



Why patient time is the most important currency in patient flow

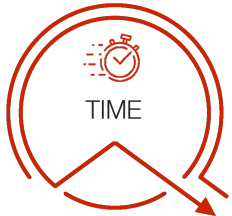
 @BrianwDolan

Prof Brian Dolan OBE

FFNMRCISI, FRSA, MSc(Oxon), MSc(Nurs), RMN, RN
Director, Health Service 360 (UK)
Professor, Coventry University

Honorary Professor of Leadership in Healthcare, University of Salford
Honorary President AGILE: Network of Chartered Physiotherapists working with older people
Honorary Adjunct Professor of Innovation in Healthcare, Bond University, SE Queensland






Time

is the most important currency in health care

So how do we maximise time, minimise
wasted time and prioritise patients' time?





How many of
your last 1000
days would you
choose to spend
in hospital?

“ There are only two days that have fewer than 24 hours in each lifetime, sitting like bookmarks astride our lives: one is celebrated every year, yet it is the other that makes us see living as precious ”

Kathryn Mannix



Time is the Currency of Healthcare



- Access targets are about time
- Waiting lists are measured in time
- Beds are not capacity
- Harm is frequently caused by time ill spent

Time is the Currency of Healthcare



- DNAs - Did Not Attend (appointment)
- Even on the day patients go home they wait for:
 - Ward rounds
 - Discharge paperwork
 - Medications/prescriptions
 - Surprised relatives to pick them up!

We Waste Time Everyday



- Looking for equipment
- Waiting for people to call back
- Being involved in pointless meetings
- + Staff salaries are about buying time

- When you are working time flies by....
- When you are lying in a hospital bed it crawls by...
- Time is relative – we have to make it all count...





Simon Weldon

@simonweldonkgh

Following

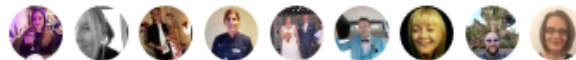


Feedback from the relative of a patient that talks to the importance of time:

'When you have a life limiting illness each moment becomes precious, waiting a minute feels like 10, waiting 10 minutes feel like half an hour. And waiting half an hour feels like an eternity'

4:24 am - 10 Sep 2018

29 Retweets 52 Likes



1



29



52





August 2023

Monday	Tuesday	Wednesday	Thursday
1	2	3	4
5	6	7	8
9	10	11	12
13	14	15	16
17	18	19	20
21	22	23	24
25	26	27	28
29	30	31	

Deconditioning: definitions, prevalence and impact

Deconditioning syndrome comprises physical, psychological and functional decline that occurs as a result of prolonged bed rest and associated loss of muscle strength, commonly experienced through hospitalisation

(Arora & Dolan 2021)



Prevalence estimates report older hospitalized patients can spend anything up to 95% of their time in bed or chair.

BMJ - 1947

DEC. 13, 1947

DANGERS OF GOING TO BED

BRITISH
MEDICAL JOURNAL

967

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."

It is my intention to justify placing beds and graves in the same category and to increase the amount of dread with which beds are usually regarded. I shall describe some of the major hazards of the bed. There is hardly any part of the body which is immune from its dangers.

Respiratory System.—The maintenance of one position allows the collection of bronchial secretions, which, stagnating in the bases, encourage the development of hypostatic pneumonia.

urinary tract can find difficulty in using a bottle—probably because of the horizontal position of the body coupled with the nervousness and embarrassment felt on attempting this unnatural, uncomfortable, and unfamiliar method of micturition. In older people this difficulty may lead to acute retention with overflow or to simple incontinence. Bed-sores may develop and keep the patient to bed, so initiating a vicious circle of bedridden incontinence. Prolonged incontinence leads to a deterioration of hygienic morale, and a patient may continue to be incontinent from sanitary sloth rather than urological disease. Getting a patient out of bed may turn him from an incontinent person to a clean one.

Alimentary Tract.—This too is not immune from the bad effects of rest in bed. After a few days minor dyspepsias and heartburn may be noticed; the appetite is often lost. Constipation occurs almost invariably, and even if not of grave significance is often a grievous worry to the patient. Its causes are, first, the absence of muscular movement; secondly, the change of environment (no one can say why this causes constipation, but it does); and, thirdly and most important, the difficulties of evacuating the bowel in a hospital bed-pan. On a bed-pan the patient is unable to use his abdominal muscles and his nearness to fellow-patients discomforts him. Precariously engaged in balancing himself, he sits there, poised unhappily above his own excrement in great dissatisfaction.

JAMA - 1899 and 1944

Liberation is NOT a new concept

*“It means a great deal. . .to be put on their own feet in a short time, rather than be confined to bed, having their weak backs and general debility increase rather than disappear after the operation which was to cure them.”—Dr Emil Ries,
JAMA 1899¹*

THE ABUSE OF REST AS A THERAPEUTIC MEASURE IN SURGERY

EARLY POSTOPERATIVE ACTIVITY AND
REHABILITATION

JOHN H. POWERS, M.D.
COOPERSTOWN, N. Y.

Rest, as a therapeutic measure, is fraught with hazard. Prolonged periods of recumbency in bed are anatomically, physiologically and psychologically unsound and unscientific. Conversely, early restoration of medical and surgical patients to normal life is an essential feature of modern convalescent supervision. Prompt postoperative activity and walking provide manifest, safe and agreeable modifications in customary convalescent care by which ready rehabilitation may be achieved in the realm of surgery.

The desirability of such a program for patients of advanced years has long been recognized; surgical wounds heal firmly even though early postoperative activity is encouraged. Infants and young children cannot be kept quietly at rest in bed after operation, yet postoperative hernias are not common. Utilization of this knowledge in the management of patients between the extremes of life promotes an equally uneventful convalescence. Early rising from bed and walking preclude the protracted period of inertia which traditionally follows in the wake of surgery and encourage the prompt resumption of normal activity.¹

Florence Nightingale - 1870s

arrangements of the building. There could be no excuse for complacency. Even St Thomas's, with its pavilions of air, had been revealed, in a report of 1878, to be far from hygienic. 'It is now a well-known rule,' Florence had written in a note to herself: 'keep no patient in hospital a day longer than is absolutely necessary . . . And even this may be days too long. The patient may have to recover not only from illness or injury but from hospital.'

In the last phase of her working life, Florence would redouble her



REBEL WOMEN

FLORENCE NIGHTINGAL

Impact of Bed Rest on Older People

Muscle strength 1-1.5% decrease per day of inactivity, up to 20% in the first week. Lower limb antigravity muscles most affected

Muscle mass 1.5 kg loss – 1kg from hips, gluteal and quad muscles (which enable standing)

Bone demineralisation and loss of total body calcium 6mg/day

Circulating volume decreased up to 5%

Impact of Bed Rest on Older People



Constipation due to reduced peristalsis, reduced fluid intake etc

UTI as a result of increased diuresis and mineral excretion
leading to kidney stone formation in 15-30% of patients

Skin integrity compromised – pressure sores



Impact of Bed Rest on Older People



Few hospitalised older people die if their mobility improves during the first 48 hours of admission.

In contrast, most people (75%) die if their mobility gets worse (Hathaway et al 2017).

30% of acute inpatients are in their last year of life (RCP 2021)



Impact of Bed Rest on Older People

Hospitalised patients are 61x more likely to develop disability in ADLs than those not hospitalised


17% of older medical patients who were walking independently two weeks prior to admission needed help to walk on discharge

Deconditioning contributed to delayed discharge in >47% of older patients



'Is the patient safe for admission?' ...

...may sometimes be a better question than
'Is the patient safe for discharge?'



Wai et al (2024)

Research Article

Impact of the End PJ Paralysis interventions on patient health outcomes at the participating hospitals in Alberta, Canada

Gurech James Wai , Zihang Lu, Sudeep Gill, Isabel Henderson & Mohammad Auais

Received 26 Apr 2023, Accepted 23 Mar 2024, Published online: 04 Apr 2024

<https://doi.org/10.1080/09638288.2024.2335662>

End PJ Paralysis applied across Alberta, Canada hospitals (n=32,884)

- Reduced inpatient falls by 2.2 falls
- Reduced LOS by 1.8 days
- Increased % of patients discharged home

Note: Wai & Henderson EndPJparalysis.org Global online summit presentation available in August

New RCSI online deconditioning CPD

- Duration: 12 weeks (one evening/week for 2 hours)
- Date: Wednesday, 11 Sept – Wednesday, 4 December
- Time: 7pm – 9pm
- Open to all HSCPs
- 24 Continuing Education Units
- Contact:
maryrosesweeney@rcsi.ie





Falls are often thought to
be a problem of mobility

They're actually a
problem of immobility



There is no 'no risk' or 'safe'
There is 'lower risk' or 'safer'



Dr Ben Owens

Keep it simple



Start with the
Patient
And work backwards

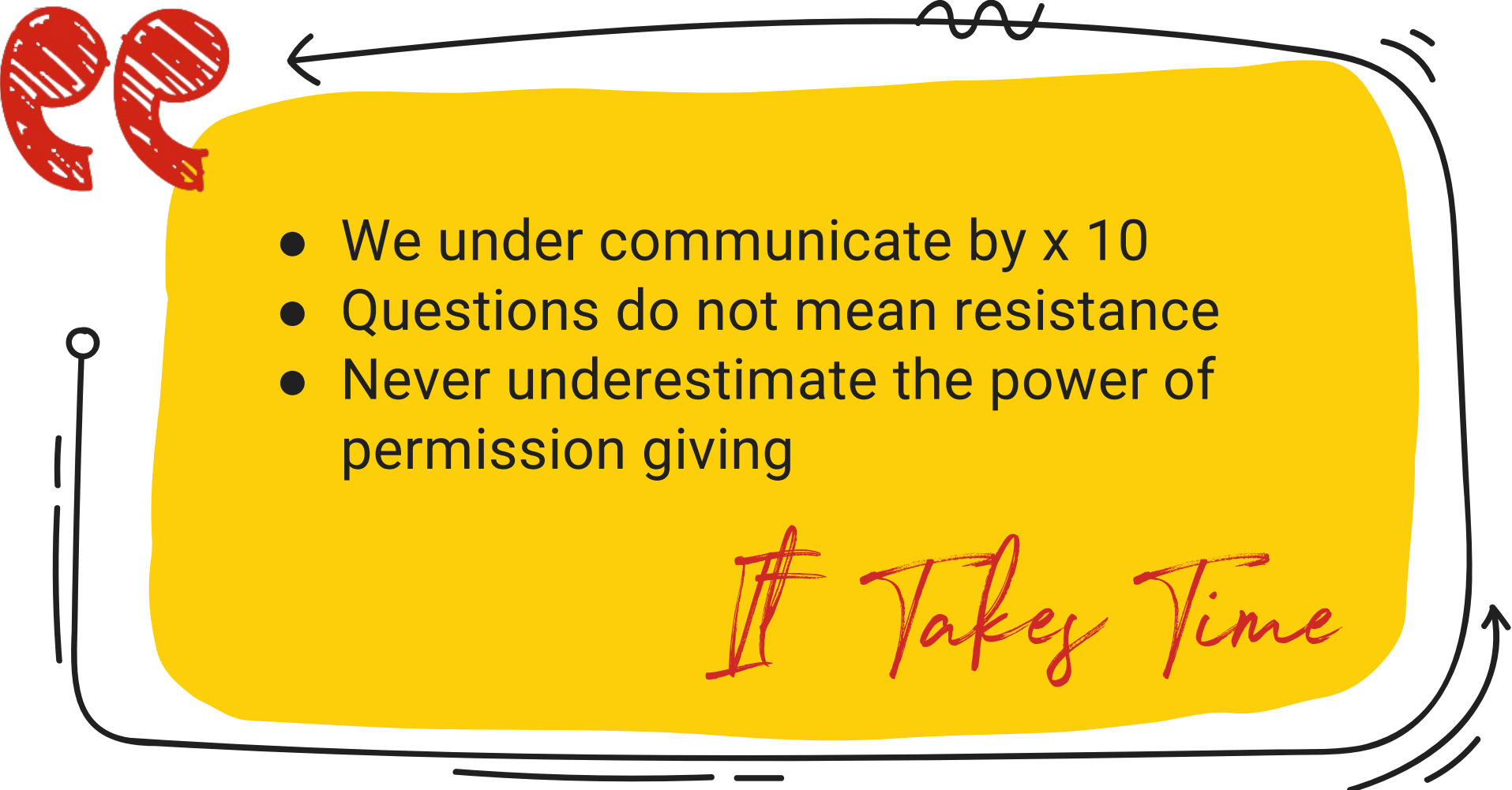
Roy Wilby

The importance of smaller steps



One early safe discharge benefits five patients



- 
- We under communicate by x 10
 - Questions do not mean resistance
 - Never underestimate the power of permission giving

It Takes Time

Need a compelling story?

Here's 3

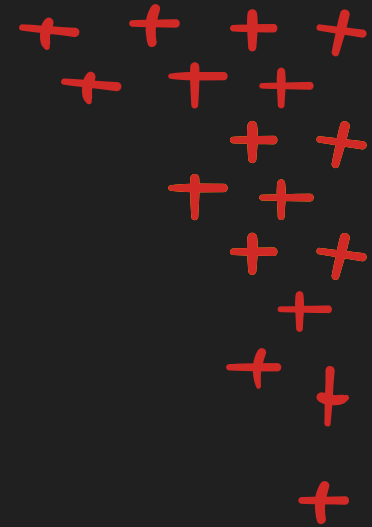
1. Patient's time is the most important currency
2. 48% of people over 85 will die within a year of a hospital admission (Clark et al 2014)
3. If you had 1,000 days to live, how many of them would you choose to spend in hospital?



Focus on what
you can control

Explore what's possible

Rethinking Our Framing



Old Framing

Falls Prevention

Reducing LOS

Days in hospital

Hospital in the home

New Framing

Safer mobility

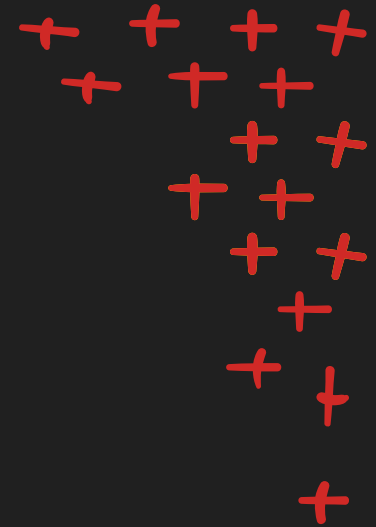
Giving patients back time

Days away from home

There's no ward like home

@brianwdolan

Some key messages



Taking funding off the table – it drives the wrong behaviours

Trust the clinicians

Foster high trust, low bureaucracy because organisations only progress at the speed of trust

‘I’m not happy to discharge this patient’.... it’s not about our happiness!

Focus on belonging

@brianwdolan

Workplace Culture



-01-

Senior leaders set the tone

-02-

Managers carry culture

-03-

Peers drive belonging

People belong when they feel:

1. Seen & Heard
2. Connected
3. Supported
4. Proud





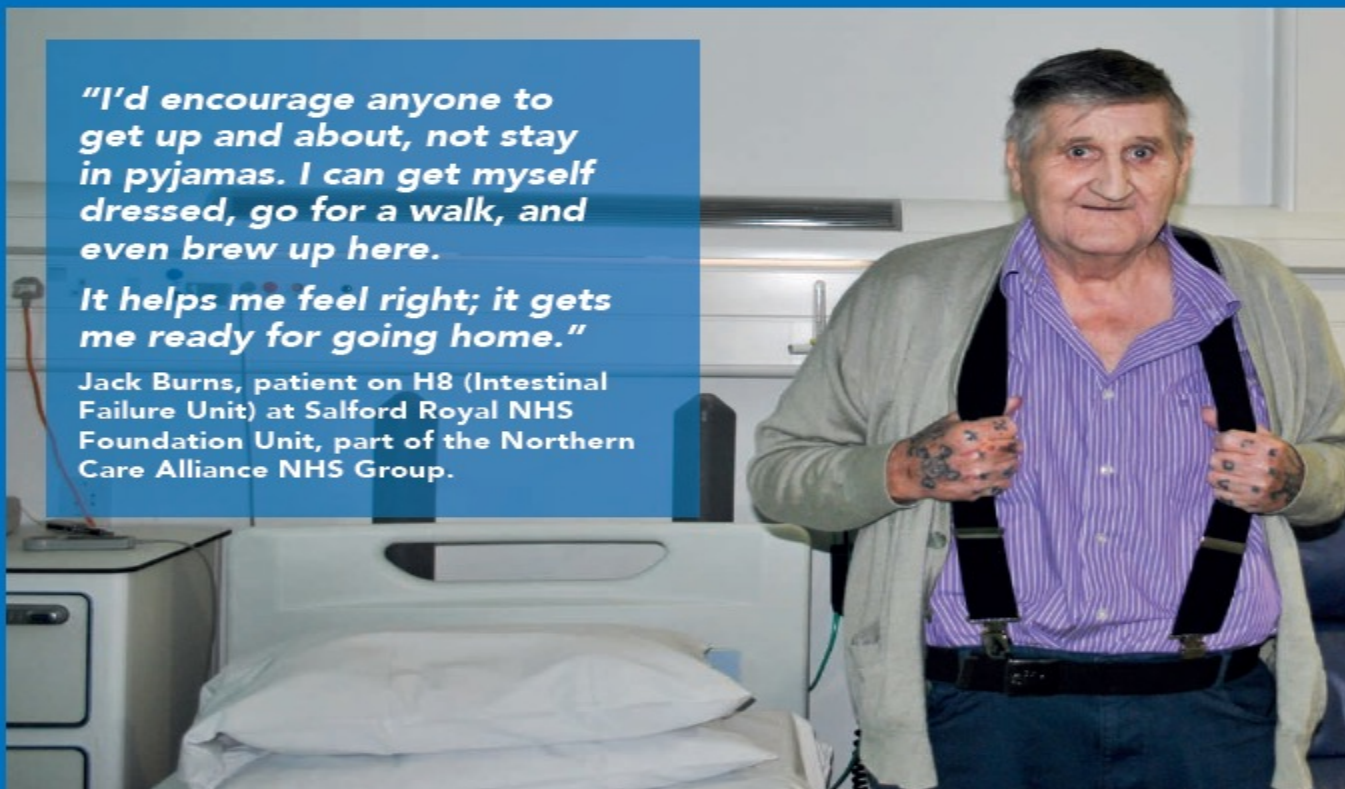
Up
Dressed
&
Feeling Good

#EndPJP   paralysis

"I'd encourage anyone to get up and about, not stay in pyjamas. I can get myself dressed, go for a walk, and even brew up here.

It helps me feel right; it gets me ready for going home."

Jack Burns, patient on H8 (Intestinal Failure Unit) at Salford Royal NHS Foundation Unit, part of the Northern Care Alliance NHS Group.



Join the NHS 70-day, 1 million patient day, #EndPJparalysis Challenge

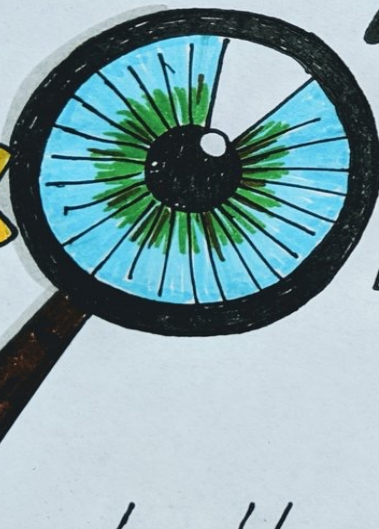
17 April 2018 – 26 June 2018

GERONTOLOGISTS

are like



**THEY
LOOK**



ARCHEAOLOGISTS,

PAST WHAT OTHERS SEE

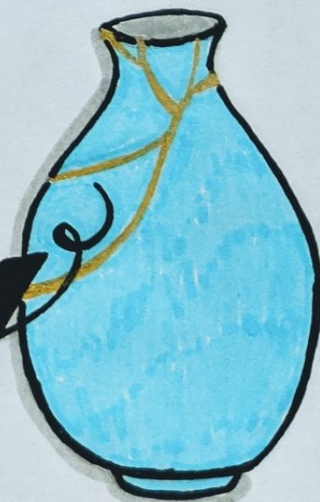
AS

RUINS

to the

Beauty

that LIES WITHIN.



@crabtree-arrelia

Remember: All of us are memory makers....

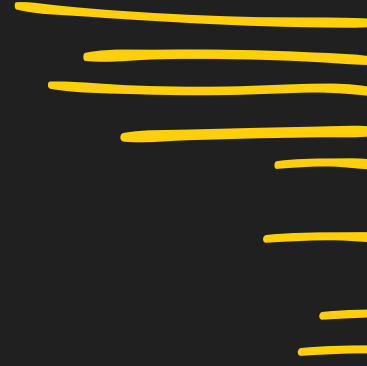


Valuing patients' time

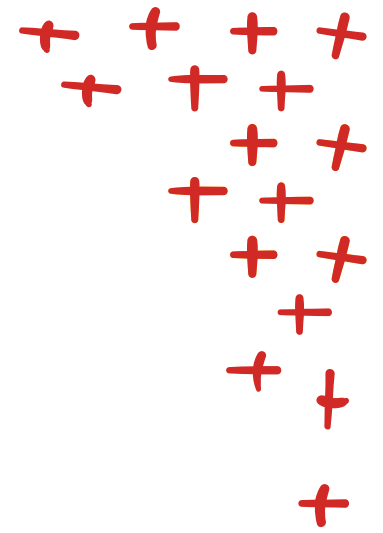
Why care will always
be more important
than cure



The Social Millionaires



- Each day we undertake a million acts of kindness to
 - Value patient time
 - Offer dignity, autonomy and humanity
 - Remind us why we came into healthcare



Why the last 1000 days matter



“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)



We should keep our feet on the ground to signify that nothing is beneath us, but we should also lift our eyes to say that nothing is beyond us.

Seamus Heaney

Irish poet and Nobel Laureate



I CARE

Braver Leaders




<https://bit.ly/braverleaders>



Brian Dolan OBE

brian@healthservice360.com

 @BrianwDolan

Thank You

www.healthservice360.co.uk

Endpjparalysis.org/join

