IN 1947...

The British Medical Journal published an article warning of the dangers of staying in bed during recovery in hospital...

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.
Older people are more likely to acquire hospital infections.

One week of bed-rest results in 10% muscle loss.

Loss of strength could make the difference between dependence and independence.
CHANGING THE WAY WE THINK

- We asked ourselves how we would feel when receiving care…

- Would we want to be sat in bed worrying about why we were in hospital?

- Would we want to be wondering what would be happening next, and why we had to wait for it to happen?

...NO!
Following a visit to Worcestershire Health and Care NHS Trust a decision was made to implement Red2Green.

Red2Green is a visual bed management system which assists in identifying wasted time in a patient’s journey.

How it works:

A GREEN day is a day of value for the patient, for example:
- When a patient receives an intervention that supports their pathway of care through to discharge
- When all that is planned or requested happened on the day it was requested, equalling a positive patient experience
- A day when a patient receives care that can only be delivered in a community hospital bed

A RED day is a day of no value for the patient, for example:
- When a patient is not in receipt of care that is required to be delivered as an inpatient
- A planned intervention did not take place, therefore disrupting the pathway of care that leads to discharge
- The patient is a delayed discharge
FOR PEOPLE RECEIVING CARE...

This means that they should be able to answer four key questions:

- Do I know what is wrong with me?
- What is going to happen now, later today and tomorrow?
- What is needed to get me home?
- When am I going home?
This aligns with our organisational strategy, which aims to:

- Support people to be safe, well and at home
- Free up valuable bed-based care to reduce demand on acute care
- Reduce inpatient length of stay
- Reduce delayed transfers of care
- Enable multi-skilled staff to provide a single trusted holistic assessment
- Increase knowledge of decompensation for our staff, patients, their families and carers
- Empower patient choice
- Invest in digital solutions
- Improve staff and patient satisfaction
HOW WE DID IT

- Developed bespoke software to deliver Red2Green, utilising a virtual whiteboard.
HOW WE DID IT

PLAN

List the tasks needed to set up this test of change

<table>
<thead>
<tr>
<th>Test</th>
<th>Person Responsible</th>
<th>When to be done</th>
<th>Where to be done</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test 1</td>
<td>Nikki Johnson/John Pascoe</td>
<td>23/4/2018</td>
<td>Group room Kingfisher Ward</td>
</tr>
<tr>
<td></td>
<td>Lorna White/Dawn Ellison</td>
<td>23/04/2018</td>
<td>Group room Kingfisher Ward/Skylark</td>
</tr>
</tbody>
</table>

1. Continuation of communication with staff around the 2G process including guidance on best practice, areas for improvement.
   Identify a forum for staff to feedback to share what works well, or even better if......
   This could be in the form of a monthly newsletter

Test 2

2.1 Ensure band 7/6 leading whiteboards on daily basis – rota

2.2 ‘Housekeeping rules’ to ensure goal focused MDT – Keeping to time 15 minutes per team. Strong Leadership and recognition by all staff

DO

RUN THE TEST

STUDY

Work continues with re the communication – PDSA cycle to be completed re the Comms

Housekeeping rules - Complete

Printing actions from R2G - Complete

Rota is being created so the Band6/7 can lead on the process to ensure this is happening. Wards are leading it and Admin support will be withdrawn from w/c 7/5

Bedside whiteboard by w/c 14/5. Comms with staff today 4/5. This will embed the process further.

ACT

PDSA cycle to be completed around Communication – Link with the Comms team

Rota to be completed so there is always a Band6/7 allocated to the R2G process. Short term, this will change when is moves to bedside so it’s purely MDT.

JP to check with DA that teams can use the whiteboard concurrently

JP to check and try to improve the Wifi???

Work continues re implementing the bedside whiteboard process. This to “go-live” w/c 14/5.

Share patient feedback from recent surveys with Ward staff
HOW WE DID IT

- Listened to feedback from staff and the people receiving our care
- Rebranded our services with a new vision...
Welcome to the Local Care Centre

Our aim is to provide effective care, focussed on you, with valuable actions taken every day, to meet your needs after injury or illness and ensure your discharge from hospital. Your bed is the best bed, and we want to support you to return there as soon as possible.
Developed a welcome video and new literature to provide to those transferred to our care, to help set expectations for their stay.
HOW WE DID IT

- Trialled office-based use of the virtual whiteboard before evolving to become more person-centred
- Now used 5 days a week at the bedside, ensuring the person is fully informed and involved in the planning and delivery of their care
Before use of Red 2 Green, 20 patients were asked the four questions:

Do I know what is wrong with me?
What is going to happen now, later today and tomorrow?
What is needed to get me home?
When am I going home?

None could answer.

After 1 month of using Red 2 Green, 20 patients were asked the four questions. 100% could answer.
I’ve received tremendous support from the staff here, I have felt listened to and involved in decisions about my care, which has helped me to reach my goals.

The staff are friendly, the food is lovely and the ward is so clean. I’ve only been here a short while but I’ve now got my confidence back and feel the best I have in a long time.
The staff have done a sterling job – I’ve met with the team daily, who have kept me informed in decisions regarding my rehabilitation, and listened and supported me in my daily practice.

The staff are really friendly, the food is good and the ward is clean.
The staff are really helpful, and the morning meetings give me a voice, letting staff know what I want and keeping me informed as to what is happening daily. I feel I’ve now met my goals and have been able to take control of when I go home.

It’s a calm environment, and I’ve slept ever so well!
Move to using virtual whiteboard 7 days a week
Continue to engage with people receiving our care, seeking their feedback to help drive change and continually improve service
Monthly meetings with entire multi-disciplinary team (MDT)
Revisiting roles and responsibilities of MDT
Change in culture – OK to challenge ourselves and each other…
THE FUTURE

….and ask the question:

Why not home, why not today?
USEFUL LINKS

Livewell Southwest Strategy:  
www.livewellsouthwest.co.uk/about,strategy/

Twitter:  @StaffKingfisher  
@StrokeRehabPlym