

IN PRACTICE

A27

FALLING FOR YOU: IMPROVING IN-HOSPITAL FALLS MANAGEMENT THROUGH IN-SITU SIMULATION

Claire Swindell¹, Omar Hassouba²; ¹*Shrewsbury and Telford NHS Trust, Telford, United Kingdom*, ²*Shrewsbury and Telford NHS Trust, Telford, United Kingdom*

Correspondence: claire.swindell3@nhs.net

10.54531/WYSM4704

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?

Methods: 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.

Results: 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.

Discussion: 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 identified and cascaded to the relevant teams to remove barriers for best practice.

Ethics statement: Authors confirm that all relevant ethical standards for research conduct and dissemination have been met. The submitting author confirms that relevant ethical approval was granted, if applicable.

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/>