Welcome to the RGP of Toronto network webinar!

The presentation will begin in a few moments. Here are some setup tips:

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  1. Check the “Hardware and Sound” folder in your computer’s “Control Panel” – check if you are muted, if the volume is set at a good level, and if your playback device is set to be the system’s “default”
  2. Close and restart the webinar
  3. Close and restart the webinar in a different browser (Internet Explorer vs. Google Chrome vs. Mozilla Firefox)
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RGP of Toronto Network Webinar

Make Patient Time the Most Important Currency in Healthcare

October 3 2017

Brian Dolan, FRSA, M.Sc. (Oxon), M.Sc.(Nurs), RMN, RGN
Director, Health Service 360, UK
Make Patient Time The Most Important Currency In Healthcare

Prof Brian Dolan FRSA
MSc(Oxon), MSc(Nurs), RMN, RGN

Facebook/last1000days
@brianwdolan
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Professor Brian Dolan

- Director, Health Service 360, UK (healthservice360.co.uk)

- Director of Service Improvement, Canterbury DHB, NZ

- Visiting Prof of Nursing, Oxford Institute of Nursing, Midwifery and Allied Health Research, Oxford

- Honorary Prof of Leadership in Healthcare, University of Salford, Manchester

- Fellow of the Royal Society of Arts, London

@BrianwDolan  #last1000days  #EndPJparalysis
How many of your last 1000 days would you choose to spend in hospital?
TODAY model

TODAY

TIME

OWNERSHIP

YOU

ACTIONS

DIAGNOSTICS

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health service 360
www.healthservice360.co.uk

www.last1000days.com

THE LAST 1000 DAYS
MAKING PATIENTS' TIME THE MOST IMPORTANT CURRENCY IN HEALTHCARE

PROFESSOR BRIAN DOLAN & LYNDA HOLT
Special Offer

Spend one week like this…. and you’ll get

your quads power &

1.5kg of muscle loss &

your aerobic capacity
Special Offer

Spend three weeks like this....

...and we’ll give you a reduction in fitness equal to a full 30 years of aging!
Hospital inactivity is also associated with:

- **48%** Increase risk of disability
- **48%** Increase in the chance of needing help with ADLs 1 month after discharge
- **ON-GOING** Muscle weakness 3-5 years after discharge
- **66%** Of expected 6 minute walk test results 1 year after discharge
- **5x** The risk of needing institutional care on discharge
Hospital inactivity can also lead directly to…

- Accelerated bone loss
- Malnutrition
- Delirium
- Sensory deprivation and
- Incontinence
TIME

is the most important currency in healthcare. How to maximize time, minimize wasted time and prioritize patients’ time.
• Access targets are about time

• Waiting lists are measured in time

• Harm is frequently caused as a consequence of time ill spent

• Beds are not capacity, too often they are places where patients spend their time waiting for things to happen
• DNAs (missed appointments)

• Even on the day patients go home, they wait for:
  • Ward rounds
  • Discharge paperwork
  • Medication/prescriptions
  • Surprised relatives to pick them up!

The currency is time
The currency is time

• Looking for equipment

• Waiting for people to call back

• Being involved in pointless meetings

• Staff salaries are about buying time
Questions of time

- What makes patient time so important?
- What personal/family experience have you had related to waiting as a patient/relative?
- What did you notice particularly about time?
Patients' time is the most important currency in healthcare
Ownership

- Time
- Ownership
- You
- Actions
- Diagnostics

TODAY
Ownership

- Something’s wrong
- I’m vulnerable
- I’m disadvantaged
- I’m disempowered
- It’s horrible
- I can’t question stuff
THE DANGERS OF GOING TO BED

BY

R. A. J. ASHER, M.D., M.R.C.P.

It is always assumed that the first thing in any illness is to put the patient to bed. Hospital accommodation is always numbered in beds. Illness is measured by the length of time in bed. Doctors are assessed by their bedside manner. Bed is not ordered like a pill or a purge, but is assumed as the basis for all treatment. Yet we should think twice before ordering our patients to bed and realize that beneath the comfort of the blanket there lurks a host of formidable dangers. In “Hymns Ancient and Modern,” No. 23, Verse 3, we find:

“Teach me to live that I may dread
The grave as little as my bed.”
Ownership

- Responsibility
- Stepping up
- Owning a cause / issue / problem / success

Powerful & Empowering
• No one listens
• No real voice
• No control

MOPE
There were three men laying bricks...

The first man is asked what he is doing

Laying these darn bricks
There were three men laying bricks...

The second man is asked what he is doing

Feeding my family
There were three men laying bricks...

The third man is asked what he is doing

I’m part of a team building a school so that our children have somewhere to learn and the next generation are better equipped than us
Communication

• Most leaders under communicate by factor of 10
• Questions do not mean resistance
• Be real, honest and open

It Takes Time

"I Believe
I Believe
I Have A DREAM PLAN"

MARTIN LUTHER KING JR
EXAMPLES

#EndPJparalysis
This week's screensaver shows more great progress on #Red2Green @NGHnhstrust!

We're making great progress on Red to Green!

By the last day of our second week of recording...

We had almost two and a half times more green days than red.

Green days 9am: 335
Green days 3pm: 362
Red days 9am: 174
Red days 3pm: 146

Well done! TeamNGH
1. Patient’s time is the most important currency
2. 10 days in hospital bed leads to 10 years of muscle aging in people over 80 (Gill et al 2004)
3. 46% of people over 85 will die within a year of a hospital admission (Clark et al 2014)
4. If it was your last 1,000 days how many of them would you choose to spend in hospital?
Diagnostics

- TODAY
- TIME
- OWNERSHIP
- ACTIONS
- DIAGNOSTICS
- YOU
DIAGNOSTICS Is understanding what good looks like then being able to assess care and activity against that and identify potential problems
“You can’t fatten a cow by weighing it”
- Palestinian Proverb

Improvement is **NOT** just about measurement…
…but you can’t improve something without measuring it!
• To get patients on 10N up out of bed, dressed in their own clothes and participating in daily activities on the ward, in order to get them well and home as quickly as possible.
By March 2018:

To increase the number of patients sitting out of bed at lunchtime by 25%

To increase the number of patients dressed at lunchtime by 25%

Improved patient experience

**AIM**

**PRIMARY DRIVERS**

- **Education**
  - Staff, patient and carer education to increase their understanding of why patients should be up, dressed and moving.
  - Ask staff to ask themselves ‘does this patient need to be in bed?’

- **Communication & Awareness**
  - Raise staff and patient/carer awareness of campaign and engagement with use of posters, leaflets, Freepress, Freenet, social media.
  - Launch day – all staff to wear pyjamas to work

- **Ongoing training & competencies**
  - Ward staff training on how to prevent deconditioning and encourage independence, how to risk assess and get patients up and moving.
  - Moving and handling training and use of specialist equipment
  - Training for volunteers on how to encourage/assist patients to get up, dressed and moving.
  - Ward staff and volunteers to co-ordinate activity sessions in bays

- **Identifying appropriate patients**

- **Environment**
  - Use of bed board, board rounds and MDT meetings
  - SBAR handover
  - Bedside information

- **Patient and staff feedback**
  - Ward equipment, appropriate seating and moving and handling equipment
  - Ward layout, communal areas, dementia friendly
  - Access to appropriate clothing and footwear
  - Staff feedback - ask staff 2 weeks after launch – have you done anything differently?
  - Patient feedback

**SECONDARY DRIVERS**
MEASURES

Outcome
- % no of patients out of bed at lunchtime
- % no of patients dressed at lunchtime

Process
- Length of time patients are out of bed
- Length of time patients engaged in activity

Balancing
- Length of stay
- Falls
- Pressure ulcers
Royal Free London @RoyalFreeNHS · Aug 4
Veronica, patient on 10 North, said: “It’s a great thing the team are doing. I feel much more comfortable in my own clothes.” #endPJparalysis
pic.twitter.com/8xfUFR8bvD
The health system delivers the required care, is it in a time frame that suits the patient, carer or staff?

Waiting + Sleep Deprivation = Deconditioning

- Physical
- Psychological
- Cognitive
- Social

By reducing the waiting time overall LOS is reduced without changing the clinical care received by the patient.
Four questions every patient, relative and carer should know the answer to.

What is the matter with me?

What will happen to me today?

When am I going home?

What is needed to get me home?
What does good patient experience and staff experience look like?

How do you know you’re doing a good job?

How will you measure success?
What could be measured?

- Patient and staff satisfaction and wellbeing
- More timely discharges
- Reduced LOS
- More timely admissions
- Reduction food wastage
- Reduced laundry costs
- Reduction in UTIs, DVTs, URTIs

Etc
Actions
**ACTIONS** Identifies some of the things that are already prioritizing patients’ time. How to engage others in meaningful change.
Locally developed videos

Nottingham University Hospitals

https://www.youtube.com/watch?v=gKTNWwMw898

South Warwickshire

https://www.youtube.com/watch?v=RidSvqmp850
Locally developed posters

Four key questions every patient and relative/carer should know the answer to:

- What is going to happen today?
- When am I going home?
- What is needed to get me home?
- What is the matter with me?

Ten days in hospital leads to...

We put patient safety above all else.
YOU ARE WHAT YOU WEAR

Pyjamas say you’re unwell

Clothes say you’re getting better

#EndPJparalysis  February 2017
@PeterKennell
5 reasons why we're fully behind the Red2Green approach

Mark Cubbon, our regional Chief Operating Officer, discusses how the Red2Green approach is helping reduce unnecessary delays for patients across the Midlands and East of England and why it's gaining momentum on social media.

I would hope by now that many of you have heard about Red2Green. Perhaps your trust has introduced it already, is planning to implement it, or maybe you've seen the growing number of colleagues discussing the benefits at events or on social media.

Whatever your current understanding of the approach, here are five reasons why we’re so keen to support its adoption across the Midlands and East of England and beyond.

1. Red2Green is so easy to adopt

Developed by Dr Ian Sturgess, the premise of Red2Green is simple: a patient’s time is the most important currency in healthcare.

‘Red days’ are defined as those days that fail to contribute to a patient’s discharge from hospital. By working better together, we can reduce red days in favour of value-adding ‘green days’.

‘Green days’ are where a patient receives an intervention that supports their care pathway out of hospital and into the best setting for their needs.

Our endPJparalysis journey

Ann-Marie Riley, Deputy Chief Nurse at Nottingham University Hospitals NHS Trust, describes how the phenomenon of endPJparalysis began its journey within her trust.

This content has been submitted to our website by a member of our user community.

Early days

Who would have known that a visit from Brian Dolan to Nottingham University Hospitals NHS Trust (NUH) late in 2016 would lead to an international call to action?

Brian had visited NUH to talk about his #Red100DayChallenge work, and following his talk I asked staff what we could do to value patient time and they suggested we get more patients dressed. This created a good amount of discussion at the time and later that evening Brian, via Twitter, discussed pyjamas as a uniform for patients. He sent this tweet to myself and Tim Gillatt on November 8, 2016.

Nursing was born in the church and raised in the army, so leaving patients in pyjamas is their 'uniform' #LastIsThat
Social Media

This week's screensaver shows more great progress on #Red2Green @NGHhstrust!

We're making great progress on Red to Green!

We had almost two and a half times more green days than red.

If you had 1000 days left to live how many would you choose to spend in hospital?

#NNUHRRed2Green

If you had 1000 days left to live how many would you choose to spend in hospital?

#Red2Green - Explained

This is "#Red2Green - Explained" by UHNM NHS Trust on Vimeo, the home for high quality videos and the people who love them.

vimeo.com
Keeping active while you are in hospital
Information for patients, family members and carers

safer faster better
#endPJparalysis
Creating energy for action

- Give followers credit because there is no movement without followers
- Forget perfection. Embrace reality
- Never underestimate the power of giving people permission to act
PJ PARALYSIS

You are at your best when your up & dress

Help us to Help you
NHS
#endPJparalysis

NHS
#RedGreen
If we want people to take action, we have to connect with their emotions through values

Source: Marshall Ganz
Your Total Hip/Knee Replacement Daily Goals

**DAY ONE**
1. Physios will get you out of bed and give you exercises to do [ ]
2. Ensure your nurse knows if you are feeling sick or have pain [ ]
3. You will have an X-Ray of your hip today, and a blood sample will be taken [ ]
4. You will be helped to wash or shower [ ]
5. You will be wearing compression stockings or tubigrip to reduce swelling. [ ]
6. The tube will be removed from your leg [ ]

**DAY TWO**
1. You will be encouraged to walk around today [ ]
2. You will be assessed today and your discharge plan or rehab pathway will be confirmed [ ]
3. You will be sitting out of bed at meal times and eating a full dinner [ ]
4. You will have a shower today [ ]

**DAY THREE**
1. You will be WALKING to the toilet and showering independently where possible [ ]
2. Let the nurse know if you have passed urine and if you need something to help you go to the toilet [ ]
3. Your catheter will be removed at 2400 [ ]

**DAY FOUR**
1. You should be walking 3 times around the ward per day! [ ]
2. Don't be a bed bug! Walk 3 times around the ward per day! [ ]
3. If you require rehab you may be transferred today [ ]

**DAY FIVE**
1. Goodbye [ ]
2. You will need to leave the ward by 10am [ ]
3. You will pick up your medication from pharmacy [ ]
4. Remind the nurse if you brought your own medications or valuables into the hospital so we can return them.

---

Patient Name:_________
Discharge Date _____/____/____

---

If no why? [ ]
Yes [ ]
No [ ]

If no why? [ ]
Yes [ ]
No [ ]

If no why? [ ]
Yes [ ]
No [ ]

If no why? [ ]
Yes [ ]
No [ ]

If no why? [ ]
Yes [ ]
No [ ]
#last1000days

My pledge............
"You don’t have to take your clothes off..."

Get dressed — Get moving!

#endPjparalysis

health service 360
If you had a 1000 days left to live, how many would you choose to spend in hospital?

One week of bed rest equates to 10% loss in strength and for all three sessions led to a loss of strength of 7% for these days. After a single week in bed, patients had difficulty standing and holding themselves up. Long-term bed rest can also cause changes in mental health, with people feeling more depressed and dependent on others.

For every 70 days of bed rest in hospital, the risk of developing 10 years of muscle ageing symptoms is similar to a 10 years of muscle ageing caused by aging in place. In other words, the more time spent in bed, the more muscle you will lose.

The last 100 days of those 1000 days is the critical period in which you can make the biggest impact on your health. You can do this by setting small, achievable goals and staying consistent with them. Even small changes can make a big difference.
• WHY
• Clarity
• What will you not stand for
• Pick your battles

Self Awareness and Management
Do you ever feel like you have one of these in your head?
Why Is Leadership Style Important?

• Leadership style impacts the motivations of employees, either positive or negative

• Studies show that roughly 70% of team performance is a direct reflection of a leader’s effort to understand employees & to match a leadership style to employee needs & goals
Reducing Resistance

• See problem from other’s eyes

• Say ‘yes’ to their view of the world

• Acknowledge that you don’t have a patent on reality

• Listen carefully and ask lots of questions

• Suspend your own needs and problems temporarily
You cannot not communicate.
• Meet people where they are
• Build on commonality
• Be respectful

Look for the mutual wins
• #Fit2Sit

• 100 day #EndPJparalysis Challenge

• The virtual choir
#Fit2Sit

• Fit2Sit is an arm of #EndPJparalysis

• ED and ambulance staff are encouraged to sit patients in chairs (ideally in their own clothes) rather than on trolleys
The East of England 100 day, 100,000 patient day #EndPJparalysis challenge

14 September 2017 – 22 December 2017
#EndPJparalysis 100 day challenge

14th Sept - 22nd Dec 17 - East of England

"Time is the most important currency in healthcare"
Prof. Brian Dolan

Did you know, 46% of people aged >85 die within 1 year of admission to Hospital? (Clark et al 2014)

Deconditioning in hospitalised older patients, can cause serious harm

Aiming for 100,000 patient days dressed in own clothes & moving in 100 days. Let’s help our patients get home back to loved ones

If you had 1000 days left, how many would you want to spend in Hospital? That’s why EVERY DAY matters

FACT: Reduces mobility
FACT: Loss in strength
FACT: Loss of independence
FACT: Longer stay in Hospital

@sonia_sparkles
#EndPJparalysis 100 day challenge

Hospital/ward/area: ____________________________

Day (out of 100): ____________

Number of patient days: ____________________________
(dressed in day clothes, up & moving)

Welldone!
#EndPJparalysis

The East of England 100 day, 100,000 patient day
#EndPJparalysis challenge
14 September 2017 – 23 December 2017

Over 100 days, the East of England is aiming for 100,000 patient days where patients are up, dressed and moving in their own clothes.

HOW MANY OF YOUR LAST 1000 DAYS WOULD YOU CHOOSE TO SPEND IN HOSPITAL?

- Deconditioning due to bed rest can cause serious harm to our patients, especially those who may be in their last 1000 days... Meaning more treatment and wasted ‘real’ days in hospital for them.
- Getting your patients moving and wearing clothes can reduce deconditioning and increase mobility meaning they get back home quicker.
- Hospital gowns and pyjamas should not be a patient’s uniform.

ENCOURAGE YOUR PATIENTS TO GET UP, DRESSED AND MOVING!

---

#EndPJparalysis 100 Day Challenge

Thursday 14th September to Friday 22nd December

Ward: 18

Week beginning: 25/9/17

Patients up and moving before midday:

<table>
<thead>
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<th>MON</th>
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Together we can #EndPJparalysis
The Power of 1000

• NHS East of England 100 day, 100,000 patient days #EndPJparalysis challenge

• Spring 2018, NHS 100 day 1,000,000 patient days challenge

• Why not a 100 day 10,000,000 patient days global #EndPJparalysis challenge?

Would you like to join our global 100 day challenge?
#EndPJparalysis Virtual Choirs

@ms215 · Jul 14
OK @BrianwDolan the #EndPJparalysis playlist is live - it’s collaborative (obvs!) so people will be able to add:

---

I Like To Move It (feat. The Mad Stuntman) - Radio Mix
Reel 2 Real, The Mad Stuntman, Vindata, Alex Naylor DJ

Walking Back to Happiness
Helen Shapiro

Get Up Offa That Thing
James Brown

Get Up, Stand Up
The Wailers

Take Me Out
Franz Ferdinand

Sunday Forgettable
Okay(K)

Do Your Thing
Basement Jaxx

Here It Goes Again
Ok Go

We Don’t Have To Take Our Clothes Off
Jamaica Stewart

Dressed For Success
Roxette

Walk This Way
Run–D.M.C., Aerosmith

You Can Leave Your Hat On
Joe Cocker

You were the one

---

#EndPJParalysis - the playlist
A playlist featuring Reel 2 Real, Helen Shapiro, James Brown, and oth...
Bohemian Rhapsody – the #EndPJparalysis Originator’s Cut

Is this the real life
Or PJ fantasy?
Caught on a Patslide
No escape from reality

Open your eyes
Loose up my gown ties and see,
I'm just a poor boy, I need some sympathy
Because it's easy come, not easy go
Bed bound, poor flow
#Red2Green the beds flow, it really, really matters, to me, to me

Pyjamas... just killed a man
Put some PJs on his bed,
Made him stay there now he's dead.
Mama, life had just begun, now I've gone and thrown PJs away
Mama, ooh...

Didn't mean to make you cry
If I'm not back from M&S tomorrow, carry on, carry on
Cos day clothes really matter.
The Social Millionaires

• #EndPJparalysis and #last1000days are about creating social millionaires

• Each day we undertake a million acts of kindness to
  • Value patient time
  • Have no red days
  • Offer dignity, autonomy and humanity
  • Remind us with why we came into healthcare
Why the last 1000 days matters
"Far away, in the future, the thousand lives we could have lived are waiting for us to show up.

But once we get there, it’s only going to be one of them."

(John Steinbeck, The Grapes of Wrath)
It is not the mountain we conquer, but ourselves

Sir Edmund Hillary KG, ONZ, KBE (1919-2008)
Thank you

Brian Dolan

@BrianwDolan

Facebook/last1000days

www.last1000days.com
Questions and Discussion......
Thank you for attending this webinar!

You will receive a quick evaluation survey by email – please share your suggestions and topics for future sessions.

A link to presentation slides and a recording will be provided after completing the evaluation.

Please join us at our next webinar **Thursday November 9 2017, 12–1pm**

**Development of the Cross-Sectoral Senior Friendly Care Framework**

Dr. Barbara Liu and the RGP of Toronto team

Coming Next: **Patient and Family Engagement in the Design of Care**, December 2017 (details to follow)

If you have additional questions, contact **ken.wong@sunnybrook.ca**

www.rgp.toronto.on.ca
www.seniorfriendlyhospitals.ca
www.movescanada.ca