Royal College of Physicians | NAIF

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Processes for the pilot of "learning from inpatient femoral fracture" work

Preparation / planning

The trust / heath board lead for this project should have a patient safety or falls prevention role and be in a position to facilitate frontline staff supporting the project. The lead should have an understanding of an approach to safety that avoids seeking to attribute blame, avoidability, preventability, liability or predictability.

There should be agreement to take part in this pilot through the appropriate organisational processes.

The project lead should select a ward or wards to participate in the pilot, but not look to roll it out fully in the pilot stage. It is up to project leads as to which wards, they select. Choosing a ward where there are frequent falls will enable teams adequate opportunities to try the process out. However, it might be worth considering wards other than frailty / older people's wards as the majority of injurious inpatient falls do not occur in these wards.

Ensure that all staff on the ward are given a brief induction in how and when to use the "hot debrief". Provide copies of the hot debrief paperwork on the ward and a name and contact for the project lead. Hot debrief paperwork will be provided in editable format so that contact details for the project lead can be added.

During the pilot period

Teams can decide on their own pilot time period. The minimum recommended is 6 weeks and the maximum 3 months. Organisations might need longer if there are challenges incorporating the pilot processes into routine clinical activity.

During the pilot period, a hot debrief should be undertaken for all falls on the ward. There are two reasons for this:

1. To ensure that it becomes routine practice to collect data for all falls, as it is not always immediately clear that an injury such as a hip fracture has occurred.
2. To make sure that the piloting sites get enough experience using the process to be able to provide helpful feedback.

Hot debriefs should be recorded in clinical notes and copies sent to the project lead.

The project lead should then decide which hot debriefs they would like to explore further in an after-action review (ARR). The aim should be to do at least 2-3 after-action reviews during the pilot period. The person leading the AAR should arrange a time and date for the ARR meeting (ideally held on the ward) within 5 working days of the fall and invite MDT members who work on the ward and any other relevant staff to the discussion. The AAR lead should be experienced in facilitating MDT discussions, encouraging participation and learning through reflection.

Evaluation

You will be asked to provide a selection of hot debrief and ARR paperwork with identifying information redacted. This is not for us to analyse the data, but to review how the forms have been completed and whether there are sections that are routinely incomplete or more prompting questions are required.

The pilot will be evaluated using a survey and interviews. The project lead will distribute links for the survey to those involved in the pilot (including frontline staff who have done hot debriefs and AARs). The audit team may be in contact to organise an interview to discuss experiences in more detail.