Ambulance Quality Indicators: Clinical Outcomes Addendum

This document is available from the NHS England AQI website landing page, www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators.

It lists changes to the 20210610 version of the Ambulance Clinical Outcome (AmbCO) data item specification for the NHS England Ambulance Quality Indicators.

1.1 Post-ROSC care bundle (R5n, R5b)

From 2018-19 to 2023-24, these indicators were supplied and published for each April, July, October, and January.

From 2024-25 onwards, they are supplied and published for each May, August, November, and February.

1.2 Stroke diagnostic bundle (K4n, K4b)

These indicators were supplied and published for every month from April 2011 to February 2018 data, and then for each May, August, November, and February.

The last collection of these indicators was for February 2024.

1.3 Falls care bundle

Items F2n and F2b are supplied by ambulance services to NHS England via SDCS, starting from June 2024, for every June, September, December, and March.

A fall is defined as an unintentional or unexpected loss of balance resulting in coming to rest on the floor, the ground or an object below knee level.[1] A fall would therefore also include situations where the patient lowers themselves to the floor to avoid an uncontrolled fall. A fall from up to 2 metres may be from up to 10 steps on a staircase, from standing, or from furniture.

F2n

Patients aged 65 years and over who are attended by an ambulance service and discharged on scene after a witnessed, self-reported, or evidenced fall from below 2 metres.

Exclude:
- patients with a clear documentation of suspected Transient Loss of Consciousness prior to the fall, which may may be recorded as faint, passed out, lost awareness, blackout, have no recollection of events, or syncope;
- patients presenting with Atrial Fibrillation (evidenced by ECG) and a heart rate above 120 beats per minute;
- patients referred to ED following assessment, or conveyance by taxi or other means arranged by the attending ambulance crew;
- any fall over 48 hours before the 999 call was made;
- any fall where the patient has already been seen by an ambulance crew, another HCP or at hospital.

If a trust attends more than 300 such patients in a month, they should provide data on a random sample of 300 of them.

[1] Joint Royal Colleges Ambulance Liaison Committee (JRCALC) 2024

F2b

Of F2n, patients who received the falls care bundle.

Component of falls care bundle	Exceptions	Comment
Detailed physical examination documented Exam to include more than one assessment from: head, ribs, spine, hips, and skin integrity	• Patient refusal	• At least two different assessments should be carried out to rule out traumatic injury • A statement such as 'head to toe assessment carried out' or 'no injuries found' is not sufficient • C-spine assessment is not adequate assessment of the full spine
History of falls recorded	• Patient refusal • History not known to patient / carer	• "History of falls" is looking for the number and frequency of previous falls • Pertinent negatives should be recorded on the patient record, for example no recent history of falls
Description of events preceding fall recorded	• Patient refusal • History not known to patient / carer	• Description of events preceding fall' refers to both an immediate history of the incident, and any short-term changes to mobility, balance, health (including confusion) which clinicians noted as potential causes for the fall
12 lead ECG assessment documented	• Patient refusal • Clinician suspects extrinsic cause of fall • End of life patient, intervention not clinically appropriate	• Extrinsic causes of falls originate from outside of the body. The most common extrinsic / intrinsic factors are given below this table, however avoid interpreting the narrative. Assume intrinsic unless the clinician indicates otherwise, and always where multiple possible causes are cited • A 3-lead ECG does not meet this element • The lack of an EMS responder who is qualified to carry out an ECG is not an acceptable exception • Patients will be identified as 'End of Life' in a variety of ways on the record, including in receipt of palliative care or the Gold Standard care package, on an end of life pathway, extremely frail, in active dying stage, or holding an advanced care plan that rules such interventions out

Component of falls care bundle	Exceptions	Comment
Postural Hypotension has been assessed	• Patient refusal • Clinician suspects extrinsic cause of fall • Patient unable • End of life patient, intervention not clinically appropriate	• Where a patient cannot stand for a blood pressure measurement, a sitting blood pressure is sufficient • Noting timings between blood pressure readings is not required • Documentation indicating that postural hypotension has been assessed (e.g. 'no postural drop') without recording specific measurements is deemed compliant • Patient unable' is only valid where a rationale is recorded e.g. patient cannot lie and / or sit, patient has been diagnosed with pre-existing postural hypotension

Common extrinsic risk factors for falls

- Lack of handrails and grab bars
- Poor stair design
- Poor lighting or glare
- Obstacles, clutter, and trip hazards for example, at room / property threshold
- Slippery or uneven surfaces
- Polypharmacy (use of multiple medications) and psychotropic medications
- Inappropriate, poorly maintained, or improper use of mobility aids
- Loose fitting footwear or clothing
- Pets
- Low or high ambient temperatures
- Beds / chairs / toilets too high, too low or unstable
- Roll / slip from bed
- Behavioural causes for example, choosing not to use available mobility aids, lashing out at another person causing overbalance

Common intrinsic risk factors for falls

- Dizziness, postural hypotension, urological conditions
- Muscle weakness, frailty, balance problems (new and pre-existing)
- Sensory deficits e.g. poor eyesight, loss of sensation in feet
- Previous injury or neurological deficit (for example, from stroke or Parkinson's disease)
- Side effects of prescribed medication
- Alcohol intoxication