

JOIN THE MOVEMENT TO #endPJP paralysis

Get Up, Get Dressed, Get Moving!

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Introduction:

The beauty of #EndPJPParalysis is that it doesn't have to be a project, it's not about numbers, audits and graphs, it's about changing patient experiences for the better, empowering staff, patients and relatives in collaboration to improve the healthcare journey. The hospital environment should be as parallel to the reality of home as possible, optimising function and promoting independence at all times. Most importantly patients should maintain their sense of identity, reducing the vulnerability potential within the hospital environments and reducing the 'sick role' mentality.

This captures our intrinsic motivation to care for patients whilst giving patients, relatives and staff ownership over a crucial cultural change and social movement. With initial credit to Brian Dolan @BrianWDolan, Ann-Marie Riley (@AnnMarieRiley10) and Pete Gordon (PeteGordon68), hospitals across the country are taking ownership and pride in making a small change to improve the journey through our hospitals. Through the power of social media, trusts from all over are forming their own #EndPJPParalysis work to change the culture of the NHS.

Patient's time must be our currency throughout healthcare and it must be spent wisely to ensure patient-centred, excellent care throughout the NHS. [2] [3]

Background:

The adverse effects of bed rest are widely researched and can be seen identified nationally and internationally as hospital and community services alike fight growing pressures. When patients are in bed for prolonged periods, each physiological system is effected in the human body. Hospital care is often focused on treating acute illness and the presenting complaint; however physical and cognitive functioning – factors which are imperative to the patient's independence and prognosis—are often overlooked. [4][5][6]

- One week in bed can lead to 10-20% loss of muscle strength
- One week in bed can result in 3+% loss of muscle mass
- 70% of patients lose up to 1/3 of functional ability during a hospital stay
- 10% decrease in blood volume over 6 days, resulting in more cases of hypotension, leading to higher falls risk.
- Decrease in parameters of pulmonary function, impaired cough and atelectasis, increasing the risk of hospital acquired pneumonia
- A marked increase in anxiety, fear, and sensory deprivation [1] [3]

Improvements in patients up and dressed during pilot week.

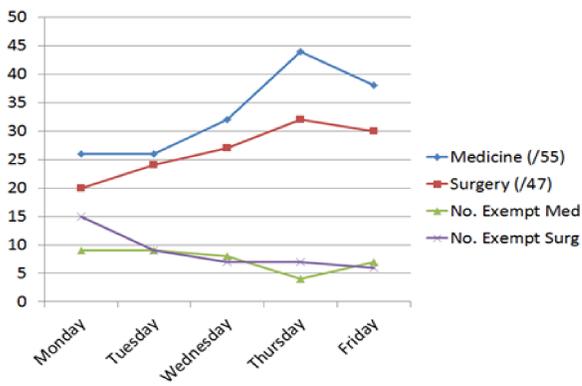


Figure 1: Med/Surg Pilot

Initial pilot data: demonstrating differences at baseline, and during pilot, with resources in use.

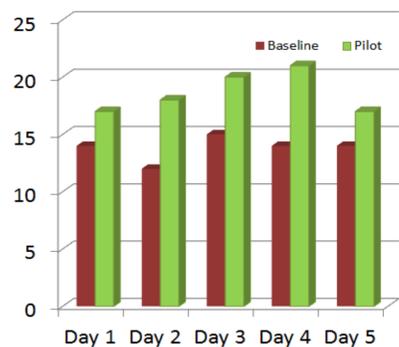


Figure 2: No. of Patients up and dressed by lunchtime; Baseline vs Pilot

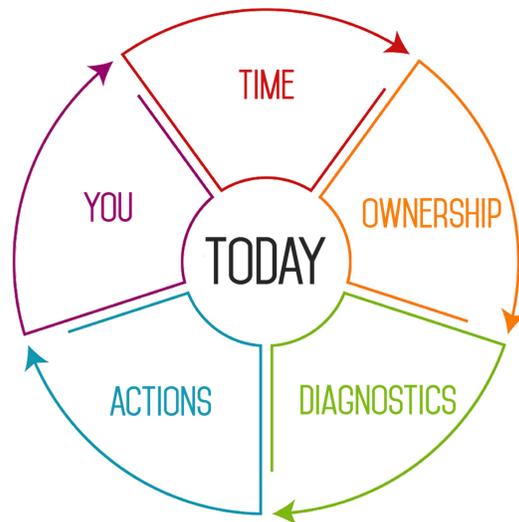


Figure 3: Principles of the TODAY Program to introduce tools to value patient time.[2]



What happens next?

- #endPJPParalysis champions across disciplines, across the NHS to continue pushing change, therefore receiving input from all areas.
- As healthcare professionals, pledge to support the small changes to empower a big difference, and continue to change this throughout our clinical practice.
- Empower each patient to maintain independence, and avoid unnecessary vulnerability following a hospital stay. Therefore improving the inpatient journey.
- *The Bigger Picture* – links to the community; GP's, community beds, older people's groups. This will allow there to be continuity throughout the primary and healthcare systems and transparency across healthcare.



Results:

- Significant improvements in patients up and dressed by lunchtime when compared to data from the previous week.
- Reduction in number of days requiring Physiotherapy as inpatient as patients regain their functional baseline quicker.
- Positive patient/family feedback following admission, with families feeling it helped patient and family alike to see the positive.
- Reduced costs for equipment as inpatient and on discharge as patients are more likely to retain their 'normal' level.
- Reduced 'bed days' therefore length of stay reduced (data analysis is ongoing).



"I'm sure I feel worse if I don't follow the routine to be ready for the day" (86y/o male)

"You won't find a boyfriend if you stay in pyjamas, you should wear your best skirt" (98 y/o lady)

"The key is not to let it feel like you're in hospital, don't give in to the temptation of not being normal" (91y/0 male)

Method:

- Collaborative multi-disciplinary team, family and patients working together to ensure the resources target all groups.
- Promotional materials which engage each individual entering the hospital system. In addition the planning to ensure these are available and visible at all inpatient areas.
- Audit/Re-Audit to establish whether there are improvements in patients up and dressed.
- Real-Time Feedback from staff, relatives and patients alike to see positive outcomes.
- Social networks encourage collaboration across the UK and internationally. These also provide a sharing platform for resources/work so everyone can develop their services.



Figure 4: Launch at Salisbury District hospital.

Follow the movement on 

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Acknowledgments: Brian Dolan, Ann-Marie Riley, Pete Gordon, Emily Scotney, Cris Mulshaw, Emma Humberstone.
References:
[1]Campbell, C., (2012) Deconditioning : the consequence of bed rest. *Geriatric Research Education Clinical Center (GRECC)*.
[2]Dolan B (2016) What happens when patient time becomes the most important currency in health care?
[3]Fab NHS stuff website (<http://fabnhsstuff.net/2016/07/04/the-last-1000-days-what-happens-when-patient-time-becomes-the-most-important-currency-in-healthca/>)
[4]Graf, C. (2006). Functional Decline in Hospitalized Older Adults. *AJN, American Journal of Nursing*, 106(1), pp.58-67.
[5]Kortebein P, Symons TB, Ferrando A et al (2008) Functional impact of 10 days of bed rest in healthy older adults. *Journal of Gerontology*, 63a, 10, 1076-1081
[6]Wick, Jeanette Y. "Bedrest: Implications for the Aging Population." *Pharmacy Times*, 13 Jan. 2011, www.pharmacytimes.com/publications/issue/2011/january2011/featurebedrest-0111

