Gardai (violent and aggressive acts). &gt;3 Days absence 3-8 Days extended hospital Stay Emotional Trauma</td> <td>Major injuries/long term incapacity or disability (loss of limb) requiring medical treatment and/or counselling Physical /emotional disability</td> <td>Incident leading to death or major permanent incapacity. Event which impacts on large number of patients or member of the public (Emotional / Physical trauma)</td> </tr> </tbody> </table> <p><u>Inclusion Criteria:</u> Patient falls include:</p> <ul style="list-style-type: none"> <li>Individuals of any age, under the care of nursing services, in any healthcare setting</li> <li>All falls</li> </ul> <p><u>Exclusion Criteria:</u></p> <ul style="list-style-type: none"> <li>Intentional Falls</li> </ul>		Negligible	Minor	Moderate	Major	Extreme	<b>Injury</b>	Adverse event leading to no apparent injury or minor injury not requiring first aid.	Minor injury or illness, first aid treatment required <3 days absence < 3 days extended hospital stay Emotional Distress	Significant injury requiring medical treatment e.g. Fracture and/or counselling. Agency reportable, e.g. HSA, Gardai (violent and aggressive acts). >3 Days absence 3-8 Days extended hospital Stay Emotional Trauma	Major injuries/long term incapacity or disability (loss of limb) requiring medical treatment and/or counselling Physical /emotional disability	Incident leading to death or major permanent incapacity. Event which impacts on large number of patients or member of the public (Emotional / Physical trauma)
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11.	<b>Minimum Data Set</b>	<p>Core data to be collected:</p> <p><u>Age Group:</u> Under 65 Years Over 65 Years</p> <p><u>Fall:</u> Date of Fall Injury Severity/Grade (as per HSE Risk Matrix Impact Table)</p> <p><u>Fall Circumstance:</u> (a) Moving without supervision (b) Fall from bed/cot (c) Fall from chair, (d) Moving under supervision (e) Fall from toilet (f) Other</p>												

		<p><b>Documented Risk Assessment prior to Fall (if patient 65years and over): Yes/No</b>  <i>Date of last risk assessment prior to fall</i>            1-2 Days            3-5 Days            6+ Days</p> <p><b>Documented Appropriate Prevention Strategies prior to Fall (if patient 65years and over): Yes/No</b>  <i>(as per HSE (2008) Strategy to Prevent Falls and Fractures in Ireland's Ageing Population)</i></p>
12.	International Comparison	<ul style="list-style-type: none"> <li>Health Information and Quality Authority (2010) Safer better care corporate plan 2010-2012. Health Information and Quality Authority, Dublin. Available at: <a href="http://www.hiqa.ie/publication/corporate-plan-2010-2012">http://www.hiqa.ie/publication/corporate-plan-2010-2012</a></li> <li>OECD (2002) Health Care Quality Indicators Project (OECD ed.). OECD, Paris.</li> <li>World Health Organisation (2004) Patient safety. World Health Organisation, Geneva. Available at: <a href="http://www.who.int/patientsafety/about/en/index.html">http://www.who.int/patientsafety/about/en/index.html</a></li> <li>Patient Safety First (2009) The 'How to' Guide for reducing harm from falls</li> <li>National Institute for Health and Clinical Excellence (2004) <i>Clinical Guidance on Falls</i> <a href="http://www.nice.org.uk/download.aspx?o=cg021fullguideline">www.nice.org.uk/download.aspx?o=cg021fullguideline</a>.</li> </ul>
13.	Web link to data	<ul style="list-style-type: none"> <li>To be decided</li> </ul>
14.	Additional Information	Not applicable

#### Proposed Quality and Patient Safe Care Indicator Classification

<b>Person Centred Care</b>	Has service users at the centre of all that it does, it advocates for the needs and rights of service users, respects their values and preferences and actively involves them in the provision of their care.
<b>Effective Care</b>	Care that delivers the best achievable outcomes through the evaluation and use of available evidence.
<b>Safe Care</b>	It prevents or minimises unnecessary or potential harm, it minimises the risk associated with delivering care; it prevents adverse events, minimises their impact when they occur and learns when things go wrong.
<b>Better Health and Wellbeing</b>	The service promotes, protects and improves the health and wellbeing of the population served and constantly looks for ways and opportunities to do this.
<b>Use of Information</b>	Quality information is an important resource for service providers in planning, managing, delivering and monitoring high quality safe service. Quality information is accurate, valid, reliable, timely, relevant, legible and complete.
<b>Workforce</b>	A services workforce is a significant asset in delivering quality, safe care, must be planned, configured and managed and members of this workforce need to be skilled and competent in delivering this care.
<b>Use of Resources</b>	Safe high quality care is intrinsically linked to how resources are used including how they are planned, managed and delivered, and includes human, physical, financial and natural resources.
<b>Governance, Leadership and Management</b>	A well governed service has robust governance arrangements that ensure the service is clear about what it does, how it plans and delivers services with clear lines of accountability at individual team and service level.