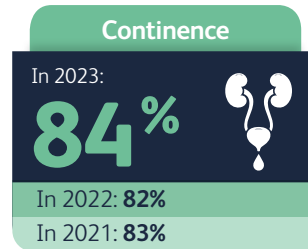
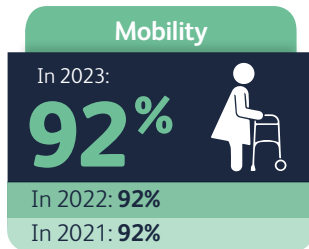
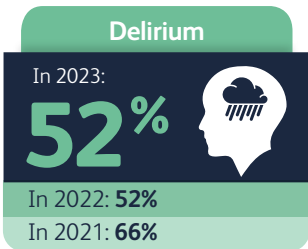
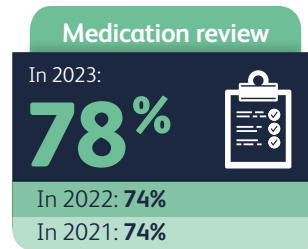
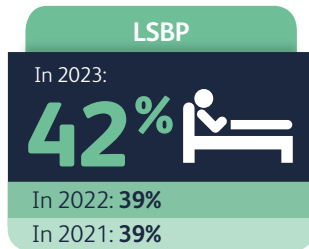
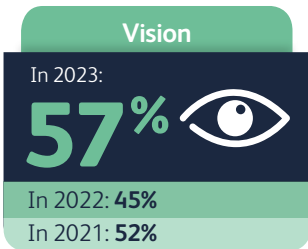


Report at a glance

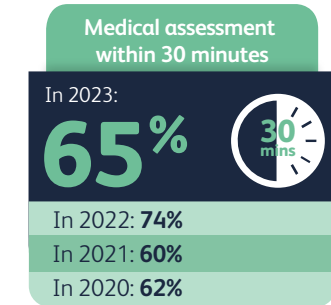
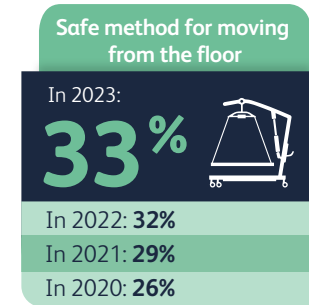
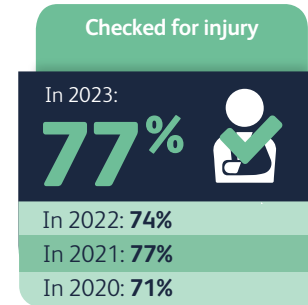
In 2023, 1,959 people sustained a femoral fracture as an inpatient; 1,609 (82%) were due to a fall and included as cases in the National Audit of Inpatient Falls.

Proportion of patients with risk factor assessment

In this report, to address the potential for harm caused by hospital-acquired deconditioning, we present a new approach that focuses on promoting activity using assessments to ensure each patient is fit to move as safely as possible. As such, the name of KPI 1 will be changing from multifactorial falls risk assessment (MFRA) to multifactorial assessment to optimise safe activity (MASA).



Post-fall management



Recommendations

- 1 Trusts and health boards (HBs) should review their policies and practice to ensure older hospital inpatients are enabled to be as active as possible.
- 2 NHS England and Welsh Government should implement national drivers to ensure that all older people are screened for delirium upon hospital admission using the 4AT and reviewed for changes suggestive of a new onset of delirium for the duration of their admission.
- 3 Trusts and health boards should ensure that there are robust governance processes in place to understand when post-fall checks fail to correctly identify a fall-related injury.
- 4 Trusts and health boards should have processes in place to hasten time to administration of analgesia after an injurious fall, to ensure patients who sustain a femoral fracture in hospital are given analgesia within 30 minutes of falling.
- 5 Trusts and health boards are encouraged to prepare for the audit expansion in January 2025.

The full [FFFAP glossary](#) is available on the RCP website.