

Out Of Bed Project: Improving ward staff confidence in early mobilisation following femoral fracture using a ward-based education programme

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1. Purpose:

Early mobilisation is a key metric after femoral fracture surgery, associated with improved morbidity, mortality, and acute length of stay^{1 2 3}. In 2019 only 60% of femoral fracture patients at the JPUH were mobilised by post operation day 1 (POD1), compared to 80% nationally. A local HipSprint audit⁴ identified that no POD1 patients were mobilised unless seen by a physiotherapist.

The Out Of Bed Project (OOBP) provided education, training, and empowerment to the trauma ward HCAs to:

- (a) Successfully mobilise 'less complex' patients by POD1 prior to physiotherapy assessment
- (b) Identify issues preventing mobilisation and to modify these to increase the chance that the patient would mobilise later that day

2. Methods:

Alongside improving the metric for mobilisation POD1, the impact of training on staff confidence was also explored.

The orthopaedic therapy team provided training to the HCAs to develop and increase knowledge, increase confidence, and to identify and escalate barriers to improve the metric of patients mobilised POD1.

A confidence questionnaire was completed before and after training as part of the PDSA cycle of improvement. 20 questionnaires were given out, 7 lost to attrition, therefore a total of 13 responding to both questionnaires were included.

3. Results:

Staff Confidence Mobilising patients POD1



Quotes from HCAs:

"I found it very useful and think it should be rolled out throughout the Trust"

"It was very useful. I gained confidence and would definitely recommend it"

4. Conclusions:

Therapy-led ward-based education improved staff confidence to mobilise patients POD1, as well as improving staff wellbeing and engagement in a rehabilitation ethos.

Due to attrition, further therapy-led education programmes should be considered in the process of training ward staff.

The OOBP saw an improvement to patient experience, a decrease in care needs, and a reduction in acute length of stay.

5. Impact:

- Identifying integrated training for ward staff and the roll out of other programmes
- Phase 2 to include education of delirium, which staff also identified as lacking in confidence.
- The trust recognized the benefit of the OOBP and has implemented this into other areas, such as frailty.

References:

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