

## Using Multifactorial Falls Risk Assessment (MFRA) key performance data to drive local quality improvement.

## Organisation Logo



### Overview

- Collaboration between clinical staff, the strategic falls reduction team and assurance team to develop a user-friendly MFRA performance report.
- Initial report built through identification of required data sets and report exception rules then a period of data validation to ensure report accuracy.
- Development of a visual Key Performance Indicator (KPI) report, shared weekly via email with Ward Managers and Matrons to facilitate oversight of ward performance and drive focused informed quality improvement.

- The report includes visual performance rates for each KPI and the ability to investigate performance at patient level to determine factors which may affect performance on delivery of the elements of the MFRA.
- The report was launched in October 2023 following a brief pilot to test usability of the report, paused in January 2024 to enable review of data coding and relaunched March 2024
- Performance has improved across the Trust, with some wards now achieving 100% across all MFRA KPI's.

### Objectives & Methods

Falls in hospitals are the most reported patient safety incident with over 240,000 reported in acute and mental health trusts in England and Wales (Office for Health Improvement and Disparities, 2022), with an estimated cost to the NHS of more than £2.3 billion per year (National Institute for Clinical Excellence 2013). Reported falls among older patients are more likely to result in harm and, where harm does occur, it is three times more likely to be severe (Royal College of Physicians, 2020).

The National Audit of Inpatient Falls report (Royal College of Physicians, 2022) cites the need for a high-quality multifactorial falls risk assessment (MFRA) to identify and address falls risk factors. A high quality MFRA is when a patient has documented assessment of at least five of the following MFRA: lying and standing blood pressure (LSBP), vision, mobility, delirium, continence, and medication review. The Royal College of Physicians (2023) recommended that Trusts and should use their own data to inform quality improvement activity.

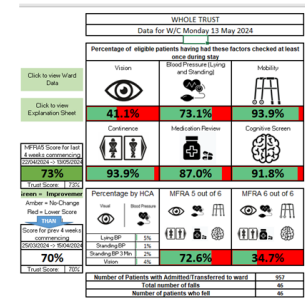
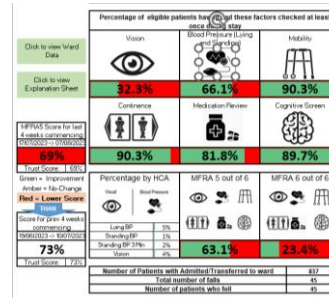
Therefore, as part of the Trust Falls Improvement plan, there was a need to develop a tool to share ward level KPI data to facilitate change by empowered and informed local leaders.

Collaborative working between the strategic fall's reduction team assurance team and ward managers led to the development of the report framework. The report was piloted on a care of elderly medicine ward to determine usability.

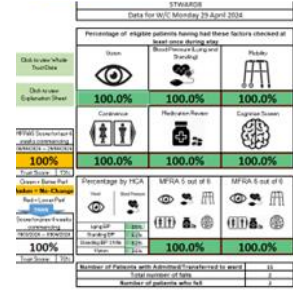
Feedback was sought via the Ward Manager and Matron forum, with very positive feedback received.

The report is shared weekly via email by the assurance team to Ward Managers and Matrons. If improvement action has been implemented, this is logged on the ward dashboard to measure success of initiative(s).

Overall, Trust performance across all MFRA KPI's has improved from baseline measurement.



Some elderly medicine wards are now achieving 100% across all KPI's.



### Conclusion

Provision of understandable and accessible data to enable local leaders to identify areas for local improvement has demonstrated improvement at ward and Trust level across the MFRA KPI's.



Ann Callaghan, Ward Manager (ward 8) - I think the report has been successful in driving improvement because the HCA's have been heavily involved and have taken ownership in partnership with the registered nurse.

Samantha Carmichael, Ward Manager (ward E56) – I review the report and if not 100% investigate what has happened to ensure continuous improvement. Despite the great result, MFRA continues to be a focus and the team continue to work to deliver consistent performance.

### Next Steps/Future Development

The MFRA report is distributed Trust wide – the aim now is to share and grow success stories such as ward 8 and E56 to promote the effective use of the report to inform and monitor local improvement activity to deliver effective falls reduction interventions.

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### References / Thanks to

E56 and Ward 8 ward teams, South Tyneside and Sunderland NHS Foundation Trust

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