

based on repeated clinical incidents that took place between 2022 and 2024. A pilot session was carried out for 3 months, and simulation-based education and psychological safety rules for debriefing were introduced to the staff. Weekly in-situ simulation training was delivered for 2 years.

Incidents and complaints were collected via the incident recording system. In-situ simulation training was implemented where the multidisciplinary staff were allocated protected time weekly for simulation training. Scenarios were created based on repeated incidents and each scenario was delivered for a month to capture all the staff on the department. Feedback from staff was collected via QR code after sessions and staff were empowered to suggest service improvement initiatives within their feedback questionnaire. Feedback was reviewed and ward managers instigated the necessary changes suggested by the staff.

Debriefing is undertaken after the scenario delivery to reinforce individual learning. Alongside weekly in-situ simulation, an unannounced drill is performed twice a year on scenarios that have been previously delivered to ensure staff are retaining knowledge.

Results: Using in-situ simulation has been incredibly well received by ward staff. The team showed a willingness to learn through simulation. Feedback amongst staff is very positive, Table 1.

90% of staff in the department are now trained, inclusive of staff on long-term absence and new recruits. The impact of the training has resulted in a decrease in repeated incidents from 5 cases in 2022 to 1 incident in 2024.

Discussion: Simulation has proven its impact on limiting the number of patient safety incidents and complaints, thus improving patient care.

Ethics Statement: As the submitting author, I can confirm that all relevant ethical standards of research and dissemination have been met. Additionally, I can confirm that the necessary ethical approval has been obtained, where applicable

REFERENCES

1. Panagioti M, Khan K, Keers RN, Abuzour A, Phipps D, Kontopantelis E et al. Prevalence, severity, and nature of preventable patient harm across medical care settings: systematic review and meta-analysis. *BMJ*. 2019;366:l4185. doi: 10.1136/bmj.l4185.

SUPPORTING DOCUMENTS – TABLE 1-A96

Location	Participants	Feedback
Both wards on older persons' medicine.	90% Nursing, Health Care Nursing, and Doctors.	<i>"I feel that having the training on the actual ward where I work was very beneficial as it added to the atmosphere of trying to work in a busy clinical environment."</i> <i>"Really good session as difficult to access some training due to ward pressures. Also the session being catered to our specialty is better for staff to increase their knowledge and skill set"</i> <i>"Do more!"</i>

IN PRACTICE

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CREATING AN IMPACT ON OLDER PERSON MEDICINE BY REDUCING PATIENT SAFETY INCIDENTS THROUGH SIMULATION-BASED TEACHING

Radha Brown¹, Kelly Russell¹, Anthony Richardson¹, Rachel Murdoch¹, Priyanka Das¹; ¹South Tees NHS Foundation Trust, Middlesbrough, United Kingdom

Correspondence: rbrown11@nhs.net
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Introduction: Analysis of patient safety incidents and complaints is an essential form of learning for healthcare institutions, with harm to patients having major human, moral, ethical and financial implications¹. In response to common and repeated incidents, weekly in-situ simulation-based education has been implemented on the Older Persons' Medicine (OPM) ward to enhance learning amongst the multidisciplinary team. The team included Doctors, Nurses, Healthcare Assistants and Advanced Nurse Practitioners.

Aims of the in-situ training: · To enhance staff engagement with the learning from incidents process, reducing repeated incidents on the following topics: seizures, pulmonary embolism, rapid tranquilisers, hypoglycaemia and opiate toxicity.

- To improve multidisciplinary team technical and non-technical skills and knowledge.

Methods: This was a prospective study to deliver in-situ simulation to an OPM ward at a tertiary NHS hospital