Patients time is the most important currency in health and social care

#Red2Green #Last1000days #endPJparalysis

Focus on the important not just the urgent – waiting isn’t passive

Ian Hall – Head of Service Improvement (NHSI Midlands and East) @Hall9Ian
Pete Gordon – Senior Improvement Manager (ECIP) @PeteGordon68
Sinead Collins - Business Manager, West Suffolk NHS Foundation Trust
Red2Green Campaign Journey

Launch Events
- Compelling Story
- How to apply Red2Green locally
- Clinical scenarios
- Patient engagement
- Problem solving

Resources & Webpage Launch
- Rapid Improvement Guides
- Case Studies
- Tracking Tool
- Posters and Pledge Cards
- How to access further support

Additional Support
- Masterclasses
- Webinars
- Coaching
- Action Learning Sets
- Local Events

ECIP Support
- Local events and training sessions
- Support and sharing good practice
- Bespoke offer for targeted trusts

Intensive Week
- Sharing Progress
- Case Studies
- Recognising good practice
- Social media campaign

Sharing Success Events
- Sharing progress
- Recognising good practice
- Celebrating success

Creating a social movement
Communications, sharing resources and social media campaign
Midlands & East Red2Green team continuous support to campaign
ECIP team on-site support to systems

November 2016
December 2016
January 2017
February 2017
March 2017
April 2017
May 2017

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Creating a social movement
Communications, sharing resources and social media campaign
Midlands & East Red2Green team continuous support to campaign
ECIP team on-site support to systems
Red2Green Campaign Journey

Additional support

Trusts signed up to additional support including:

• Masterclasses
• Webinars
• Coaching
• Action learning sets
• ECIP advisory support via conference calls and on-site visits
• Local events and training has been delivered across the region

Additional support

As part of the Midlands and East Red2Green campaign, Midland and East systems can access the following additional support by submitting an enquiry to nola.godley@nhs.net

1. Action learning sets
   Action learning sets is one approach to building teams and organisations. It takes place in small groups, called learning sets. Learning sets work through small group sessions that help people explore real and challenging workplace issues. In a confidential setting, participants
   • Share their experiences
   • Reflect on collective thinking
   • Discuss and select a course of action

2. Access to support from ECIP team
   The ECIP team can support you with tailored coaching expertise, sharing ideas, resources, giving support and advice and championing the red2green approach.
   As part of the Midlands and East campaign we would also like to support you by arranging mentoring and coaching with systems that are using a Red2Green approach.

3. Masterclasses
   A series of masterclasses are available to support small health and social care systems in Midlands and East region. You will need a promotional tool to register and places are limited to 1 per system.
   • Change Management To register, click here.
   • Red2Green To register, click here.
   • Measurement for Improvement with service transformation tools and techniques. To register, click here.
   • Building effective teams. To register, click here.

4. Trainee coaching
   Details to follow
   Descriptions, dates and details on how to book your place/participate in all of the above will follow shortly. In the meantime, please confirm your interest through submitting an enquiry to ECIPHFs@medeast.org.uk
Evaluation approach

The Midlands and East Red2Green team and evaluation sub-group developed the evaluation approach using the Kirkpatrick model.

Level 4: Results
Results evaluation is the effect on the business or environment by the trainee.

Level 3: Behaviour
Behaviour evaluation is the extent of applied learning back on the job - implementation.

Level 2: Learning
Learning evaluation is the measurement of the increase in knowledge - before and after.

Level 1: Reaction
Reaction evaluation is how participant feels about the training or learning experience.

Kirkpatrick’s 4 Level Evaluation Model
The #Red2Green Influencers

Top 10 by Mentions
@ecistnetwork 2,830
@petegordon68 1,835
@brianwdolan 1,510
@07702034ciara 997
@lucyrob74929929 988
@nhsimprovement 925
@eciprogramme 830
@projectweir 681
@annmarieriley10 630
@vincentbaxter8 585

Top 10 by Tweets
@lucyrob74929929 1,837
@ecistnetwork 1,725
@petegordon68 915
@rawlingsnhs 695
@07702034ciara 685
@crucken 337
@leighleigh1991 335
@dtdeborah 314
@vicky_broom 313
@sdh0687 301

Top 10 by Impressions
@ecistnetwork 6.4M
@petegordon68 1.9M
@brianwdolan 1.0M
@lucyrob74929929 883.1K
@nnuh 805.7K
@roaringnurse 675.1K
@rawlingsnhs 668.7K
@exerciseeworks 569.9K
@nhsimprovement 553.4K
@eciprogramme 549.7K

The Numbers

27.596M Impressions
23,809 Tweets
3,224 Participants

6 Avg Tweets/Hour
7 Avg Tweets/Participant

Tweet Activity on #Red2Green

#Red2Green Participants

symplur
A compelling story – The Last 1000 days

• #Last1000days #Red2Green #endPJparalysis
• “Patient time is the greatest currency in health & social care”
  Prof Brian Dolan @BrianwDolan

• 48% of people over 85 die within one year of hospital admission
  Imminence of death among hospital inpatients: Prevalent cohort study
  David Clark, Matthew Armstrong, Ananda Allan, Fiona Graham,
  Andrew Carnon and Christopher Isles, published online 17 March
  2014 Palliat Med

• 10 days in hospital (acute or community) leads to the equivalent of 10 years ageing in the muscles of people over 80
  Gill et al (2004). studied the association between bed rest and functional decline over 18 months. They found a relationship between the amount of time spent in bed rest and the magnitude of functional decline in instrumental activities of daily living, mobility, physical activity, and social activity.

If you had 1000 days left to live how many would you choose to spend in hospital?
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.”
Risks of Hospital based De-conditioning Habitual Inactivity

Impact of Bed Rest in Older People in first 24 hours
- Muscle power – 2-5%
- Circulating volume by up to 5%

In first 7 days
- Circulating volume by up to 20%
- VO2 Max by 8-15%
- Muscle strength – 5-10%
- FRC – 15-30%
- Skin integrity
#Last1000days

https://m.youtube.com/watch?v=kbdjhN2471c
To improve, you need to connect emotionally as well as logically.
Warning - optimism bias

The tendency to overstate benefits and understate timescales, costs and risks of failure
Waiting isn’t passive

“Beds are where patients wait for the next thing to happen”

**Mind set** should be:
You only get care from a bed if that is the only way we can deliver your care

#last1000days
Where is the greatest unnecessary patient waiting?
Why #Red2Green Days?
Deal with the main constraints

Don’t go a mile wide and an inch deep
Urgent and emergency care is a complex adaptive system – simple rules work

“Complex and orderly outcomes can emerge from a few simple rules, even without central control” - Paul Plesk
Red2Green days and the SAFER patient flow bundle are tools

Health warning – do not try and performance management the number of red days! Encourage areas to declare them.
Red2Green should be combined with the SAFER Patient Flow Bundle

S - Senior Review. All patients will have a senior review before midday by a clinician able to make management and discharge decisions.

A – All patients will have an Expected Discharge Date and Clinical Criteria for Discharge. This is set assuming ideal recovery and assuming no unnecessary waiting.

F - Flow of patients will commence at the earliest opportunity from assessment units to inpatient wards. Wards that routinely receive patients from assessment units will ensure the first patient arrives on the ward by 10am.

E – Early discharge. 33% of patients will be discharged from base inpatient wards before midday.

R – Review. A systematic MDT review of patients with extended lengths of stay (7 days or greater – ‘stranded patients’) with a clear ‘home first’ mind set.
A **Red** day is when the patient no longer requires an ‘acute level of care’

- Could the current interventions be feasibly (not constrained by current service provision) delivered at home?
- **If I saw this patient in out-patients, would their current 'physiological status' require immediate emergency admission?**

If the answers are 1. Yes and 2. No, then this is a **Red** bed day.

Examples of what constitutes a **Red** Day:

- A planned diagnostics is not undertaken as requested
- A planned therapy intervention does not occur
- Medical management plans are not reflective of interventions and required outcomes to progress the patient’s pathway of care
- The patient no longer requires an acute level of care

**A RED day is a day of no value for a patient**

A **Green** day is when a patient receives an intervention that supports their pathway of care through to discharge

A **Green** day is a day when all that is planned or requested happened on the day it is requested, equalling a positive experience for the patient

A **Green** day is a day when the patient requires an acute level of care

**A GREEN day is a day of value for a patient**
Rapid Improvement Guide to: Red and Green Bed Days

Introduction

‘Red Green Bed Days’ are a visual management system to assist in the identification of wasted time in a patient’s journey. It is most applicable to in-patient wards in acute and community settings. It is not appropriate for high turnover areas such as Emergency Departments, Assessment Units, Clinical Decision Units/Observation Units, and Short Stay Units where using Red Green on an hours/minutes basis may be more appropriate.

A Red day is when a patient is waiting for an action to progress their care and this action could take place out of the current setting.
- Could the current interventions be feasibly (not constrained by current service provision) delivered at home?
- If I saw this patient in out-patients, would their current psychological status require immediate emergency admission?

If the answers are 1. Yes and 2. No, then this is a ‘Red bed day’

Examples of what constitutes a Red bed day:
1. Medical management plans do not include the expected date of discharge, the clinical criteria for discharge and the 'inputs' necessary to progress recovery
2. A planned therapy intervention does not occur
3. The patient is in receipt of care that does not require a hospital bed.

A RED day is a day of no value for a patient

A Green day is when a patient receives an intervention that supports their pathway of care through to discharge.

A Green day is when all that is planned or requested, equating a positive experience for the patient.

A Green day is a day when the patient receives care that can only be delivered in a hospital bed.

A Green day is a day of value for a patient

A Red day is defined as a day when the patient is not in receipt of ‘care that is required to be delivered as an in-patient, above the provision of intravenous antibiotics and usual medication and observations unless the patient is triggering on the ‘Track and Trigger’ observations’. The key question is what is this patient waiting for to progress to the next phase of their care? Is it only a Green day if any action undertaken could only be done as an inpatient for that particular patient’s circumstances on that day? If an investigation is undertaken that day, the day remains a Red day until it is acted upon. Likewise, if the result of the investigation is acted upon, it is a Red day. For many patients, weekends and Bank Holidays are frequently Red days. Another way of looking at this is to ask the question if this patient was seen in out-patients as they are physically present today would they immediately be admitted to hospital?

If the approach to judging days as Red or Green is less rigorous, few Red days will be identified and opportunities for reducing patient length of stay will be lost. Those wards that are rigorous at the process will identify many Red days and will be proactively trying to resolve the unnecessary waiting. Those wards that are not actively identifying many Red days or only around ‘discharge processes’ are either already extremely efficient (relatively rare) or are missing an opportunity to improve care delivery and flow.

The Process

1. Start the Board Round with all patients marked as ‘Red’.
2. The day remains as ‘Red’ if there is inadequate senior presence at the Board Round.
3. The day remains as ‘Red’ if there is no clinically owned EDD (set assuming ideal recovery and no unnecessary waiting) with CCC and a clear case management plan.
4. The Board round should ensure that a patient’s case management plan is progressed necessarily as an in-patient and converts the day to Green. If a patient requires an investigation that day to progress their care, then the day will only become Green if the investigation occurs that day and there is a clear plan of action with regard to the result. If the patient has not met their CCC and is receiving active interventions to get them to that state by tomorrow, the day is only ‘Green’ if the discharge prescription medications are ready by the evening before the expected date of discharge.
5. The team must be clear on what actions constitute a day being ‘Green’. For example, these do not include observations being undertaken, oral medications, IV antibiotics etc. as these can be delivered out of hospital unless the patient is physiologically unstable.
6. The Red Green process is linked to the SAFER patient flow bundle
7. The key is to link flow, safety and reliability with visual demonstration using a ‘Ward Improvement Board’ as described in the Productive Ward Programme. Ward level metrics for SAFER and Red Green days are:
   a. Impact – statistical process control run chart (SPC) of weekly average length of stay of discharges from the ward. These should reduce significantly as Red days are progressively reduced.
   b. Process – e.g., % discharge drugs ordered and prepared the day before discharge, % of patient records with an EDD and CCC recorded in the medical notes etc.
   c. Balancing – number of unplanned re-admissions
   d. Quality – pressure sores, HCAI, catheter days, cannula days, falls.
8. The constraints identified by wards to convert a Red day to a Green day need to be proactively managed at the Board round. Those that cannot be immediately resolved need an in-day escalation process.
9. The escalation process needs to pro-actively manage the constraint. Failure to resolve constraints proactively and just ‘report them’ is a non-value added process.
10. Link the generation of the Red Green days to the day to day operational management by standardising the ‘Operational Meetings’ using a bundle such as RESPONSE. The escalation process can be intricately linked to the daily ‘operational meetings’.
11. At the end of each week, the top five constraints that cannot be resolved by ward teams and the escalation process ought to be the focus of the system improvement programme moving forward.
My Mum
1. **Do I know what is wrong with me or what is being excluded?** This requires a competent senior assessment and discussion.

2. **What is going to happen now, later today and tomorrow to get me sorted out?** The ‘inputs’ needed

3. **What do I need to achieve to get home?** The ‘clinical criteria for discharge’ (CCD), a combination of physiological and functional parameters. ‘Back to baseline’ is rarely a useful phrase.

4. **If my recovery is ideal and there is no unnecessary waiting, when should I expect to go home?** This is the ‘expected date of discharge’ (EDD) which should be set along with the CCD at the point of admission.
Four key questions every patient, relative/carer, should know the answer to:

- What is the matter with me? (Main diagnosis)
- What is going to happen today? (Tests, interventions etc)
- When am I going home? (Expected date of discharge)
- What is needed to get me home? (Clinical criteria for discharge)

Congratulations, you have made it to the final stage of recovery! On the last day of your hospital stay, you will be discharged from hospital. But do not forget to continue your rehabilitation and care at home.
#Red2Green – some practical tips you can test

- Start every day as red – don’t turn them green until actions are completed
- Develop a local list of reasons for red days e.g. no senior decision maker, delayed diagnostics, waiting for assessment, waiting for packages of care, patient not dressed (#endPJparalysis)
- Agree acceptable time standards for actions
- Really challenge and ask – does this patient need to be in hospital (even if that is constrained by other services not being available e.g. IV therapy in the community?)
- The 4 questions – if your patients can’t answer these is it a red day?
- Have a routine afternoon huddle
- Ensure clinical buy in – medical staff like information.
- Talk about opportunity for improvement
Tracking the delays

• You need a method – start on paper

• Track the delays / next steps at board rounds

• A mid afternoon huddle / board round to check actions have been completed is required

• Action focussed – todays work today
Escalitis is a disease
Measurement for improvement

The opportunities for improvement?
Not performance management

What are the top 3-5 constraints?

Pareto Chart

Have the interventions made a difference e.g. number of stranded patients (LOS greater than 6 days)
Every ward needs a “Knowing How You’re Doing” Board

If you walked onto your wards and asked a junior Doctor and Staff Nurse “How are you doing”

Could they tell you?
Create a network
A ‘Big Bang’ approach to SAFER and #Red2Green

Sinead Collins - Business Manager
Delivering high quality, safe care, together
The starting point

Ward self-assessments:

• **Board Rounds** – not on all wards & variable start times, process & attendance

• **Ward Rounds** – variable start times on wards

• **Ward Round Order** – sick/potential discharges/rest – process not followed in most areas

• **Senior Review by 1200** – 13%–100% of patients daily

• **PDDs** – 5%–100% completed daily

Delivering high quality, safe care, together
Hello!
My name is:

CONSISTENCY
(aka long term success)

Delivering high quality, safe care, together
Incremental approach

Started end of November 2016 – 2 acute medical wards

Ward managers attended Red2Green day

Roll out plan with Executive support to each ward

Flow Action Group (FLAG) set up

T&O & further medical ward took on the challenge

Increase in pace & scale
• Chief Executive, Medical Director, Executive Chief Nurse, Chief Operating Officer led the charge

• All adult in-patient wards went live on the 3rd January 2017 with Consultant led 8.30am Red2Green board rounds
January – May

- Implementation Team & Support
- Pharmacy Discharge Planning Social Workers
- Whiteboard
- Community
- Patient story
- Red & Green days
- Focus on Fridays
- Good practice information
- Training
- Stranded patients
- ECIST support
- Data
- Constraints

Delivering high quality, safe care, together
What worked for us

- All ward managers engaged
- All agreed with the concept and principles
- MDT buy in – pharmacy, therapy and social workers in early to attend board round
- All adult inpatient areas have implemented Red2Green board rounds
- PDDs completion rapidly improved
- Focus on constraints - transport and IV home therapy
- Close working with the CCG – FLAG and implementation team
- IPS developed
- New electronic whiteboard to support
- Community hospitals engaged
- Focus on Friday
What didn’t go so well

- Initial energy dipped by week 4
- Support to wards (staff supporting not in the know)
- Offers of help disappeared due to other pressures
- Data
- Staff struggled with the concept of Clinical Criteria for Discharge (CCD)
- Afternoon ‘Huddle’
- Consultant buy in
- Communication
• Making it work for the teams
• Patient experience
• End PJ Paralysis
• Criteria Led Discharge
• Business as usual

Delivering high quality, safe care, together
Delivering high quality, safe care, together
The right approach and it ensures people are involved
Create a social movement

“I have some RAG rated Key Performance Indicators for you” or “I have a dream but don’t have a trajectory”
If we want people to take action, we have to connect with their emotions through values.

Source: Marshall Ganz
They done that thing again!
The latest #endPJparalysis brilliant #Lego poster by the super talented and witty @Courtney_Comms at @CUH_NHS

Get dressed – Get moving!
#endPJparalysis

End PJ paralysis

“Wearing pyjamas longer than you need to can make you feel vulnerable.

Being mobile helps you recover more quickly from illness and injury.

So we’ll be encouraging you to get out of bed when you’re well enough, get out of those PJs and get moving.

On Friday 24th March

our staff are wearing PJ’s to understand how it feels to be a patient.

#endPJparalysis

We will help you to:

➡️ Get UP
👗 Get DRESSED
🏃‍♂️ Get MOVING

So you can;
😊 Get WELL
🏠 Get HOME

#endPJparalysis #standupforindependence

#EndPJparalysis - brilliant example of how nurses across the country are and can lead change.
#Lead2Add #onosummit #Last1000days
The #endPJparalysis Influencers

Top 10 by Mentions
- @brianwdolan, 7,585 mentions
- @annmarieriley10, 6,252 mentions
- @ecistnetwork, 2,408 mentions
- @cuh_nhs, 1,415 mentions
- @petegordon68, 1,351 mentions
- @betterageing, 1,132 mentions
- @dangrimes1980, 949 mentions
- @weahps, 860 mentions
- @timgillatt, 716 mentions
- @07702034ciara, 666 mentions

Top 10 by Tweets
- @ecistnetwork, 3,429 tweets
- @brianwdolan, 1,164 tweets
- @annmarieriley10, 814 tweets
- @lucyrob74929929, 689 tweets
- @petegordon68, 674 tweets
- @07702034ciara, 626 tweets
- @timgillatt, 498 tweets
- @dangrimes1980, 421 tweets
- @leighleigh1991, 374 tweets
- @betterageing, 364 tweets

Top 10 by Impressions
- @ecistnetwork, 12.3M impressions
- @exerciseworks, 5.4M impressions
- @wenurses, 4.8M impressions
- @roylilley, 4.3M impressions
- @brianwdolan, 4.3M impressions
- @nhsengland, 2.7M impressions
- @annmarieriley10, 2.4M impressions
- @roaringnurse, 1.9M impressions
- @fabbnhsstuff, 1.6M impressions
- @petegordon68, 1.3M impressions

The Numbers
- 78,256M Impressions
- 41,189 Tweets
- 7,662 Participants
- 10 Avg Tweets/Hour
- 5 Avg Tweets/Participant

Tweet Activity on #endPJparalysis

Twitter data from the #endPJparalysis hashtag from Sun, January 1st 2017, 6:05PM to Thu, June 22nd 2017, 6:05PM (Europe/London).
How many of you would choose to eat your meals lying in one of these every day?
I wouldn't endpjparalysis

If this was the visitor/staff toilet would you use it?
No me neither - so why is it ok for our patients?
Let's get pts to the toilet and endpjparalysis

How many pts now require nursing home placement because we didn't prevent deconditioning?
let's keep patients active and endpjparalysis
Self-efficacy

‘If you think you can or think you can't, you are right.’
Henry Ford

‘The ability to act is tied to a belief that it is possible to do so.’
Albert Bandura

There is a positive, significant relationship between the self-efficacy beliefs of a change agent and her/his ability to facilitate change and get good outcomes.

Source of image: www.h3daily.com
Red2Green - Think like a farmer

• Think more like a farmer than an engineer or architect:
  – Farmers create conditions that favour growth; they nurture, but cannot control everything

• Plans and designs can never be complete on paper:
  – Become comfortable with “a road less travelled”
  – “Good enough plans” with adjustment as you go
  – Do something and see what happens
  – Simple rules
  – Work on creating generative relationships
  – Let go of “figuring it all out” and “we’ve always done it this way”
You don’t have to see the top of the stairs
You don’t have to see the whole staircase, just take the first step.

#Red2Green #endPJparalysis #last1000days #homefirst
“Patients’ time is the greatest currency in health and social care”

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

#Red2Green #last1000days #endPJparalysis
The afternoon plenary will begin at 3.05pm in the Broadgate Suite