



Falling For You

Improving In-Hospital Falls Management Through In-situ Simulation

Sr Claire Swindell , Dr Omar Hassouba

Aim

To improve the management of in-patient falls within the Trust, particularly for those patients that have sustained a fractured neck of femur injury.

Introduction

This quality improvement initiative focuses on utilising in-situ simulation techniques to promote active participation from the multidisciplinary healthcare team to improve in-patient falls management. The project focused on a simulated patient that had sustained a fractured neck of Femur after experiencing a fall on the ward. Safe transfer of the fallen patient and identification of equipment needed was central to the project's objectives. In doing so, learner centred engagement assisted in the identification of organisational and systematic barriers that impinge on best practice.

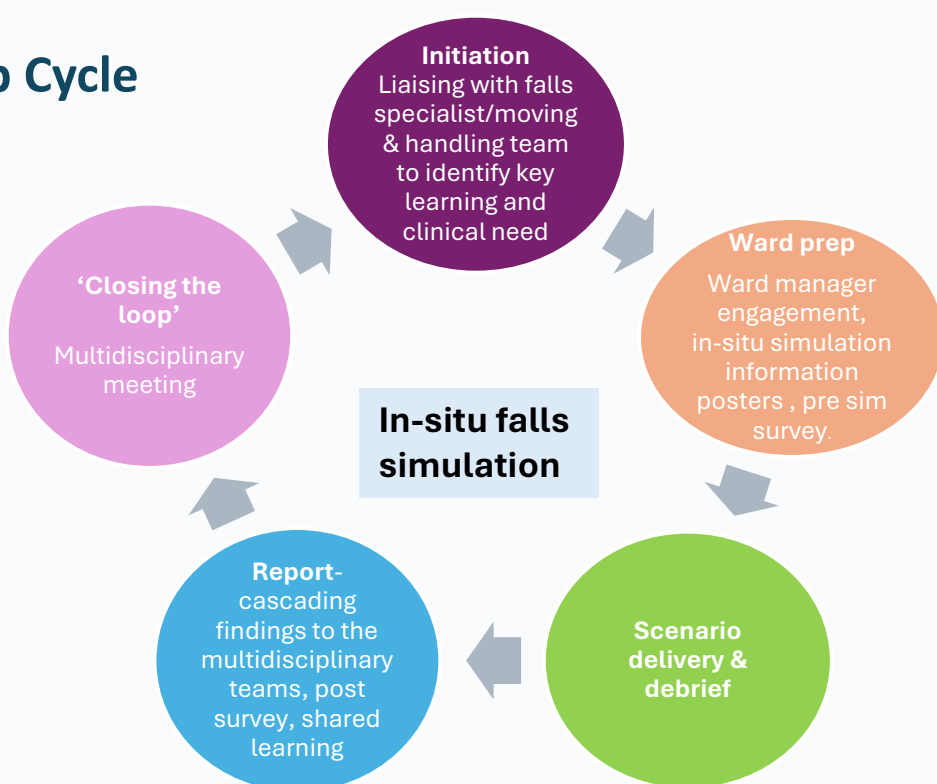
As in-situ simulation can proactively identify latent system issues that may be acting as barriers in achieving best practice [1], how effective can it be in improving staff management, in response to a fallen in-patient that has sustained a Fractured neck of Femur?

Method

A collaborative approach was initiated and fostered to allow key stakeholders to identify fall-related issues and areas most in need of improvement within the Trust relating to falls. Using in-situ simulation, a standardised patient was utilised to recreate a realistic scenario, where a patient falls on the way to the toilet. The standardised patient 'role plays' that they have sustained a hip injury which presents as a fractured neck of femur, hence unable to get up from the floor. The multidisciplinary ward team were then observed to see how they collectively managed the fallen patient and how they safely transfer the patient from the floor. A protected, inclusive debrief was then carried out to enhance understanding of the scenario undertaken and to highlight barriers encountered.

A comprehensive report followed detailing learning points and providing recommendations to improve future practice. The report was cascaded to all staff within the targeted ward and relevant teams to promote shared leaning along with team meetings and a post simulation survey. A five-step cycle to in-situ simulation was designed and followed to guide processes.

The Five Step Cycle



Conclusion

In-situ simulation ensured a proactive and effective approach in promoting improved management of in-patient falls. Falls resulting in fractured neck of femurs were focused on with latent threats identified. Multidisciplinary teamwork collaboratively provided shared learning and advocated patient and staff safety. A systematic approach guided the steps required to foster a shared learning culture.

Future recommendations could include a more robust plan to encourage greater participation with regards to the post simulation survey completion, to identify individual learning. Further in-situ simulation has the potential to uncover other unpredicted threats to both staff and patients within different specialities to improve quality and safety.

Outcome

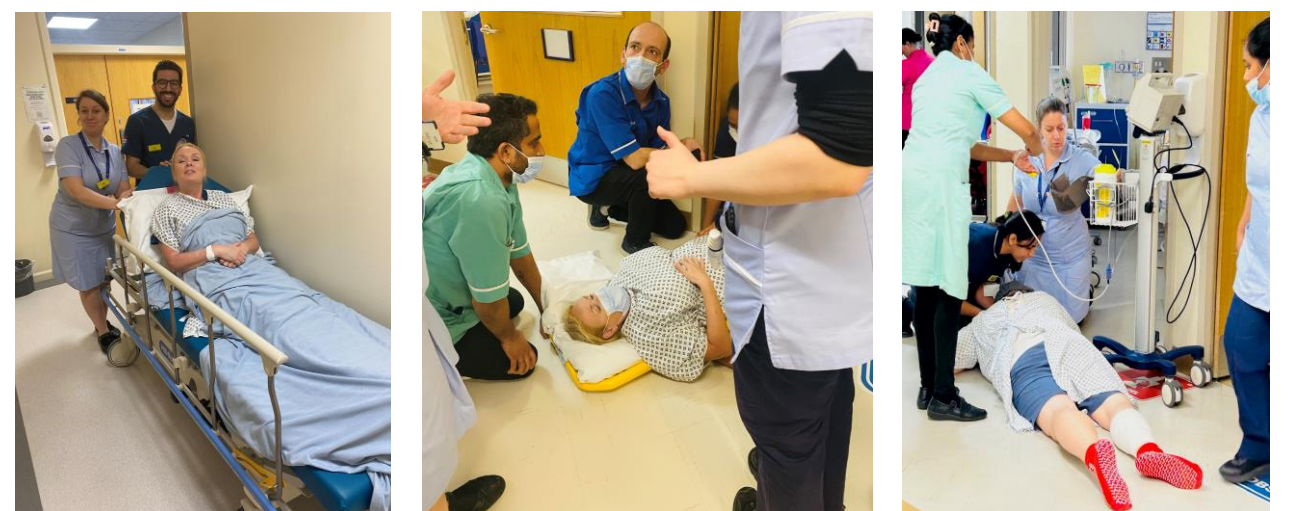
Although the multidisciplinary team appeared to have a good awareness of Trust policy and procedure pertaining to post-fall care, accessibility to essential equipment needed was lacking. A need for staff training in the safe use of this essential equipment was apparent and was reflected in the pre-questionnaire answers. The Pre-questionnaire had 17 learner responses, thirteen identified that a Ferno board/scoop was required when asked to list equipment needed to retrieve a fallen injured in-patient (such as a fractured neck of femur injury) from the floor. Three of the responders listed that a Hoover Tech/inflatable mattress could be used with one responder listing the use of a hoist with stretcher bar adaptation to use in conjunction with the Ferno board. Eight staff stated a lack of training/confidence with other lifting equipment. Five responders stated either no or not sure when asked if secondary surveys are completed before transferring an injured patient.

During the post simulation debrief, staff appeared unaware of available equipment, such as a HoverTech/HoverMat/HoverJack and hoist stretcher bar assembly. Lack of insight regarding secondary surveys was also noted.

The report was cascaded to all staff within the targeted ward and with the relevant teams to promote shared learning. The Moving and handling team were paramount to ensure that the necessary training regarding essential equipment was given to all staff.

To capture individual new knowledge, post simulation surveys were also issued. However, limited staff engagement for its completion was seen when collecting survey data.

The ward's manager and team leaders were signposted to relevant learning materials to help achieve recommendations. A follow up multidisciplinary meeting was undertaken within five weeks to allow for open discussions regarding the learning that had transpired during the participation of this simulation project.



Discussion

Although the post in-situ simulation surveys provided little insight into individual learning, it was clear the project produced many benefits to promote best practice and shared learning. By carrying out this immersive in-situ simulation, specific ward issues that required attention were identified, problems that may have gone unnoticed if not presented in a realistic scenario, recreating real-time patient care needs. Therefore, in-situ simulation is an ideal and effective modality in capturing authentic latent issues that may occur during the management of a fallen patient that has sustained a fractured neck of femur. The need for improvements were therefore identified and cascaded to the relevant teams to remove barriers for best practice, for example, the increased awareness and importance of completing secondary surveys before retrieving a fallen injured patient from the floor.

It appeared that, the majority, of staff were manually lifting, fallen injured patients via Ferno Boards instead of using less strenuous equipment. Staff are therefore at an increased risk of musculoskeletal injury. This type of work-related injury is a leading cause of sickness absence for staff within the NHS [3], hence the need to address staff awareness and increase knowledge to prevent unnecessary harm. The five-step cycle provided a framework to guide the in-situ simulation and shared learning process. As a shared transparent learning culture is essential to reducing risk, drive improvement and maintain quality [2] the project reflected the frameworks highlighted by NHS England's shared commitment to quality report [2].

References

1. National Health Service (NHS) Nottingham University Hospitals. In-situ Simulation [Internet] 2024 [cited 23/02/24]. Available from: <https://www.nuh.nhs.uk/insitu-simulation/>
2. NHS England, National Quality Board: Shared Commitment to quality [Internet] 2021 [cited 26/02/24]. Available from: [NHS England > National Quality Board: Shared Commitment to Quality](https://www.nhs.uk/quality-improvement/shared-commitment-to-quality/)
3. NHS Employers Musculoskeletal Health in the Workplace- Prevention and Intervention [Internet] 2024 [cited 13/08/24]. Available from: [Musculoskeletal health in the workplace - prevention and intervention | NHS Employers](https://www.nhs.uk/employers/musculoskeletal-health-in-the-workplace-prevention-and-intervention/)