





Ownership

- Something's wrong
- I'm vulnerable
- I'm disadvantaged
- I'm disempowered
- It's horrible
- I can't question stuff

Own their Sickness



#endPJparalysis – from a tweet to a movement



Brian Dolan @BrianwDolan · Nov 6

Oh that's brilliant.

Nursing was born in the church and raised in the army, so leaving patients in pyjamas is their 'uniform'. #letsfixthat

Tim Gillatt @timgillatt

@AnnMarieRiley10 @BrianwDolan This was a pledge @nottmhospitals... Let's do it! twitter.com/lizsargeant/st...



#EndPJparalysis - a lineage traceable to 1993

(Dolan B, Project 2000: Reflection and Celebration)

(Henderson 1966).

The passage of several centuries has obliterated the memory of The passage of several cells time went by, women increasingly these medieval 'nurses'. As time went by, women increasingly these medieval hurses. these medieval hurses in the land and took over this role, initially for structural economic reasons. There were few men left after the wars to farm the land and gradually were few men left after the responsibility of looking after the sick to women. The efforts of the men was now concentrated on ensuring women. The ellotts of the women in the community of the community. Indeed, that enough look is itself Latinate, meaning 'to nourish'. Later, women were deemed more suitable than men to nurse as values such as 'caring' and 'nurturing', became increasingly seen as 'feminine' instincts.

But if nursing was born, through the religious orders, in the Church, then it was bred in the army. By the middle of the 19th Century nursing was developing as a quasi-religious, quasi-military occupation and men were distinctly discouraged from joining.

Dingwall (1972) states this was because

'nursing was developing as a reflection of Victorian middle-class family life, with the father figure of the doctor symbolising patriarchal authority over all ority over all members and the matron exercising matriarchal control over women and women's work'.

BMJ 1947

DEC. 13, 1947

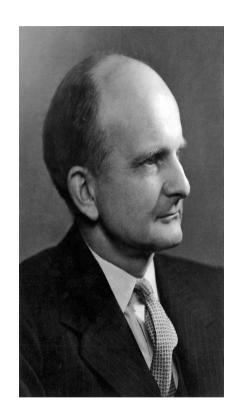
DANGERS OF

THE DANGERS OF GOING TO BED

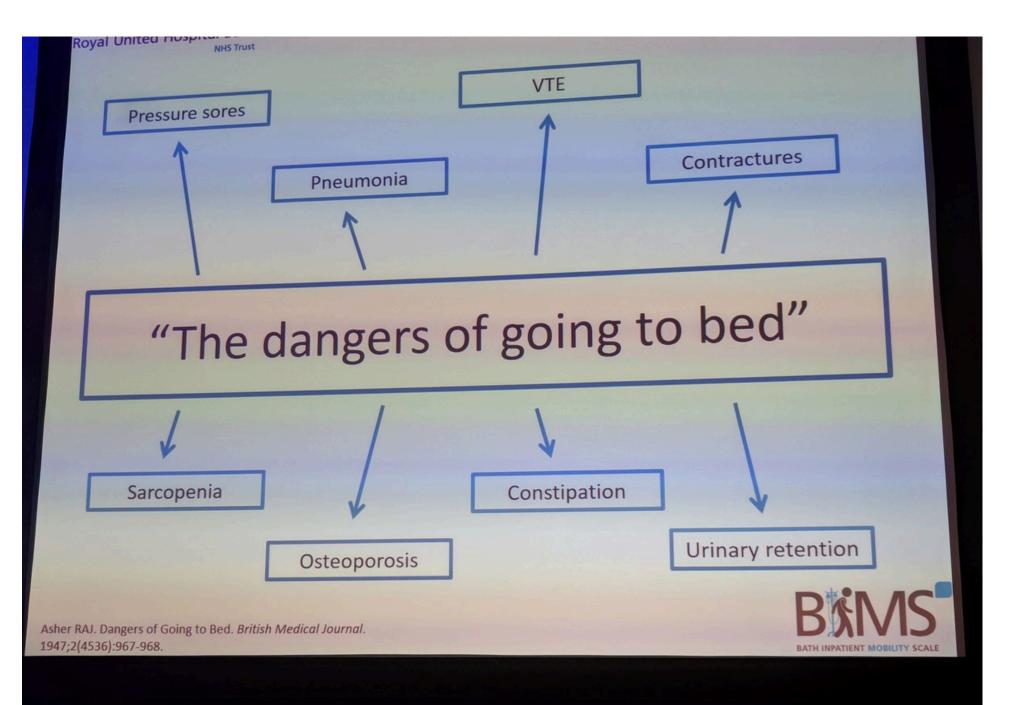
BY

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

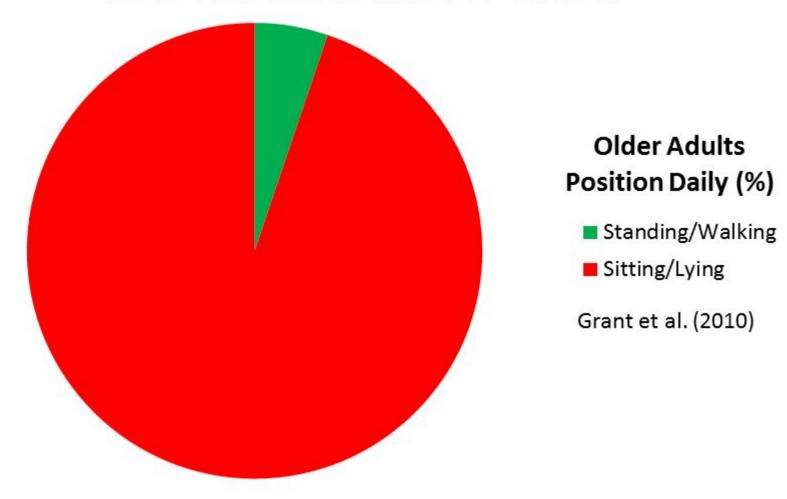
It is always assumed that the first thing in any illness is to put the patient to bed. Hospital accommodation is always numbered in beds. Illness is measured by the length of time in bed. Doctors are assessed by their bedside manner. Bed is not ordered like a pill or a purge, but is assumed as the basis for all treatment. Yet we should think twice before ordering our patients to bed and realize that beneath the comfort of



"Teach us to live that we may dread, Unnecessary time in bed. Get people up! And we may save, our patients from an early grave"

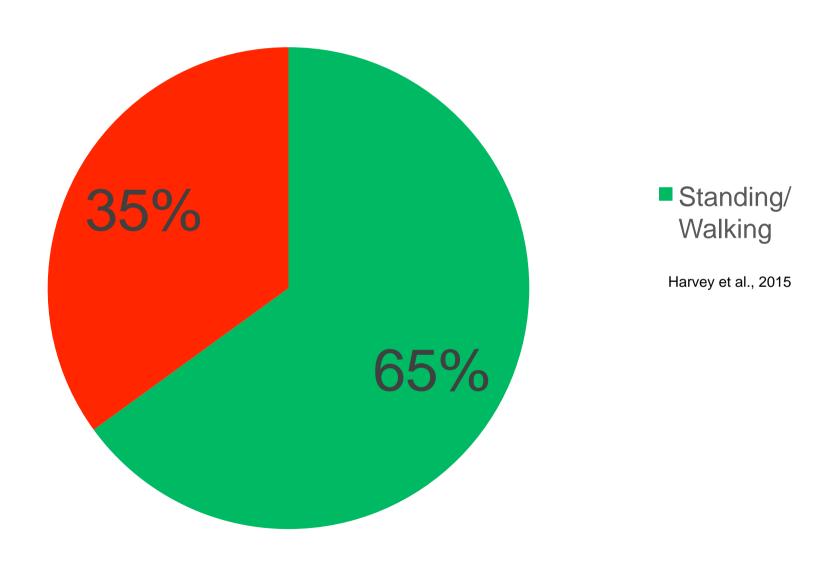


Sitting/Lying Time in a Rehabilitation Ward



This is compared to 65-80% of the day when older adults are community dwelling (Harvey et al., 2015)

Daily sitting/lying time in the community for older adults





Create a Following

- VISION & PURPOSE
- Communication
- Involvement
- Clarity





Ownership

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

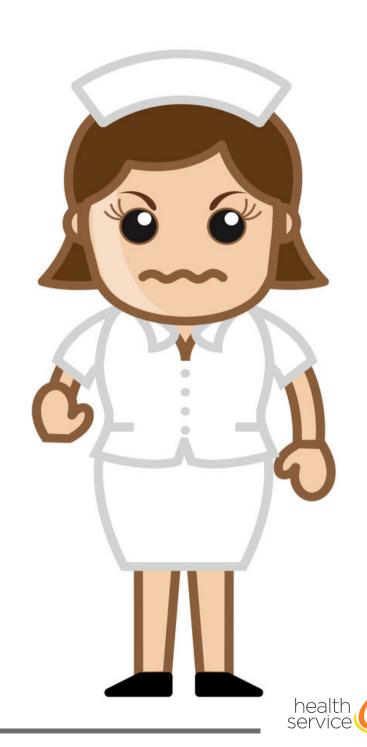
Powerful & Empowering





- No one listens
- No real voice
- No control

MOPE





BMJ 1947

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."



Every single person in the health system makes a difference to Someone or Something





Ownership

If you see a problem / risk / hazard you own it!

- Deal with immediate issue
- Solve problem
- Prevent recurrence
- Hand it over to the person who can sort it



Circle of Concern

- Other people's actions
- Other people's behaviours & attitudes
- Things I have no direct control over

Circle of Influence

- My Attitude
- My interactions
- Things under my control

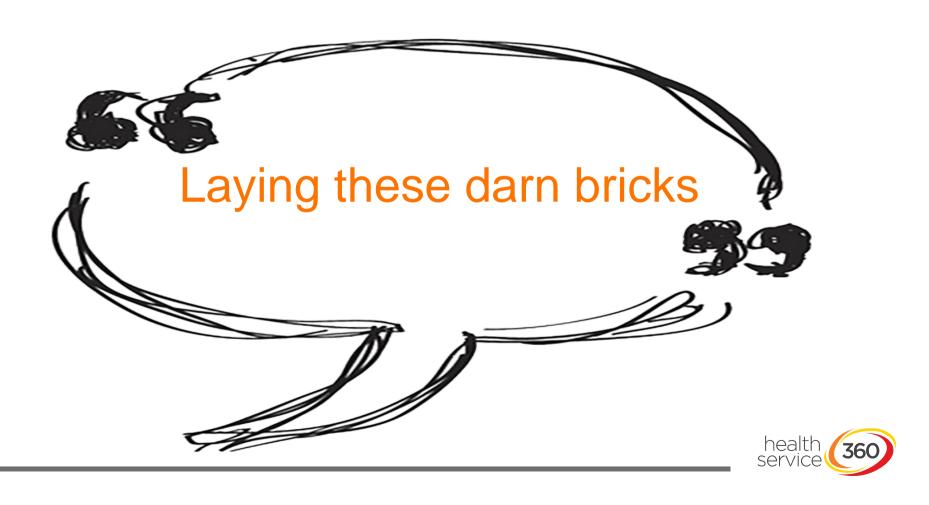


IDENTIFY WHAT MATTERS MOST



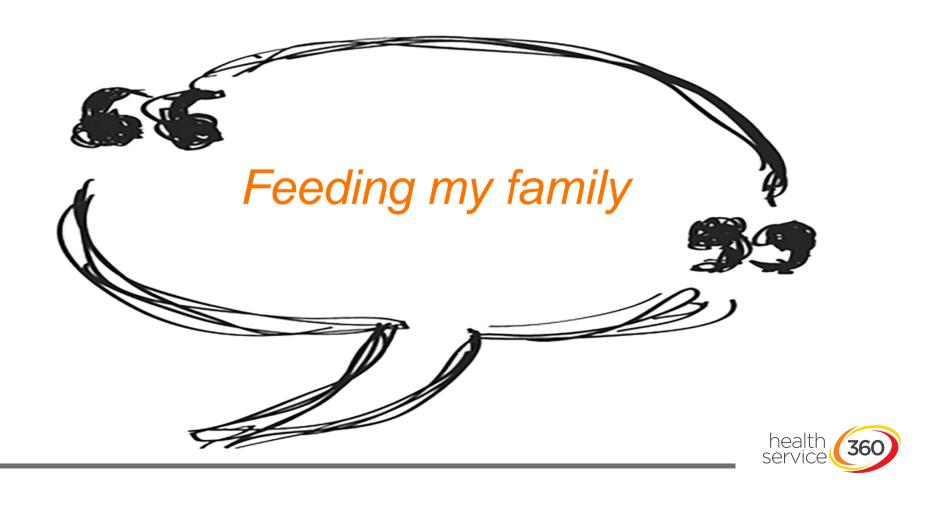
There were three men laying bricks...

The first man is asked what he is doing



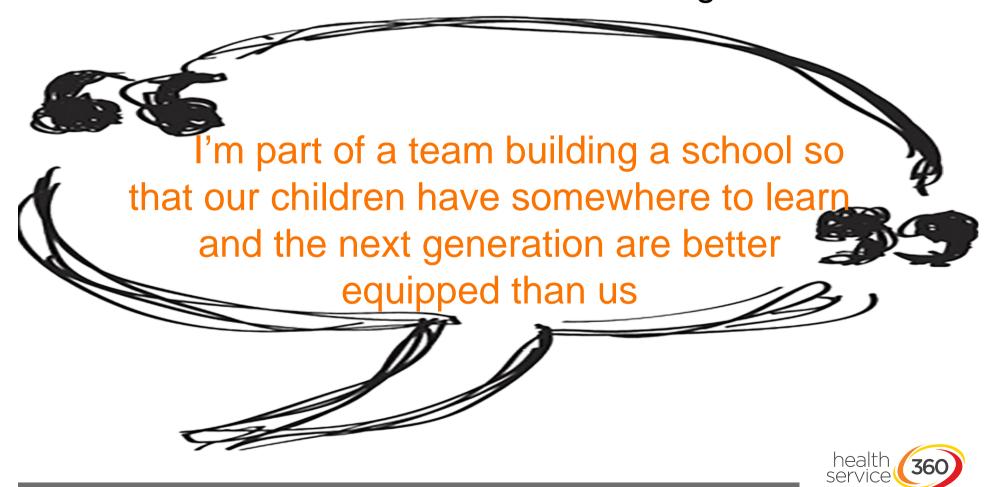
There were three men laying bricks...

The second man is asked what he is doing

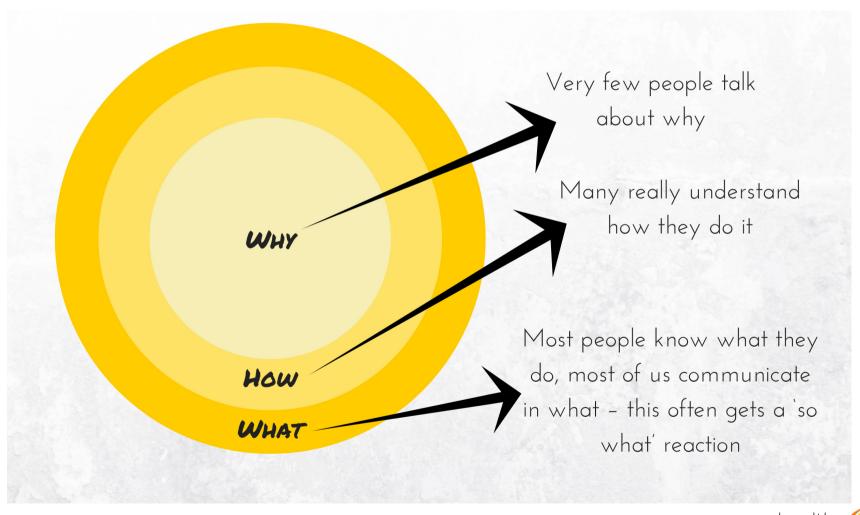


There were three men laying bricks...

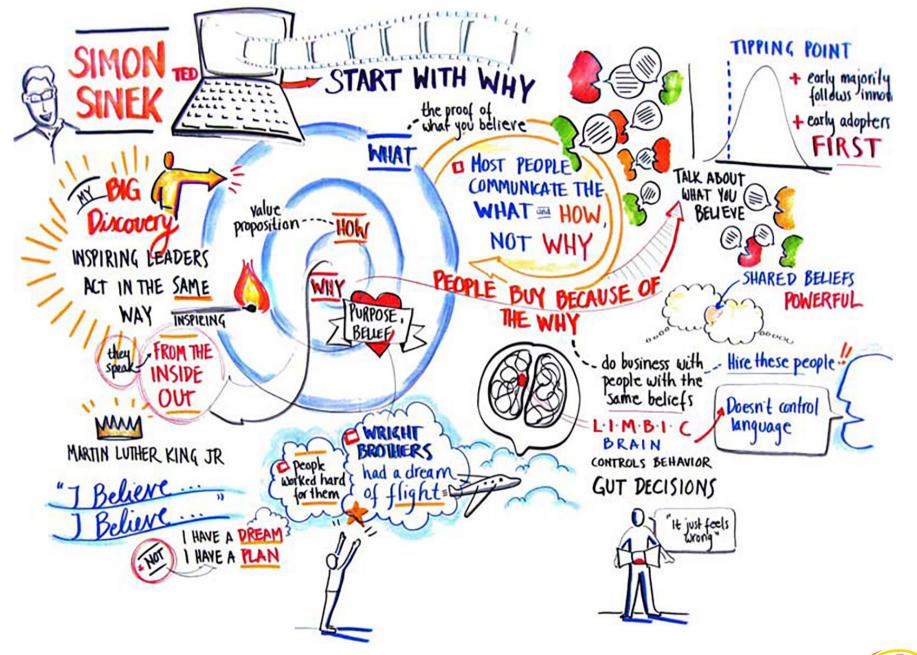
The third man is asked what he is doing



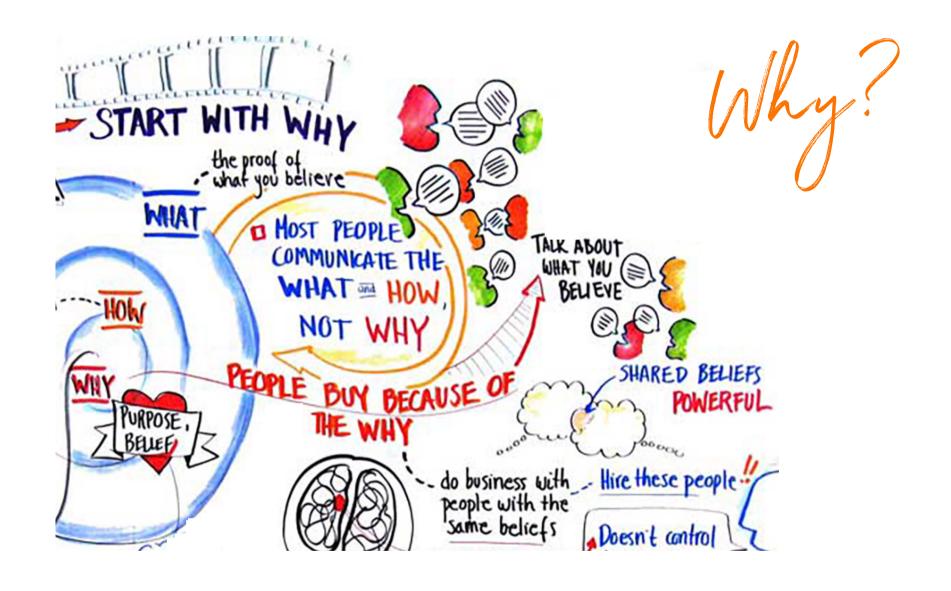
The Golden Circle













Communication

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







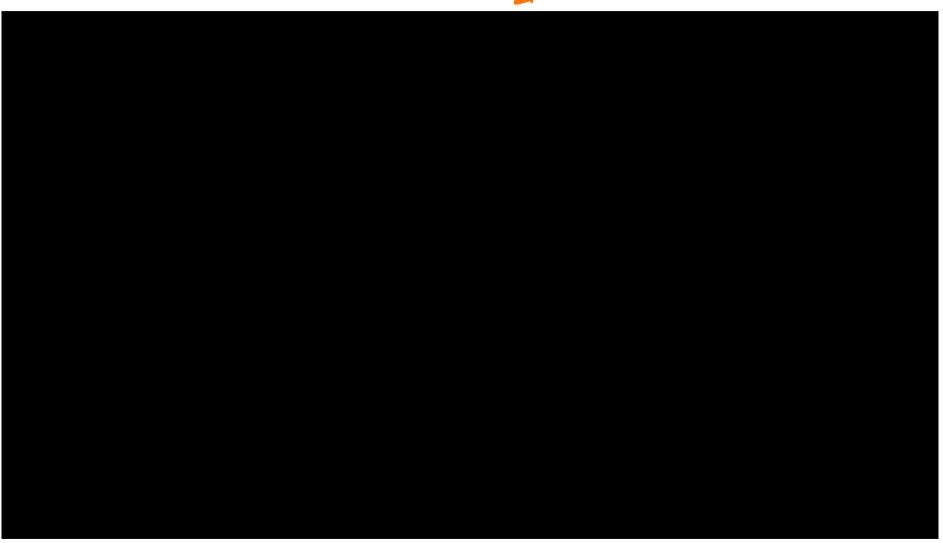
Directions are instructions given to explain how.

Direction is a vision offered to explain why.

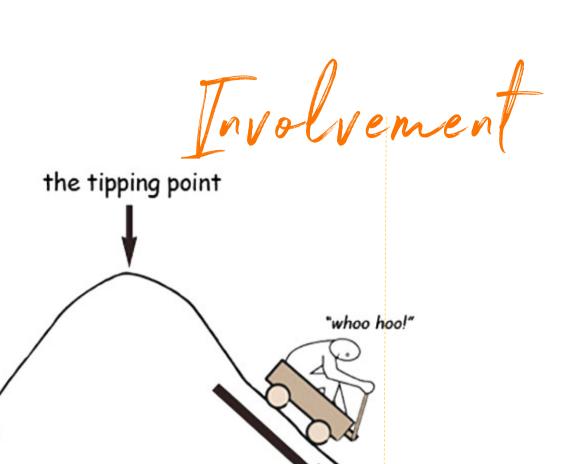
Simon Sinek



Involvement



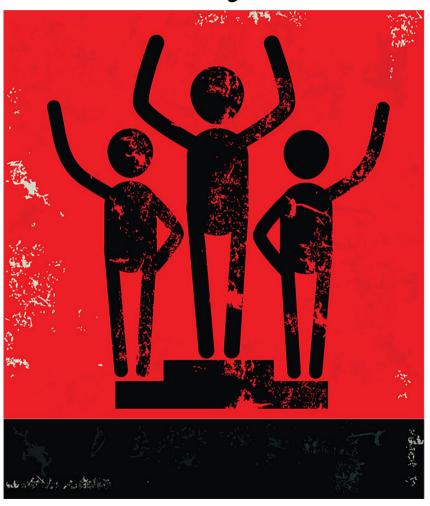




a lot of hard work & slow momentum it gets easier from here, and if you hit another hill you've got some momentum behind you



Followers need Clarity



- 1. Clarity of Purpose
- 2. Clarity of Plan
- 3. Clarity of Responsibility



EXAMPLES

#EndPJparalysis



"You don't have to take your clothes off..."



For people over 80 – 10 days in a bed ages muscles by 10 years

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

Loss of strength could make the difference between dependence and independence

Get dressed – Get moving!

#endPJparalysis

Addenbricks

Produced by the CUH Corporate Communications Team

Addenbrooke's Hospital | Rosie Hospital



EXAMPLES

#Red2Green







Need a compelling story?

Here's 4

- 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?



Ownership Questions

- What freedom do you have to suggest and create change?
- What might you/your team(s) do that could sabotage your intentions around the last 1000 days?
- How does saving patient time benefit you?



