



**Case study: Improving prompt mobilisation after surgery**  
**Gwynedd Hospital, Bangor**  
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**Background**

Encouraged by a surge in performance for KPI4 (prompt mobilisation after surgery) evidenced in the NHFD 2016 annual report, the fractured neck of femur (NOF) Governance group within Gwynedd Hospital continued to push for improvements in this area. So, it was a matter of great concern, and one that was difficult to understand, when the 2018 report on 2017 data identified a significant drop in the percentage of patients achieving prompt mobilisation post-surgery (56%).

Was this a true representation of the level of care and rehabilitation that we provided? If so, what was the reason for this apparent decline in performance?

An investigation of workforce capacity and reporting methods as well as other possible factors impacting upon our data was necessary in order to best address the matter.

**Aim**

Our aim was to address the issues leading to apparent poor performance in the prompt mobilisation of patients despite considerable efforts to improve in this area.

**Process**

**1) Investigation**

Retrospective physiotherapy notes audit data from 2017 and 2016 identified significant negative discrepancies in the data inputted onto the NHFD compared with the data collected in our audit of patients assessed and mobilised by the physiotherapy team the day following surgery. A number of factors had affected the reliability data collection and input mechanisms including human error as well as systematic inadequacies with regards to managing fractured NOF cases.

**2) Planning**

We set out our plan of action and identified key players. We determined training needs, and the context and timeframes for data input. We also recruited the full support of senior physiotherapy management and the orthopaedic surgical leadership team. We determined the timeframe and resources that we had to work within. We reviewed our own clinical delivery plans, our clinical guidelines (NICE) and our performance against Clinical Network Group standards. We took direct control of intrinsic operational factors with the support from the senior physiotherapy management team. This included staffing levels and alternative working patterns in order to optimise our input.

### **3) Action**

Involving a wide team of colleagues was key to success, including and not limited to:

- Senior physiotherapy management
- Trauma and orthogeriatric teams
- Administrative support staff and trauma nurses
- Acute pain team and nursing staff

Collaborating and networking with colleagues in a range of settings; clinical, consultant/NOF Governance meetings and team meetings proved an effective means of placing accountability on all levels of staff to commit to continual service improvement. We were also able to establish close, open working relationships across our service enhancing effective communication and reliable data collection.

We also supported clinical discussions in Trauma meetings with the aim of emphasising 'The golden patient' - placing fractured NOF patients first for surgery; improving nutritional and fluid input and optimising patients for theatre and post op recovery.

We developed a comprehensive 7-day service with technical instructor support in order to optimise our weekend input.

#### **Outcomes**

After several challenging years, we feel from a physiotherapy perspective, the 2019 data is the first true representation of physiotherapy input within Gwynedd Hospital in terms of fractured NOF care. NHFD numbers tied in very closely with the internal data that we had been collecting. Whilst hip fracture numbers themselves had risen over the period, this was also reflected in the NHFD, proving the robustness of our new approach and its ability to cope with increased workload and capacity pressures. Several other clinicians have followed our model and have identified significant improvements in their NHFD data, thus improving patient care. Correct and reliable data allows us as a team to change and improve our service and optimise our role in patient experience, outcome and care.

A true and reliable NHFD data set has ensured the identification of barriers to care, clear reporting methods and service changes in response to underperformance. The closer working relationships we have built with the MDT have allowed transparency and accountability to become a benchmark for senior clinicians, forming a continual forward drive for improvement. Having national standards of care in place allow us as clinicians to continually seek to improve our service for our patients. Working with clinical lead physiotherapists within clinical network groups in North Wales has enabled us to feed back some of the barriers and difficulties we have faced. The data from our retrospective audits and 2018 NHFD data prove that we are now achieving a good standard of care for our patients in terms of physiotherapy input. We are hopeful that the 2019 dataset will also reflect positively on our input to patient care.