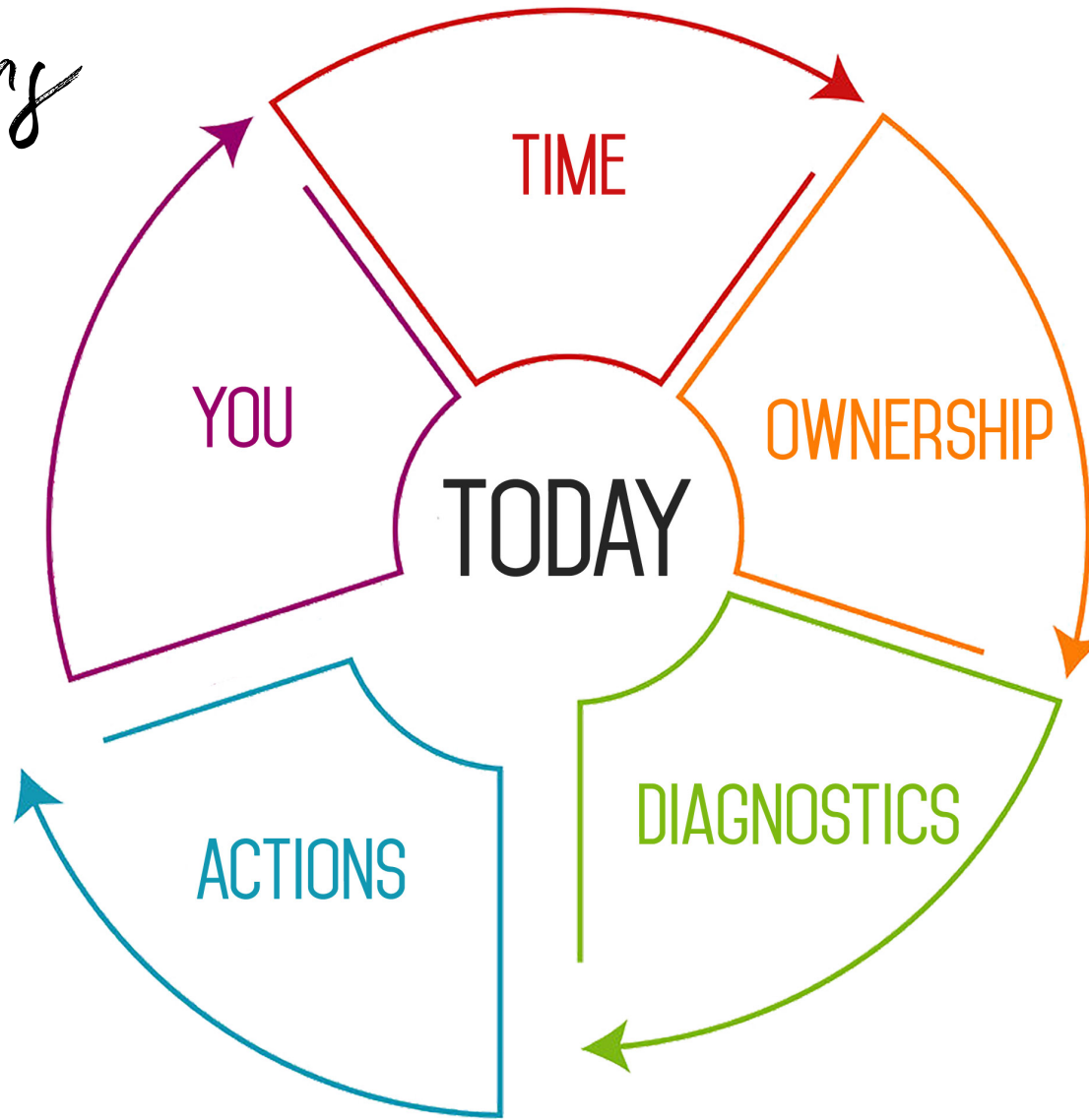
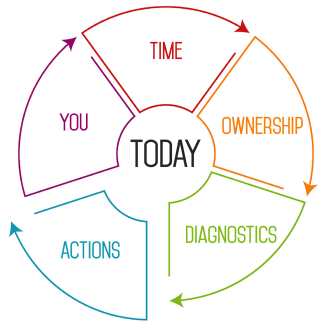


*Actions*





# Actions

**ACTIONS** Identifies some of the things that are already prioritizing patients' time. How to engage others in meaningful change

	<b>Anatomy of change</b>	<b>Physiology of change</b>
<b>Definition</b>	The shape and structure of the system; detailed analysis; how the components fit together	The vitality and life-giving forces that enable the system and its people to develop, grow and change
<b>Focus</b>	Processes and structures to deliver health and healthcare	Energy/fuel for change
<b>Leadership activities</b>	<ul style="list-style-type: none"> <li>• measurement and evidence</li> <li>• improving clinical systems</li> <li>• reducing waste and variation in healthcare processes</li> <li>• redesigning pathways</li> </ul>	<ul style="list-style-type: none"> <li>• creating a higher purpose and deeper meaning for the change process</li> <li>• building commitment to change</li> <li>• connecting with values</li> <li>• creating hope and optimism about the future</li> <li>• calling to action</li> </ul>
Source: Bernard Crump & Helen Bevan		

## Dominant approach

Power through hierarchy

Mission and vision

Making sense through  
rational argument

Leadership-driven (top  
down) innovation

Tried and tested,  
based on experience

Transactions

## Emerging direction

Power through connection

Shared purpose

Making sense through  
emotional connection

Viral (grass-roots  
driven) creativity

“Open” approaches , sharing  
ideas & data, co-creating  
change

Relationships

## Dominant approach

Power through hierarchy

Mission and vision

Making sense through rational argument

Leadership-driven (top down) innovation

Tried and tested, based on experience

Transactions

## Emerging direction

Power through connection

Shared purpose

Making sense through personal connection

Local (grass-roots driven) creativity

“Open” approaches , sharing ideas & data, co-creating change

Relationships

Most healthcare transformation efforts are driven from this side

**Strategy**

What? 

**Narrative**

 Why?

Shared understanding  
leads to **Action**



Source: Marshall Ganz

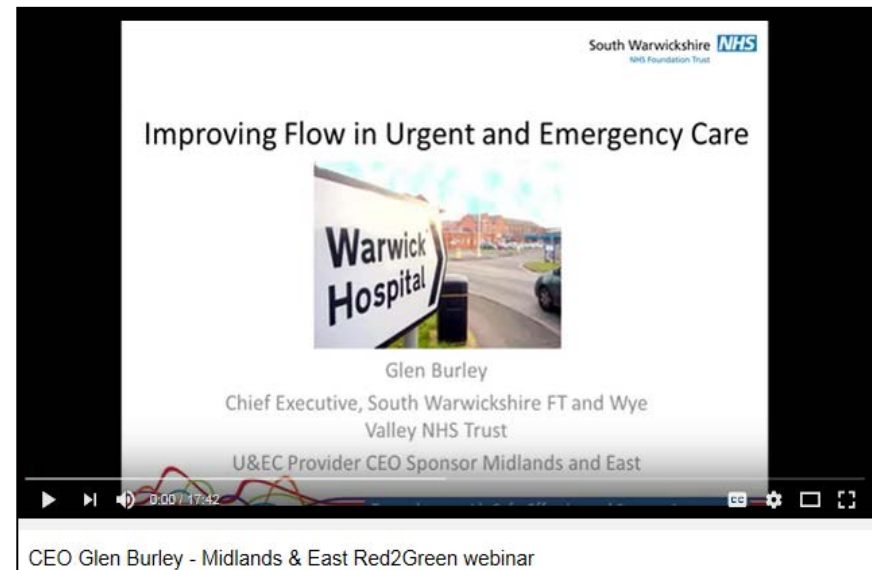
# Locally developed videos

## Nottingham University Hospitals



<https://www.youtube.com/watch?v=gKTNWwMw898>

## South Warwickshire



<https://www.youtube.com/watch?v=RidSvqmp850>





# Locally developed posters

Four key questions every patient and relative/  
carer should know the answer to:

**NHS**  
Oxford Health  
NHS Foundation Trust

#Red2Green

What is going to happen today?

When am I going home?

What is needed to get me home?

What is the matter with me?

We put patient safety above all else

Northampton General Hospital **NHS**  
NHS Trust

Ten days  
in hospital  
leads to...

...the  
equivalent  
of ten years  
ageing in  
the muscles  
for people  
over 80\*

\*Functional impact of 10 days of bed rest in healthy older adults. J Gerontol A Biol Sci Med Sci. 2008

#Red2Green  
#Last1000days

Ask your ward manager for a RED to GREEN information pack  
Download the SAFER guidelines from the intranet homepage  
Contact [Christopher.Field@ngh.nhs.uk](mailto:Christopher.Field@ngh.nhs.uk) ext 3470

Providing the Best Possible Care

# YOU ARE WHAT YOU WEAR

**Pyjamas say  
you're unwell**

**Clothes say  
you're getting  
better**

**#EndPJparalysis**

February 2017

@PeterKennell



# Sharing good practice

**NHS Improvement**

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Home » Resources » Red2Green: from Christmas to Easter and beyond!

## Red2Green: from Christmas to Easter and beyond!

★★★★★ (1)

[Add to favourites](#) [Share this page](#)

This guest blog from the #Red2Green team at Dudley Group NHS Trust tells the story of how they successfully managed to implement adoption of this approach in wards across their organisation.

### How it started – home for Christmas

Back in December 2016 we launched a Home for Christmas event with a primary focus on medical wards.

The aim of the week was to introduce the concept of #Red2Green bed days. As you may know by now, red days are days in which patients' care is not progressed through any positive interventions, whilst a green day is one in which actions occur that proactively progress patient care. The key message in #Red2Green for us is patient safety, and the positive by-products of more green days are reduced risk and improved patient flow.

Our first task was to get the message out across the trust. We created screen savers and posters to drive home the message of "a red day is a wasted day". Our ward champions made sure that everyone on the ward understood the quality aspects of the initiative. Our champions also reassured teams that 'red days' didn't mean penalties or performance management for staff – our whole #Red2Green approach has been about changing behaviours, not mandating targets.

Data from the week illustrated that the top three reasons for delay in the patient pathway were internal. Additionally, analysis of discharges during the week showed that whilst there was a slight increase in morning discharges the majority of discharges were happening later in the day with 82% of all discharges taking place after midday due to waits for review, take home medications and transport issues.

University Hospitals of North Midlands (UHNM) University Hospitals of North Midlands NHS Trust

## The SAFER Bundle Supported by #Red2Green

### Our Journey

#### Background

At UHNM, we started our SAFER implementation journey in November 2016. We had previously introduced the SAFER Patient Flow Bundle some years ago and more recently our Exemplar Ward Programme based on the SAFER Bundle.

#### Method

As a health system widely understood to be under significant pressure, and with support from ECIST and an investment in PwC manpower and resources we opted for a "big bang" implementation. The PwC "Perform" management change system was used, it focused on visual management and supported implementation of SAFER and the red 2 green day tool, simultaneously across 17 inpatient, adult medical wards.

#### Launch Event

A launch event was held in November 2016 for the Medical Division. Delegates included, Sisters and Charge Nurses, Discharge Facilitators, Directorate Managers, nursing staff, Senior Pharmacists and therapists. Speakers from the UHNM Executive Team and ECIP described the goals and rationale for implementing SAFER and delegates were encouraged to describe where improvements could be made in their areas.

#### Our Approach

All wards were assigned a member of the project team to support their journey. Visual management tools were introduced and in the majority of cases a simple white board was used to record all necessary information. The ECIP Rapid Improvement Guides were used as a benchmark to develop a best practice approach where required.

#### MDT Board Rounds


In most areas board rounds were already well established but within the first phase of the roll out key essential board round criteria were agreed and implemented. These included:

- Attendance by representatives of the MDT
- A regular 9am start and 20 minute duration
- Consultant/SPR led
- EDDs established and reviewed
- Prioritisation of patients for the ward round (sick, home, other)
- Board round actions identified, allocated and tracked



<https://improvement.nhs.uk/improvement-offers/red2green-campaign/resources/>

# Blogs and case studies



Home > News > 5 reasons why we're fully behind the ...

## 5 reasons why we're fully behind the Red2Green approach

★ Add to favourites   ➔ Share this page

Mark Cubbon, our regional Chief Operating Officer, discusses how the Red2Green approach is helping reduce unnecessary delays for patients across the Midlands and East of England and why it's gaining momentum on social media.

I would hope by now that many of you have heard about [Red2Green](#). Perhaps your trust has introduced it already, is planning to implement it, or maybe you've seen the growing number of colleagues discussing the benefits at events or on social media.


Whatever your current understanding of the approach, here's **five reasons why** we're so keen to support its adoption across the Midlands and East of England and beyond.

### 1. Red2Green is so easy to adopt

Developed by Dr Ian Sturgess, the premise of Red2Green is simple: a patient's time is the most important currency in healthcare.

'Red days' are defined as those days that fail to contribute to a patient's discharge from hospital. By working better together, we can reduce red days in favour of value-adding 'green days'.

Green days are where a patient receives an intervention that supports their care pathway out of hospital and into the best setting for their needs.



Home > Resources > Our #endPJparalysis journey

## Our #endPJparalysis journey

★★★★★ (0)

★ Add to favourites   ➔ Share this page

Ann-Marie Riley, Deputy Chief Nurse at Nottingham University Hospitals NHS Trust, describes how the phenomenon of #endPJparalysis began its journey within her trust.

This content has been submitted to our website by a member of our user community.

### Early days

Who would have known that a visit from Brian Dolan to Nottingham University Hospitals NHS Trust (NUH) late in 2016 would lead to an international call to action?

Brian had visited NUH to talk about his [#last1000days](#) work, and following his talk I asked staff what we could do to value patient time and they suggested we get more patients dressed. This created a good amount of discussion at the time and later that evening Brian, via Twitter, discussed pyjamas as a uniform for patients. He sent this tweet to myself and Tim Gillatt on November 6 2016.

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

# Social Media

**Peter Kennell** @PeterKennell Follow

This week's screensaver shows more great progress on **#Red2Green** @NGHnhstrust !

**We're making great progress on Red to Green!**

By the last day of our second week of recording...

**We had almost two and a half times more green days than red**

Category	Count
Green days 9am	335
Green days 3pm	362
Red days 9am	174
Red days 3pm	146

**WELL DONE! TeamNGH**

Download the SAFER guidelines from the NHS website  
Download the Red2Green Campaign Charter from the Field @ngnh.nhs.uk ext 3475

Providing the Best Possible Care

ECISTNetwork Retweeted

**NNUH NHS FT** @NNUH - 5h

The **#Red2Green** campaign aims to reduce unnecessary waiting during a patient's stay in hospital. We're proud to be supporting **#NNUHRed2Green**

**#NNUHRed2Green**

Louise Moran and 3 others liked

**Helen Crossley** @helencrossley65 - 19h

@lizsargeant @Leic\_hospital @benathyde @whiteley\_sharon @uhltherapy  
Glenfield Hospital starting our **#Red2Green** journey

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

**Brian Dolan** @BrianwDolan - Feb 9

It's great seeing the amazing **#endPjparalysis** **#last1000days** **#Red2Green** work of **@PeterKennell** being promoted in West Coast NZ thx to **@nzjeg43**

**ACN (Medicine & Ops)** @k\_mantron - Feb 8

[vimeo.com/202212718/6186...](https://vimeo.com/202212718/6186...) sharing good practice across our division **#red2green** proud2care @LizRix\_UHNM @ECISTNetwork @UHNM\_NHS @VivekKhashu

**#Red2Green - Explained**

This is "#Red2Green - Explained" by UHNM NHS Trust on Vimeo, the home for high quality videos and the people who love them.

[vimeo.com](https://vimeo.com)

# Social media infographics

## Have you seen the power of red2green?

**1** I should have had a scan 4 days ago... still waiting... **RED DAY.**

**2** Dr Smith explained I'm having a scan. Nurse Hope checked - I'm having it today. **GREEN DAY.**

**3** It's been hours. When will the Doctor see me? Ward rounds need to be before midday.

**4** I can't go home. My meds aren't ready. Order us the day before the patient needs to go.

**5** No one is telling me anything!

**6** Share and be clear with expected & predicted dates of discharge.

**7** Ensure it is clear when the patient is medically fit for discharge.

**8** Reflect on data as a team.

**9** Ensure next steps to progress are discussed as part of daily huddles.

**10** I'm sorry Mary, the morning Nurse did not tell me you were waiting to see a Physiotherapist. I can see you've been waiting 2 days. I will chase it.

**11** I don't know yet...

**12** When are you coming home Grandma?

**13** I said she could go home after her blood test yesterday.

**14** Oh... you didn't write it in the notes though.

**15** Does anyone think there's a reason why every Friday was a red day?

**16** Escalation processes need to proactively manage constraints.

**17** Have clear metrics to know change is an actual improvement.

**18** If there is inadequate senior presence at board round - remains.

**19** SPC chart - average length of stay.

**20** % of TTDs done day before discharge.

**21** % of patient records with EDD.

**22** Red day - No value to patient. Have to wait for action for care to progress.

**23** Green day - value to patient. Care & pathway are progressing.

**24** Escalation ->

**25** @sonia\_sparkles

## The power of "end PJ Paralysis"

- Prevents deconditioning - complex physiological changes after bedrest or inactivity.
- Prevents unnecessary ageing of muscles that could lead to pressure sores.
- Shorter length of stay = less risk of hospital infection.
- Reduced risk of falls by keeping active and moving.
- Getting up, dressed & moving shows you value their time & needs.
- Difference between being discharged home or being discharged into a home.
- Mental stimulations such as having conversations, listening to the radio or eating together helps psychological wellbeing.
- Encouraging a normal routine helps with the transition from Hospital to home.
- Wearing their own clothes & doing what they like makes them 'feel' better.
- Increased number of days static in bed = increase in confusion/disorientation.
- Active stimulation such as mobilising, going for a walk or sitting out of bed helps physical wellbeing.
- Increase socialisation to preserve resilience and morale.
- Empower through assistance for better outcomes, reduced risk of harm and good recovery.
- Encourage the right level of independence & encouragement.
- Looking after the fundamental wellbeing of "people" who are "patients".
- Wearing own clothes helps maintain dignity. Engaging in activities helps boost motivation.

**16** What Matters to you?

**17** @soniasparkles

# Blogs and Poems

The Academy of Fabulous Staff

Home Submit Change Day

Previous Next

## The #last1000days from #red2green

05 December 2016 Professor Brian Dolan is Director of Health Service Improvement, Canterbury District Health Board, New Zealand (@brianadolan) Categories: Care of the elderly services, ECIST Network, Emergency care, Integrating health and social care, Social Care, The Ross Parks Award 5 Comments

Twitter Facebook LinkedIn Email Print More

Time is the most important currency in healthcare. It manifests in patients waiting, duplication, staff running around looking for things and needless harm being caused. Patient time as the key metric of performance and quality is best measured from the perspective of the person.

The Last 1,000 Days emerged from the construct of patient time. It's a metaphor that stems from the recognition that in most developed nations, if you're a white woman, you can expect to live to the age of 83 and if you're a white man, you can expect to live to the age of 79. But supposing you're an 80 year-old woman or a 76 year-old man, what have you got left?

What you have left is 1,000 days.

Once you survive childhood life expectancy goes up, the longer you live, the longer you can expect to live. But, if you had 1,000 days left to live, how many would you choose to spend in hospital?

This is where Red2Green comes in.

A Red Day is when a patient receives little or no value-adding acute care, such as investigations, assessments, procedures or therapeutic intervention. Or a patient is receiving care that does not require them to be in an acute hospital bed.

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

The Last 1000 Days

NHS England

12,930 views

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England

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## Blog

### We should all support #EndPJparalysis

23 February 2017 Professor Jane Cummings

Nursing, midwifery and care

#### The Chief Nursing Officer for England backs a new campaign to get patients out of their pyjamas and up and out of bed:

Many of you will have seen or heard about an article I wrote which was published in the Daily Telegraph in December.

The focus of the piece was to highlight how nursing, midwifery and care staff have a significant role to play in transforming the provision and delivery of care across different settings.

While Sustainability and Transformation Plans (STPs) are still at different stages and are sometimes controversial, it is important that clinicians including nursing, midwifery and care staff continue to help shape these moving forward. There are many things that we encounter on a daily basis that could improve patient outcomes by simply changing what we do and how we think.

[Leading Change, Adding Value, a framework for nursing, midwifery and care staff](#) was published in May 2016 and enables nursing, midwifery and care staff to make changes to deliver the triple aim, identified in the [Five Year Forward View](#), resulting in better outcomes and experiences for patients, as well as making better use of resources.

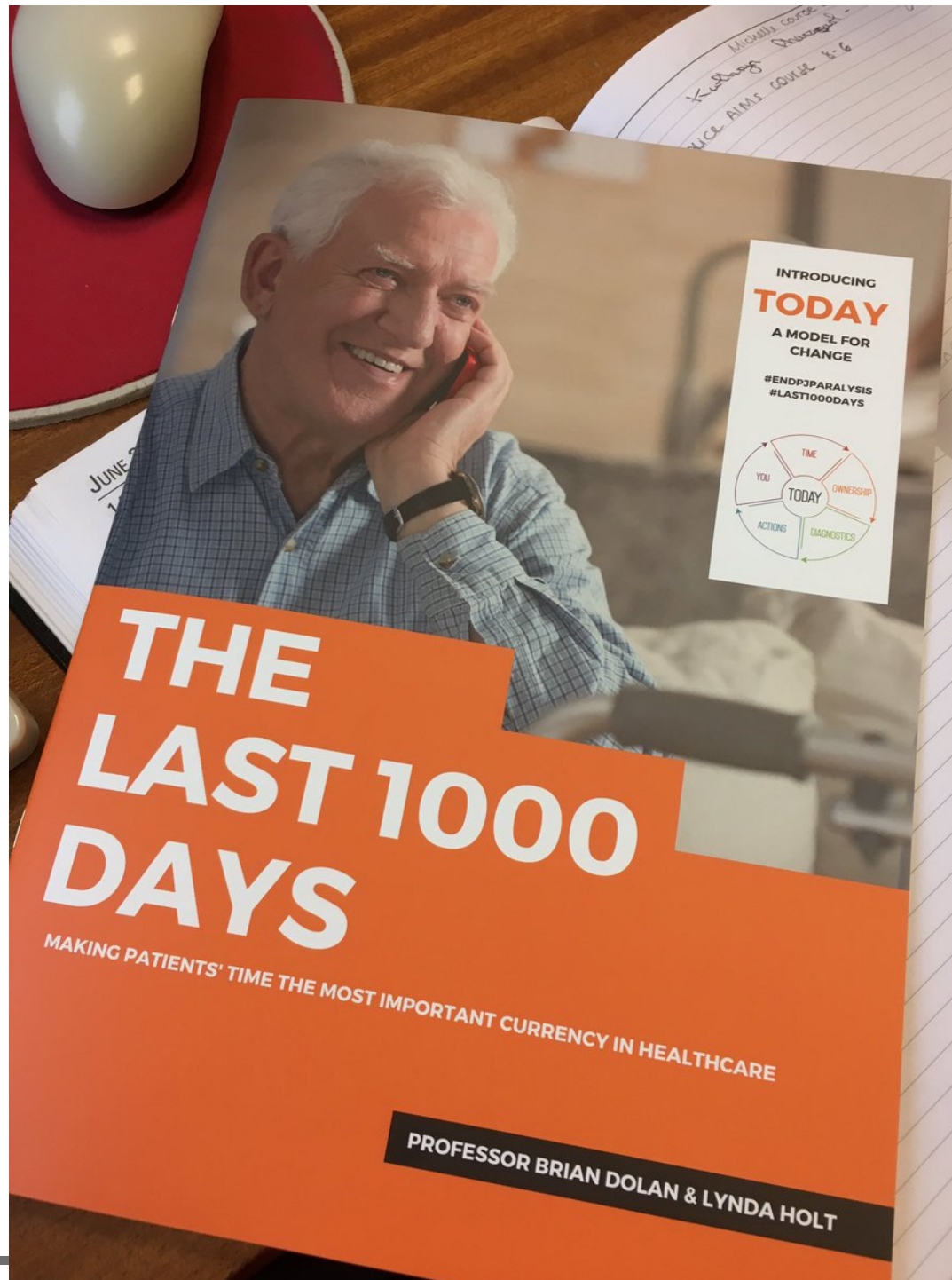
# Keeping active while you are in hospital

Information for patients, family members and carers



safer  faster  better  
#endPjparalysis





INTRODUCING  
**TODAY**  
A MODEL FOR  
CHANGE  
#END3PARALYSIS  
#LAST1000DAYS



# THE LAST 1000 DAYS

MAKING PATIENTS' TIME THE MOST IMPORTANT CURRENCY IN HEALTHCARE

PROFESSOR BRIAN DOLAN & LYNDA HOLT

# CREATING ENERGY FOR ACTION

- Give followers credit because there is no movement without followers
- Forget perfection. Embrace reality
- Never underestimate the power of giving people permission to act





**NHS**  
**Royal Free London**  
 NHS Foundation Trust

#EndPIparalysis













# Let's End PJ Paralysis

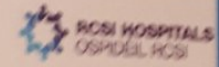


*Don't leave your identity at the door,  
keep it with you.*

#endPJparalysis



BEAUMONT  
HOSPITAL



# Let's End PJ Paralysis

*Don't leave your identity at the door,  
keep it with you*

Spot the difference



Hiddenbricks

- Loss of muscle strength
- Longer stay in hospital
- High risk of infection

- Quicker recovery
- Maintain normal routine
- Return home sooner

## Get dressed – Get moving!

#endPJparalysis

Original produced by the Cambridge University Hospitals Communications team

## Blog

### Valuing patients' time

📅 24 November 2017 👤 [Professor Jane Cummings](#)

Nursing, midwifery and care Winter news and advice



**The Chief Nursing Officer for England previews a new winter framework aimed at ensuring patients do not spend any time longer than they need to in hospital:**

## Blog

### We should all support #EndPJparalysis

📅 23 February 2017 👤 [Professor Jane Cummings](#)

Nursing, midwifery and care

**The Chief Nursing Officer for England backs a new campaign to get patients out of their pyjamas and up and out of bed:**

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The focus of the piece was to highlight how nursing, midwifery and care staff have a significant role to play in transforming the provision and delivery of care across different settings.



NHS

#endPJPparalysis

NHS

#FreshGreen



# The impact of #endPJparalysis

Ward C4 Trauma & Orthopaedic Ward, Nottingham University Hospitals, England

- 37% reduction in falls
- 86% reduction in pressure ulcers
- 80% reduction in patient complaints
- 1.5 day reduction in length of stay (spot audit)

Since introducing  #EndPJPparalysis

**30%** more patients are up and dressed by 12 pm each day in St James' Hospital, Dublin.

What do I see...  
What can I do...  
"Make it HAPPEN!"  
Say YES to their view of the world  
It's time to "WAKE UP!"

You can see the stars in the darkness



COMPASSION  
We never will know the complexity of a persons' journey

- PATIENTS FOUR QUESTION**
1. What's wrong with me?
  2. What's going to happen today and tomorrow?
  3. What needs to be done to get me home?
  4. When is this going to happen?

TAKE ACTION.. PLEDGE

"Everywhere is uniquely SIMILAR"  
Brian Dolan

look at things from a different angle...

create a social movement  
SHARED PURPOSE



He who has a WHY to live can bear almost any how.  
F. Nietzsche

# The Last 1000 Days

**NHS**  
Harm - a consequence of TIME ill spent  
Access targets = TIME  
Waiting lists = TIME  
Beds are NOT capacity rather places where people spend TIME  
The NHS is its people!

**TIME**  
REFLECT  
Involve others  
Think like a patient

Move from a RED Day to a Green Day

BEDS places where patients spend time waiting for things to happen

In order to VALUE patients time we MUST VALUE staff time

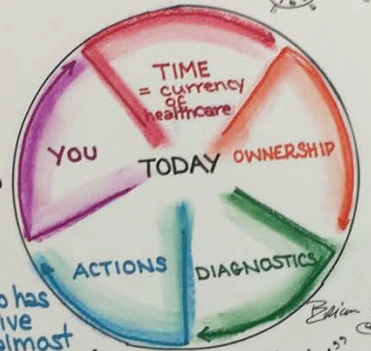
"TIME: the most important currency in healthcare"  
"Time is THE most precious commodity"

I CAN MAKE A DIFFERENCE

#end PJ paralysis  
10 days in bed = 10 YEARS of muscle aging  
Clark et al 2014

Keeping people in bed "AGES them"

3 weeks in bed  
30 YEARS of muscle aging!



We are ALL Directors of Permission giving...

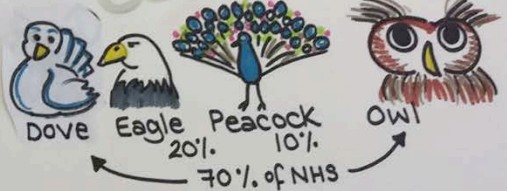


HOPE worth doing

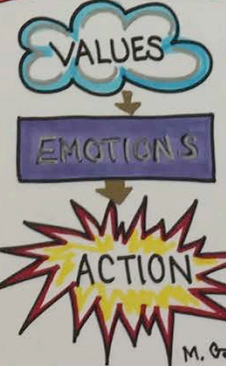
skeptic Cynic X

Never underestimate the power of giving people permission

#TeamMKUH  
What are You?



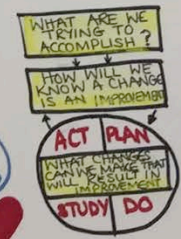
Work together as a TEAM



If we want people to take action, we must connect with their EMOTIONS through VALUES

social movement + organising

Ask Questions

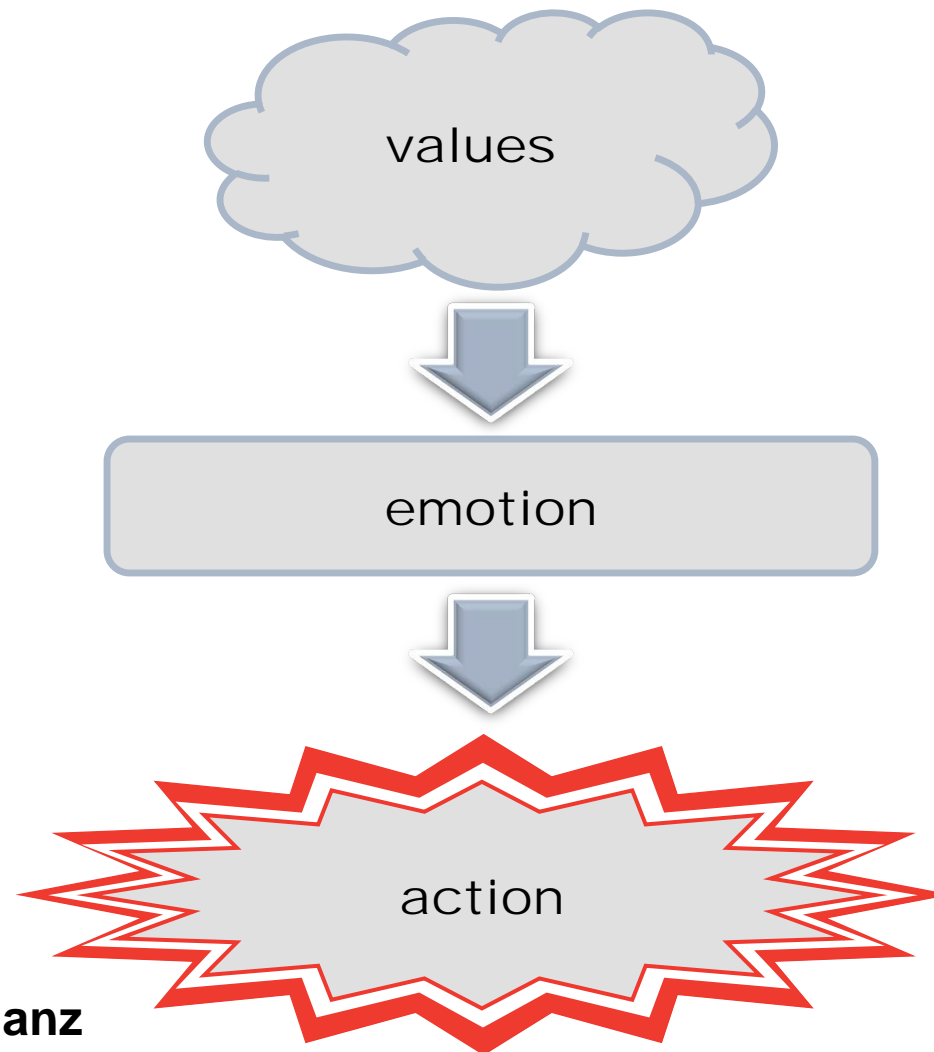


use all tools available..

Total healthcare years in the room 1568  
#TeamMKUH

@michaelafinegan

If we want people to take action, we have to connect with their emotions through values



Source: Marshall Ganz



# DAY ONE

1 

Physios will get you out of bed and give you exercises to do

2 

Ensure your nurse knows if you are feeling sick or have pain

3 

You will have an X-Ray of your hip today, and a blood sample will be taken

4 

You will be helped to wash or shower

5 

You will be wearing compression stockings or tubigrip to reduce swelling.

6  The tube will be removed from your leg

Reached your daily goals?

Yes  No

If no why?.....


# Your Total Hip/Knee Replacement Daily Goals



Patients tick the box when daily goals are met

Patient Name: \_\_\_\_\_  
Discharge Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## DAY TWO

1   You will be encouraged to walk around today

2   You will be assessed today and your discharge plan or rehab pathway will be confirmed

3   You will be sitting out of bed at meal times and eating a full dinner

4   You will have a shower today


5  Your catheter will be removed at 2400

Reached your daily goals?


Yes  No

If no why?.....

## DAY THREE

1   You should be walking 3 times around the ward per day!

2   You will be WALKING to the toilet and showering independently where possible

3   Let the nurse know if you have passed urine and if you need something to help you go to the toilet

Reached your daily goals?

Yes  No

If no why?.....

## DAY FOUR

1   Don't be a bed bug! Walk 3 times around the ward per day!

2 As you will be going home tomorrow you will need to organise the following (tick once completed):

- TRANSPORT HOME
- DRUGS FOR HOME
- EQUIPMENT FOR HOME
- OUTPATIENT APPOINTMENT

3  If you require rehab you may be transferred today

Reached your daily goals?

Yes  No

If no why?.....

## DAY FIVE

1   You will need to leave the ward by 10am

2   You will pick up your medication from pharmacy

3   Remind the nurse if you brought your own medications or valuables into the hospital so we can return them.

4  Your wound dressing will be attended to

Reached your daily goals?

Yes  No

If no why?.....

# Simple vs Complex discharge

- Majority of discharges of older people with frailty can be kept simple
- They become complex due to deconditioning and risk averse over assessment.
- Most (over 80%) of admitted older people with frailty have 'non- catastrophic illness'. The 'catastrophes' occur due to the 'waiting' in the system.