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INTRODUCTION / BACKGROUND

Context Femoral fragility fractures (FFFs) are a significant challenge to healthcare - with the **incidence** projected to increase to **100,000 annually in the UK by 2033**, costing the NHS £3.6-5.6 billion per year¹.

Current practice Secondary preventative strategies focus more on the patient's physical state. Less attention is paid to **Hospital-associated Deconditioning (HAD)** – the decline following extended hospitalisation, worsening a patient's overall wellbeing^{2,3}.

Ultimately, leading to **worse health outcomes** – including **poorer QOL (quality of life)** and **reduced life expectancies**².

AIMS

This service evaluation aims to introduce a **Games Area (GA)** – a **reconditioning programme** that works to **prevent HAD**.

Objective: improving **patient satisfaction**

METHODS

Selection criteria

- Aged 65yr or more who sustained FFF
- Medically ready for discharge (MRFD) or scoring NEWS <2
- Fully weight-bearing
- Able to understand instructions for GA

Data collection weekly patient questionnaires, medical records

Service improvement Improve **different** aspects of **wellbeing**

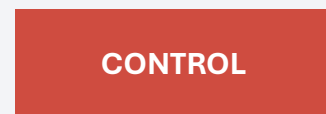
- 1) Physical** = encouraging to leave the hospital beds
- 2) Mental** = stimulating activities (colouring pages, puzzles)
- 3) Emotional** = socialise with fellow inpatients, developing support networks

METHODS (cont)

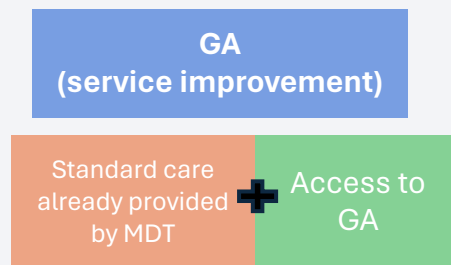
Care services provided

Allocation to each patient group (Control or GA) depended on date of admission, as GA programme was introduced in Dec-2023.

Before Dec-2023



After Dec-2023



RESULTS

Overall, **75 patients participated** – 38 in the control group, 37 in the GA group.

Impact of GA on patient satisfaction

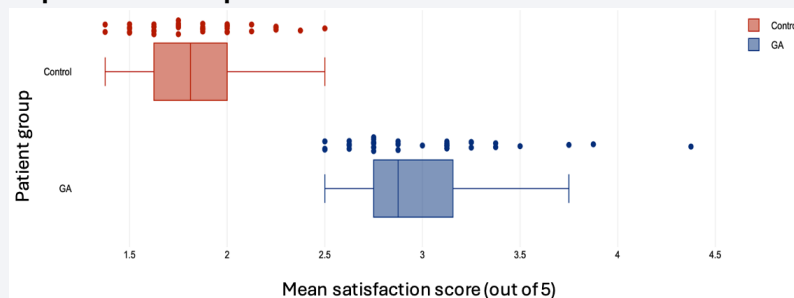


Figure 1: Box plot showing every patient's mean satisfaction score for their hospital stay.

- The GA did improve patient satisfaction by 64% - mean scores for control and GA groups, respectively were 1.83 and 3.01

DISCUSSION

The **GA** an effective service in **enhancing the ward environment** and so **improving patient satisfaction** levels.

Thus, **patients are more likely to engage** with the services provided by the multidisciplinary team (MDT). Meaning patients are **more empowered** in looking after their health and wellbeing, leading to a **better QOL and optimising patient care** – helping them return home safely³.

Future research Adopt a **prospective cohort study** design to incorporate **inferential statistics** – useful for **predictive modelling** to develop further service improvements reducing HAD.

CONCLUSION

The Games Area is a simple, low-cost intervention that can reduce HAD and improve the patient experience.



REFERENCES

1. Arjan K, Weetman S, Hodgson L. Validation and updating of the Older Person's Emergency Risk Assessment (OPERA) score to predict outcomes for hip fracture patients. HIP International. 2023 Feb 14:11207000231154879.
2. NHS England. Recondition the Nation. <https://www.england.nhs.uk/blog/recondition-the-nation/> (date accessed: 28/10/2023)
3. Chen Y, Almirall-Sánchez A, Mockler D, Adrion E, Domínguez-Vivero C, Romero-Ortuño R. Hospital-associated deconditioning: Not only physical, but also cognitive. International Journal of Geriatric Psychiatry. 2022 Mar;37(3).