#spspFalls

SPSP Acute Adult Collaborative Falls Webinar Series

Creating a Culture of Change for Falls in Scotland

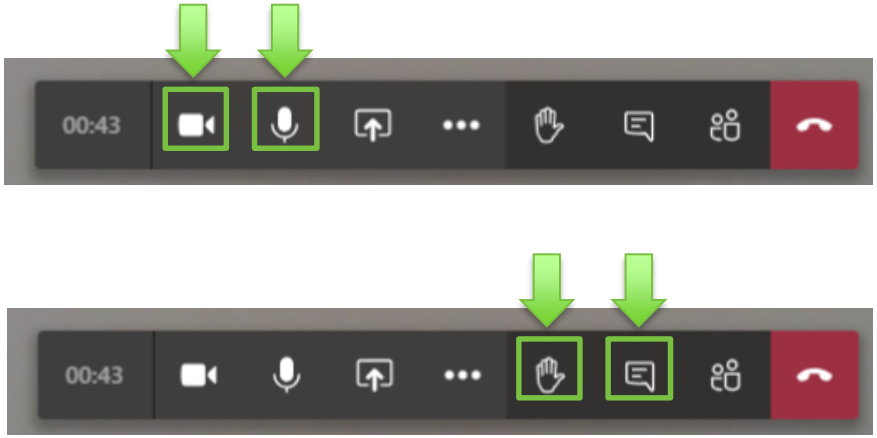
10 November 2022: 2pm – 3.15pm

Chair's Welcome

Joanne Matthews

Head of Improvement Support & Safety,
Healthcare Improvement Scotland

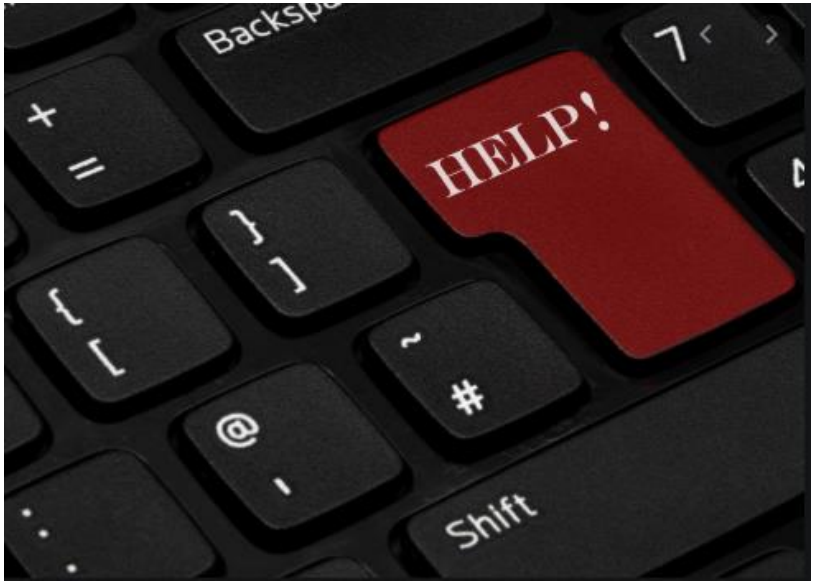
Meeting participation



During the meeting please have your microphone on mute, video will automatically be turned off.

- To take part in discussions use the **chat box** or **raise your hand** and wait to be invited to speak, please then:
- unmute your mic
- after speaking please re-mute

Trouble shooting



Any technical issues, please contact:

Sara Turner

- MS Teams chat or
- Email: hisacutecare@nhs.scot

Agenda

Time	Topic	Lead
14:00	**Welcome and housekeeping**	**Joanne Matthews,** Head of Improvement Support, Healthcare Improvement Scotland
14:05	**Creating a Culture of Change for Falls in Scotland**	**Professor Brian Dolan OBE,** Hon Prof Leadership in Healthcare, the University of Salford, Honorary President AGILE
14:50	**Q & A**	**Dr Lara Mitchell,** Clinical Lead for Acute Frailty, Acute Care Portfolio Healthcare Improvement Scotland
15:10	**Close and evaluation**	**Joanne Matthews,** Head of Improvement Support, Healthcare Improvement Scotland

Aims of the session

- How might we make falls everyone's business and why this matters
- Discuss a culture of embracing risk and promoting mobilisation
- Explore a Social Model for change in Scotland

Welcome and introduction

Professor Brian Dolan OBE

Hon Prof Leadership in Healthcare,
the University of Salford,
Honorary President AGILE (Chartered physiotherapists working with older people)

@BrianwDolan

Creating a Culture of Change for Falls in Scotland

Prof Brian Dolan OBE

FFNMRCSI, FRSA, MSc(Oxon), MSc(Nurs), RMN, RGN
Director, Health Service 360 (UK)
Honorary President AGILE: UK Network of Chartered Physiotherapists Working with Older People
Honorary Professor of Leadership in Healthcare, Salford University, Manchester
Honorary Adjunct Professor of Innovation in Healthcare, Bond University, SE Queensland

health service 360

Dedicated to the memory of my
Uncle Tommy Redmond
1934-2022

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.

Physical inactivity leads to around 37,000 premature deaths in England alone

(NICE: QS84

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."

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.

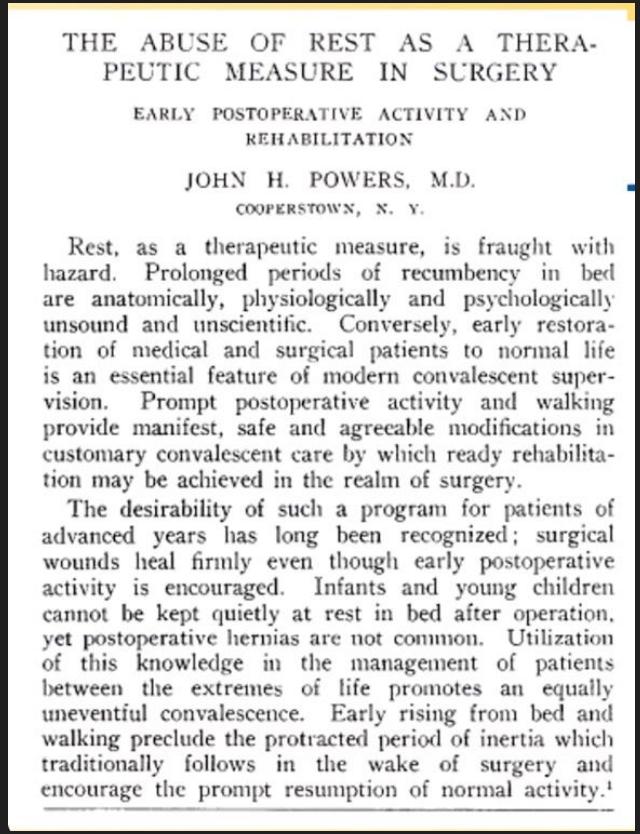
urinary tract can find difficulty in using a bottle—probably because of the horizontal position of the body coupled with the nervousness and embarrassment felt on attempting this unnatural, uncomfortable, and unfamiliar method of micturition. In older people this difficulty may lead to acute retention 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 1899[1]



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

21

Avoiding Deconditioning

Amit Arora & Brian Dolan OBE

LEARNING OBJECTIVES

- Describe the clinical syndrome of deconditioning and explain why it is harmful
- Identify opportunities to help patients to get up, get dressed and get moving

CASE

Arthur is a 78-year-old man who was admitted to hospital with a lower respiratory tract infection. At home, he had been independently mobile with a Zimmer frame. However, he was felt to be a 'high falls risk' as he fell in the emergency department, and as a result was told not to walk without having supervision. Due to staff shortages he found it very difficult to go anywhere, feeling like he was 'constantly told to sit back down'. He was not referred to the physiotherapist during his stay. After a week in hospital his infection had resolved and he was told he could go home, but he was unable to stand up from a chair without assistance.

INTRODUCTION

While known about for many decades, particularly among geriatricians and physiotherapists, in recent years there has been a resurgence of awareness among health professionals and even the public about deconditioning and its consequences. In part, this is because of a coalescence of the work of organisations like the British Geriatrics Society, individual clinicians, campaigns led by the authors, and the public becoming more conscious of the impact of lack of mobility and protracted hospital stays, especially among older people.

WHAT IS DECONDITIONING?

Hanson et al. (2019) define deconditioning as 'a complex process of physiological change that can affect multiple body deconditioning campaign was introduced). Though it can affect people of any age, the effect on older people can be more rapid, severe, and can often be irreversible (Arora, 2017a).

THE HARMS OF BED REST

As relatively recently as the 1970s, bed rest was commonly prescribed as a medical therapy for a variety of conditions such as tuberculosis and strokes (Allen, Glasziou, & Del Mar, 1999). Bed rest was thought to not only aid the healing process but also expedite the recovery time (Fortney, Schneider, & Greenleaf, 2011). However, there is now robust evidence that inactivity, bed rest and even a sedentary lifestyle can have detrimental effects on body physiology and function (Gordon, Grimmer, & Barras 2019; Hanson et al., 2019; Kortebein, 2009). Prevalence estimates report older hospitalised patients can spend anything up to 95% of their time in bed or chair, during their hospitalisation. Deconditioning can often start within the first day of hospitalisation (see Box 21.1) and possibly whilst patients are still on a trolley in the emergency department and interventions such as intravenous infusion, catheterisation, bedrails, nasogastric tube, etc, may precipitate deconditioning even sooner.

Deconditioning syndrome, a consequence of immobility, is therefore a complex physiological process that results in a multisystem deterioration in function. This phenomenon can result in a significant reduction in bone mass, muscle mass and durability as well as demotivation, swallowing difficulties, confusion and an increased reliance on others.

The physiological effects of bed rest are summarised in Box 21.1.

Arora & Dolan (2021)

A shameless plug!

https://bit.ly/39rOBTD

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%

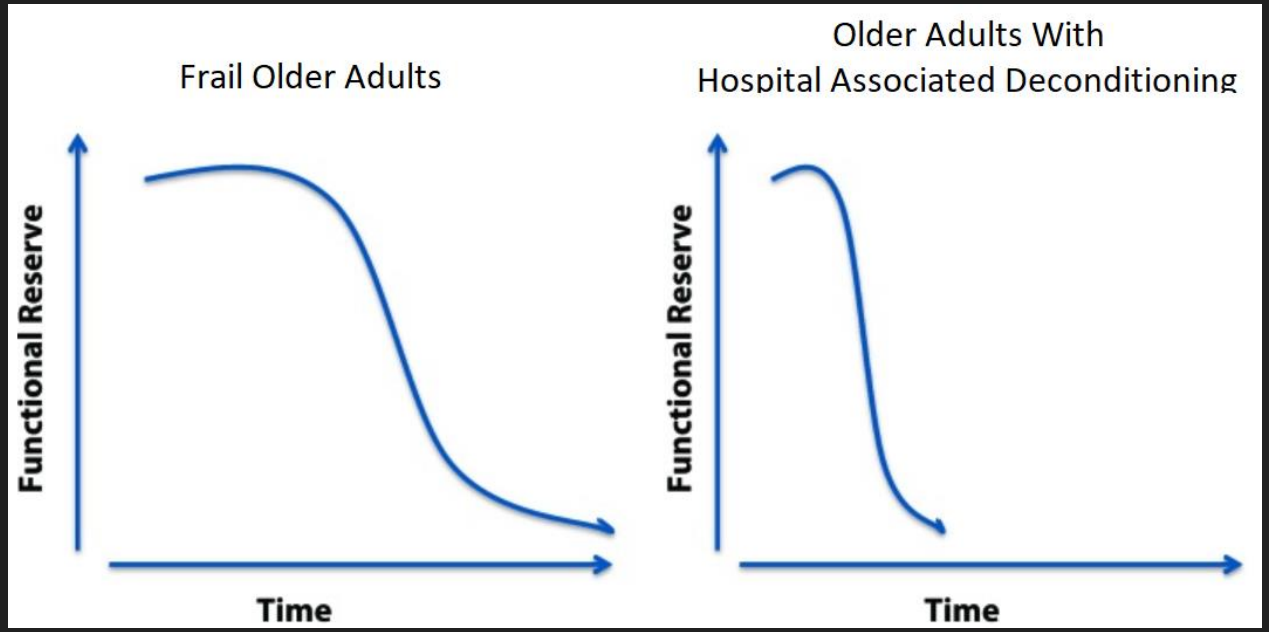
Impact of Bed Rest on Older People

- VO_2 Max reduces by 0.9% /day
- Decrease in all pulmonary function parameters leading to thickened secretions, inefficient cough, increased risk of pneumonia
- Blood glucose - by 3rd day of inactivity, reduced insulin-binding sites (takes 2/52 activity before glucose response returns to normal)

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

Post-Hospital Syndrome
Impacts Quality of Life



(Falvey 2015)

Being sick and in the hospital has iatrogenic consequences

Impact of Bed Rest on Older People

- Lethargy
- Loss of motivation
- Torpor
- Loss of independence
- Loneliness

Healthcare in a Pandemic

Upended Rituals and Lives

Shielding

Loneliness

LONELINESS

increases the likelihood of mortality by

26%

Reference: Holt-Lunstad, (2015)

Ending PJ Paralysis

is about a patient's mental wellbeing as well as physical

NHS
South Warwickshire
NHS Foundation Trust

- Encourage patients to eat together at a table - use this as an opportunity to socialise or take part in activities
- Maintain a normal routine for patients as much as possible

#endPJparalysis

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

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

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


BE PART OF THE GLOBAL MOVEMENT
EXPOSING THE HARM CAUSED BY IMMOBILITY
Dear Deconditioning
The game is up - this is an in depth expose
of your impact and how to reduce it
Professor Brian Dolan OBE
& Lynda Holt
#EndPJparalysis

Coming Soon

Patients don't stop moving because they've deconditioned; they've deconditioned BECAUSE they stopped moving

HT @HealthPhysio

Falls are often thought to be a problem of mobility

They're actually a problem of immobility

HT @HealthPhysio


Care Home
FALLS
PREVENTION
I'm lying here permanently to reduce my risk of falling
Gipper Williams

Culture change combines hearts, heads and hands – in that order!

1

Hearts

We connect with stories – it's the why

2

Heads

Strategy is context and plans – the what and how

3

Hands

'OK, I want to be part of this' – the who

Culture change combines hearts, heads and hands – in that order!

1

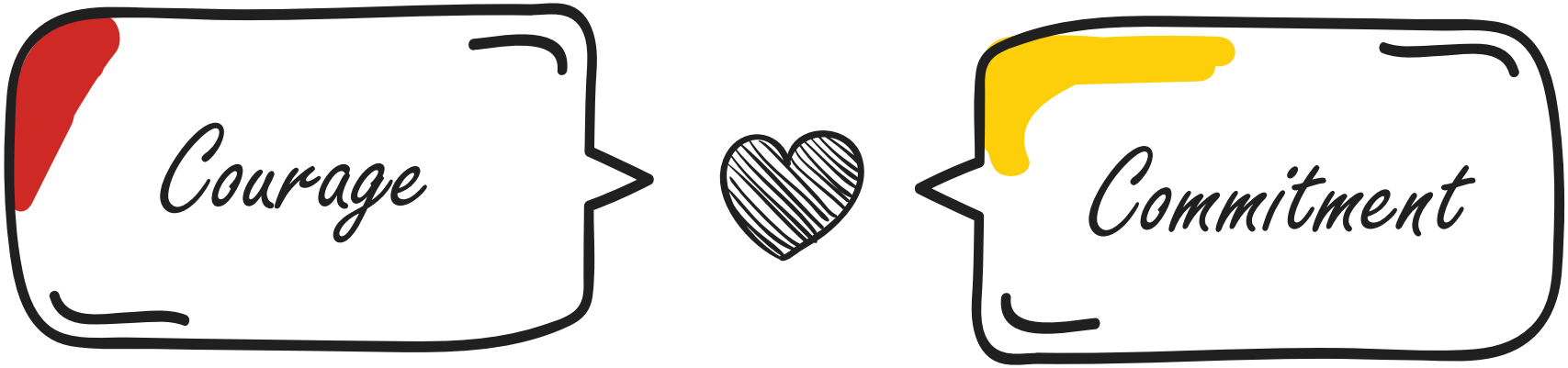
Hearts

We connect with stories – it's the why

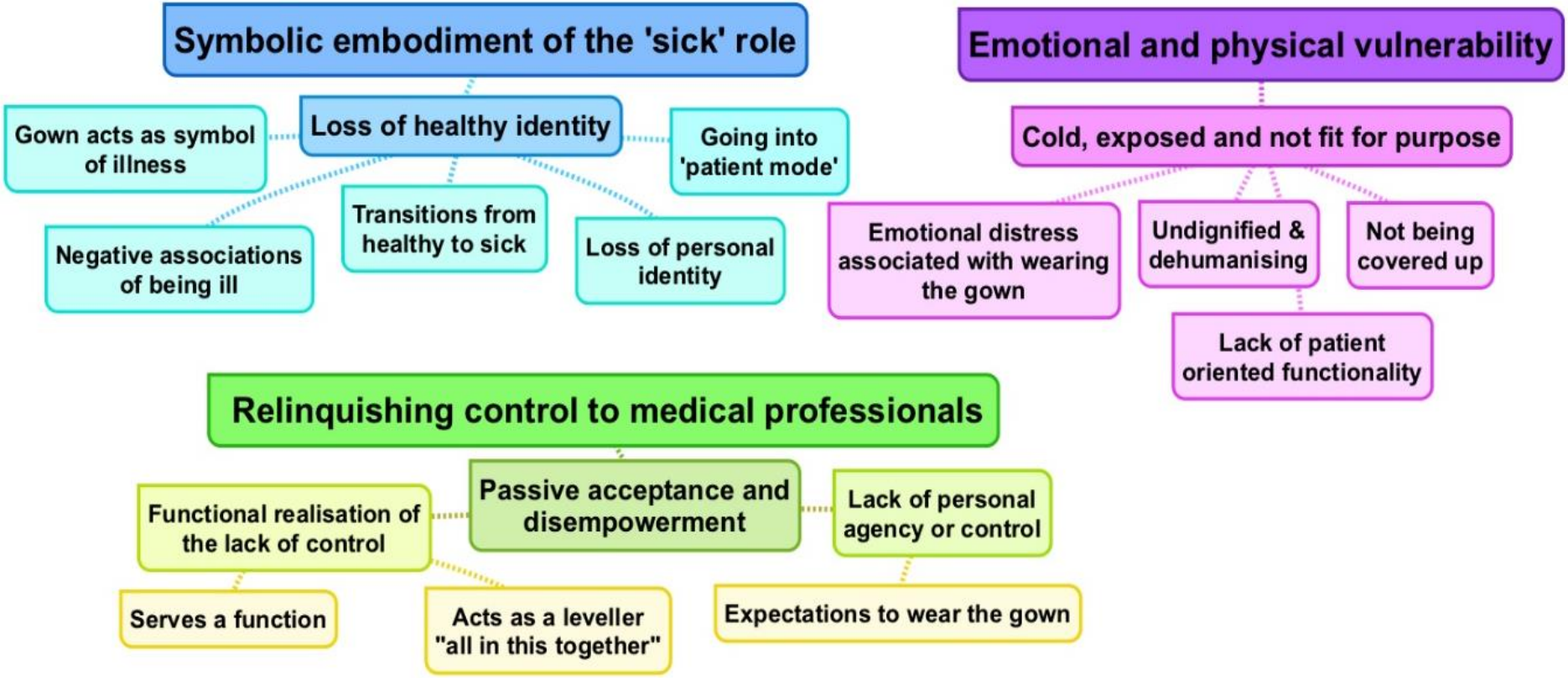
Wisdom

Knowing where to focus your efforts & energy

It takes



Morton, Cogan *et al* (2020) Brit J Health Psychology
Baring all: The impact of the hospital gown on patient well-being




'The universe is made of stories
not of atoms'
Muriel Rukeyser

HQA Highland Quality Approach

NHS Highland

Donald Where's Your Troosers?

Get up

Get dressed

Get moving

And pretty soon you'll start improving

Getting out of bed, putting on your own clothes instead of pyjamas and moving around as much as possible will ensure you recover more quickly

HT @dlaidler18


and let her know that you're in the hospital.

"Hope is the conviction that despair will never have the last word"

Cory Booker

Culture change combines hearts, heads and hands – in that order!

2

Heads

Strategy is context and plans – the what and how

East of England Deconditioning Games

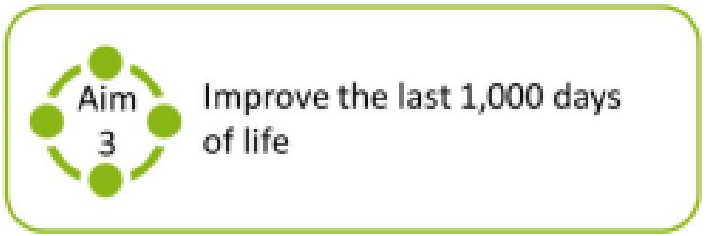
england.deconditioning.games@nhs.net

Blackpool NHS Foundation Trust

Our Ambition – Quality Improvement Strategy

Our two high level Trust aims over the next three years are to:

Our high-level System-wide aim over the next three years is to:



About the De-conditioning Games

https://www.youtube.com/watch?v=QS31i4mTORE

1: To raise awareness of deconditioning in health & care settings

2: Share best practice – Have Fun

3: To prevent avoidable harm from deconditioning

4: And maintain the focus on reducing hospital length of stay and supporting people where possible to continue their recovery at home (D2A)

More examples of ‘Making a Difference’

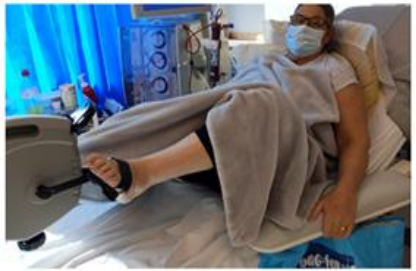
Introduced static pedals to a dialysis unit

“I won’t manage at home if I can’t do more, it’s good to move about more”

GF lost 6kg using a pedal unit whilst she dialyses

“It felt good to be able to do something, not just sit here”

“I feel less tired have more energy”



Woodland walk

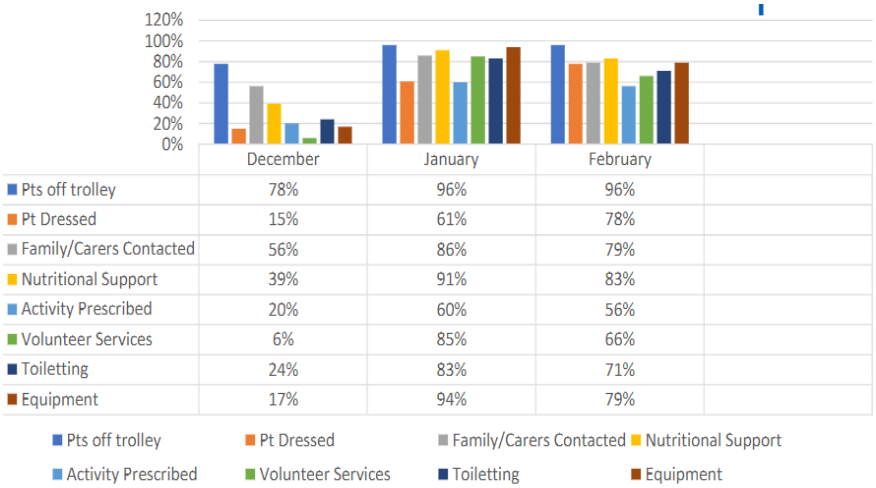
Winter Wimbledon

Feeding project on a neuro science ward

Care Home Pedometers

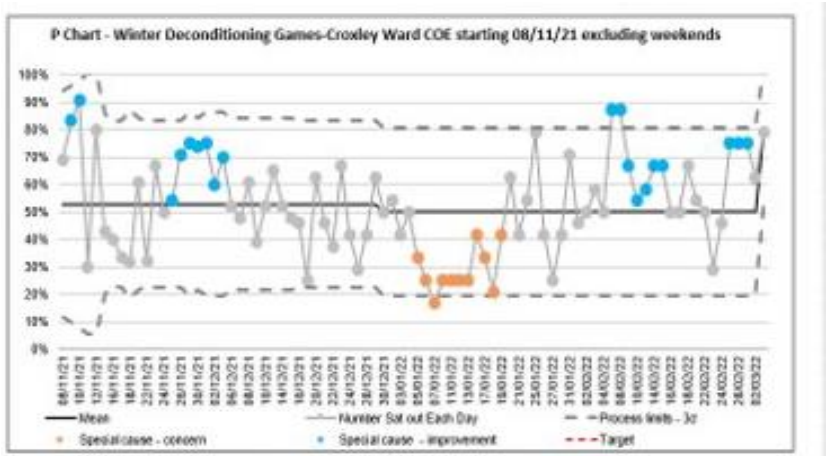
- Challenge to walk the Essex Coastline
- One home did a virtual walk to Southend seafront
- When they reached the number of step, Residents went to Southend for afternoon tea

Examples: Supporting People to Keep Moving



	December	January	February
Pts off trolley	78%	96%	96%
Pt Dressed	15%	61%	78%
Family/Carers Contacted	56%	86%	79%
Nutritional Support	39%	91%	83%
Activity Prescribed	20%	60%	56%
Volunteer Services	6%	85%	66%
Toiletting	24%	83%	71%
Equipment	17%	94%	79%

Therapy goals and OPAL Christmas tree



SPC chart- % out of bed in time for lunch

Key learning points from East of England (178 teams participated)

- It made QI accessible to all
- Improved staff well being
- Highlighted the importance of healthy competition and fun
- Highlighted the importance of leadership and MDT approach
- Recognition and reward was key
- The approach involved everyone and energised teams
- Some gaps in knowledge were identified (relating to deconditioning, frailty and HomeFirst)
- Opportunities for the use of technology became evident

Sustainability was important ….."It is the right thing to do for our patients and staff and we will be keeping this going beyond the end of the campaign"
Summary of many quotes from those involved

NHS
Emergency Care Improvement Support Team
Safer, faster, better care for patients

NHS England

SAVE THE DATE

NATIONAL RE-CONDITIONING GAMES

OPENING CEREMONY

1ST NOVEMBER 2022

12:00–13:30 (TBC)

JOIN US AND GET INVOLVED

- Promoting re-conditioning
- Sharing best practice
- Testing small changes

Purpose of the mission to #ReconditionTheNation

1. Raise awareness of deconditioning in health & care settings
2. Share best practice – make it simple to get involved and create impact
3. Maintain the focus on reducing hospital length of stay, supporting people where possible to continue their recovery at home (D2A) and development of alternative pathways
4. Opportunity to link with winter planning improvement plans across health and social care settings
5. Reduce moral injury to staff, while doing the right thing for patients and having fun

Time to move again: from deconditioning to reconditioning | Age and Ageing | Oxford Academic (oup.com)

Medal categories

1. Making a difference
2. Supporting people to keep moving
3. Supporting staff to keep active and well

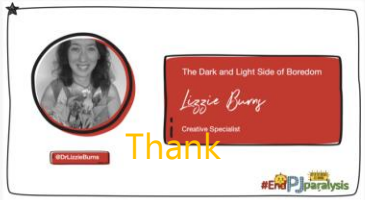
Medals awarded	Achievement
Bronze	To be awarded where initiatives are being tested or taking place to support improvements in quality or performance
Silver	To be awarded where there is evidence that the initiatives are starting to make a difference. This can be evidenced through audits, SPC charts, patient or carer / family experience, staff experience or other data
Gold	To be awarded where there is evidence of sustained improvement, either through best practice initiatives or performance data

Teams can find further information and apply for medals here

EndPJParalysis.org Online Global Summit

#EndPJparalysis Summit 2022

See All Presentations →



Thank

Lizzie Burns: The Dark and Light Side of Boredom

Read More

Ben Owens: Balancing Risk and Empowering Patients in Emergency Care

Read More

Deborah Whittaker, Geraldine Rodgers OBE, Emma Brown, Dr Amit Arora & Helen Bennett: Winter (De)-conditioning Games – An overview of what we have been doing in the East of England

Read More

#EndPJparalysis

GET UP, GET DRESSED, GET MOVING

Join the Facebook Group

YOU ARE WHAT YOU WEAR

Rethinking Our Framing

Old Framing	New Framing
Falls Prevention	Safer mobility
Reducing LOS	Giving patients back time
Days in hospital	Days away from home
History taking	Story telling
Hospital in the home	There’s no ward like home

Culture change combines hearts, heads and hands – in that order!

3

Hands

‘OK, I want to be part of this’ – the who

Sharing message with patients

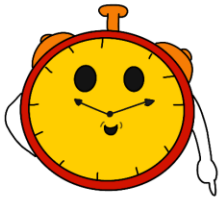
#EndPJparalysis

GET UP, GET DRESSED, GET MOVING

"Patient **time** is the most important currency in health and social care"
- Prof. Brian Dolan, OBE, RN

Up to 60% of older patients experience **functional decline** after hospitalisation (Hoogerdjun et al 2012)

Deconditioning in hospitalised older people can cause serious harm



Let's get **patients up, dressed** & **moving**, enabling them to get home to their loved ones safer & sooner

If you had 1000 days left, how many would you want to spend in hospital?
That's why **every day** matters

PJ paralysis...

FACT: Reduces mobility
FACT: Loss in strength
FACT: Loss of independence
FACT: Longer stay in Hospital

Commitment to Excellence Commitment to Excellence Commitment to Excellence Commitment to Excellence Commitment to Excellence

Saolta
Grúpa Ospidéil Cúram Sláinte
University Health Care Group

Wellness Walkway

MAYO UNIVERSITY HOSPITAL

Here at Mayo University Hospital we are committed to promoting the health and wellbeing of our patients during their journey through illness or injury.

The *"Wellness Walkway"* is a space for you to use to enhance your participation in your recovery and treatment plan. There is a walking route, exercise and rest stations available. It is also a place to sit and enjoy exploring some of the beautiful sights of Co Mayo and maybe share a story or two with your family, friends or staff.

How did the "Wellness Walkway" come about?

Following on from the *"Active Ward"* project in 2018 a series of quality improvement initiatives were undertaken by a team of staff from B Ward. In 2021 the team completed the Get Up, Get Dressed, Get Moving 60-Day Challenge. During this time the need for a dedicated space for patients to promote recovery outside of the busy ward environment was identified. And so, the idea for the "Wellness Walkway" was born.

The Wellness Walkway Project Team, left to right: Grace Mullaney (Physiotherapist), Sarah Ronayne (Occupational Therapist), Mary Conlon (CNM2 B Ward), John McCormack (Patient Experience Advisor), Caitriona Davey (CNM3 Medical Division), Aisling Bell (Physiotherapist), Laura Walsh (Occupational Therapist) (missing from photo Kate Plavenieks, Business Manager).

How can the Wellness Walkway help me during my hospital stay?

A stay in hospital often means you need to spend time in bed, which can weaken your muscles. Over time this may reduce your independence because you are weaker and find it harder to move. Everyone who is in hospital should get up, get dressed and get moving when their healthcare team agrees they are well enough. This is especially important for older people.

Get up

Having a regular sleep routine has significant benefits in terms of our mental well-being and brain health. Getting up at a regular time each day, even if tired at first, regulates our sleep-wake cycle, helping us feel more alert during the day and sleeping at night.

Get Dressed

When you get dressed in your own clothes in hospital you are more likely to walk around, feel more confident and it can help restore your sense of self. Simple actions, like choosing and putting on our clothes helps us start the day with a sense of purpose, choice and control. The other small choices we make afterwards about how to use our time can also make a big difference (eg doing a crossword, reading a book, calling someone for a chat). It's the little things that help by making each day different and meaningful, stimulating our minds, and helping our brains process and remember the days events.

Get Moving

It's natural to avoid things that make us feel tired, afraid or uncomfortable but it is important to stay active while in hospital. Moving your body, getting out of bed and walking to the toilet are a great start. When you are feeling comfortable and confident you can use the Wellness Walkway to keep moving and build up your strength gradually. Sometimes the thought of getting out of bed might feel like too much but it is important that we respond to ourselves with the same kindness and encouragement we would give to a friend.

What can I do to get started on the Wellness Walkway

You will need

- Comfortable day clothes
- Proper fitting shoes such as supportive shoes or runners
- Mobility aids if needed, this includes glasses, hearing aids and a walking stick or walking frame.

If you would like to support your family member or friend on the Wellness Walkway please speak with us about our *"Purposeful Visiting: A Partner in Care Programme"*.

The Wellness Walkway project team would like to acknowledge and thank the following for their support:

"Get Mayo Moving Fundraiser"
Physiotherapy Department, Mayo University Hospital

The Mayo University Hospital Management Team

Staff of Mayo University Hospital

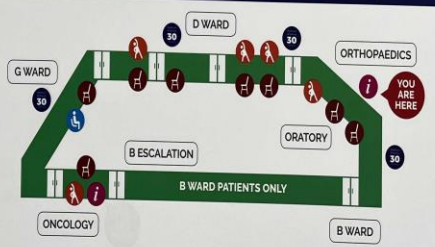
Ronan O'Grady @ All In Design & Print

John Mee Photography

Mayo County Council

Wellness Walkway Map

30 METRE INTERVALS
Total Distance 330 metres
(from B Ward main entrance to B Ward Escalation Entrance)



30 Metre Intervals · Exercise Stations · Designated Rest Area · Doors · Chairs · Information Posters

Commitment to Excellence Commitment to Excellence Commitment to Excellence Commitment to Excellence Commitment to Excellence

STATION 1 : Standing Lower Body Exercises

Aim to do 1-3 rounds of the below exercises

Standing Hip Flexion

1. Stand tall with hands on railing for support.
2. Lift one knee up towards the ceiling and slowly lower back down.
3. Complete 10 times on each leg.

To Increase Difficulty:
Hold the Knee up in the air for 10 seconds.

Standing Hip Extension

1. Stand tall with hands on railing for support.
2. Slowly swing back one leg. Keeping both legs straight.
3. Complete 8 times on each leg.

To Increase Difficulty:
Hold the leg behind you for 10 seconds before bringing the leg back to the starting point.

Mini Squats

1. Stand tall with hands on railing for support with feet hip width apart.
2. Slowly bend knees and push hips back like you are sitting down onto a chair.
3. Push up through the legs to stand up tall again.
4. Complete 8 times.

To Increase Difficulty:
Complete 12 times.

Standing Hip Abduction

1. Stand tall with hands on railing for support, feet together.
2. Slowly lift the leg out to your side about 15cm off the ground. Hold for 3 secs. Bring your leg back in.
3. Complete 8 on each leg.

To increase Difficulty:
Hold the position for 10 seconds and


MAYO
GENERAL HOSPITAL
Wellness
Walkway

STATION 2 :
Lower Body Exercises

Aim to do 1-3 rounds of the below exercises

Sit to Stand

1. Sit upright in the chair.
2. Keep feet shoulder width apart flat on the ground. Keep hands out in front of you.
3. Slowly stand up.
4. Sit back down. Use your hands to support you if required.
5. Complete 8 times.

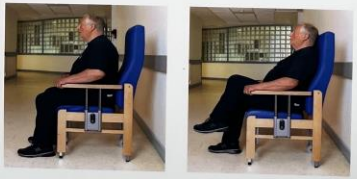
To Increase Difficulty:
Slowly sit, count to 5 on the way down and complete the excercise 10 times.

Seated Knee Extension

1. Sit upright in the chair with feet flat on the ground.
2. One leg at a time, kick out the leg so that the knee is straight.
3. Do this 10 times on each leg.

To Increase Difficulty:
Hold the knee straight up for 10 seconds and complete the excercise 10 times.

Seated Hip Flexion



1. Sit upright in the chair with feet flat on the ground.
2. Lift one knee at a time up towards the ceiling.
3. Do this 10 times on each leg.

To Increase Difficulty:
Hold the knee up in the air for 10 seconds and complete the excercise 10 times.

STATION 3 :
Upper Body Exercises

Aim to do 1-3 rounds of the below exercises

Over Head Reaching

1. Sit upright in the chair with feet flat on the ground, arms on the armrest.
2. Slowly bring arms above the head. Slowly lower the arms to starting positon.
3. Complete 8 times.

To Increase Difficulty:
Hold the arms above head for 10 seconds and complete the excercise 10 times.

Tricep Dips

1. Sit upright in the chair with feet flat on the ground, arms on the armrest.
2. Push up off the chair through your arms. Hold for 3 seconds. Slowly lower yourself back down.
3. Complete this 8 times.

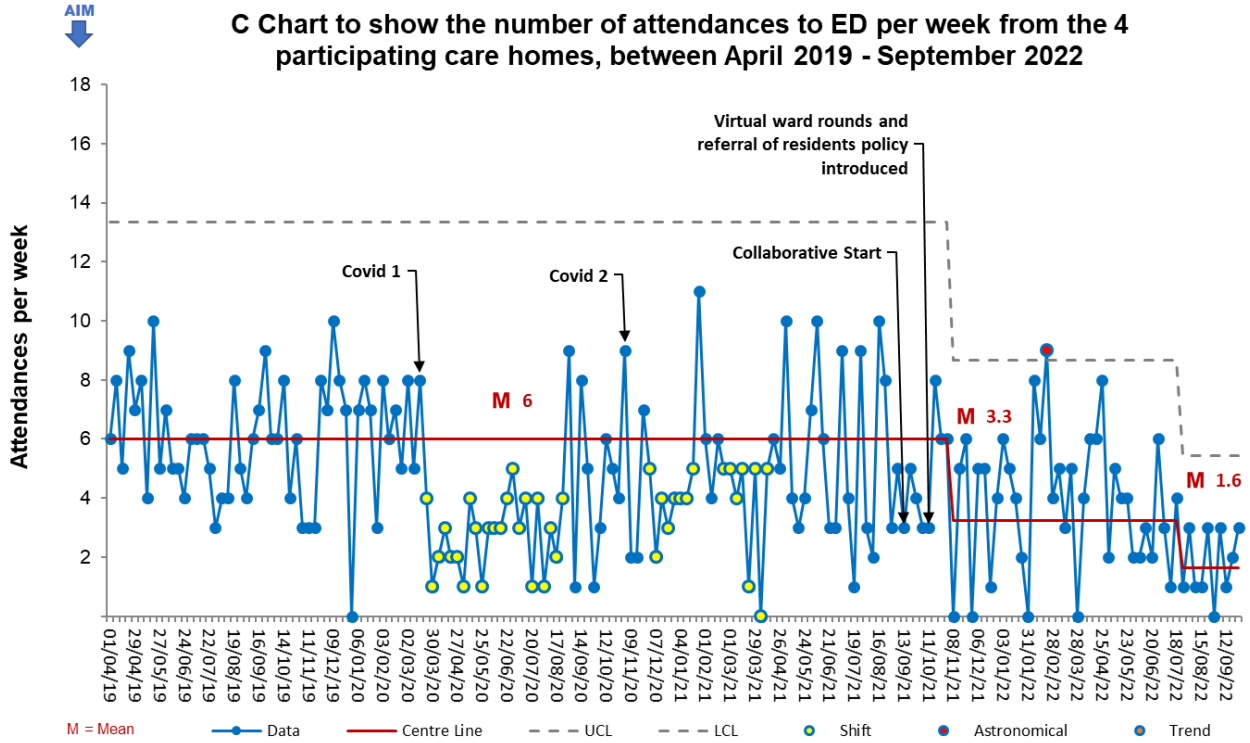
To Increase Difficulty:
Hold position for 5 seconds and complete the excercise 10 times.

Shoulder Abduction Holds

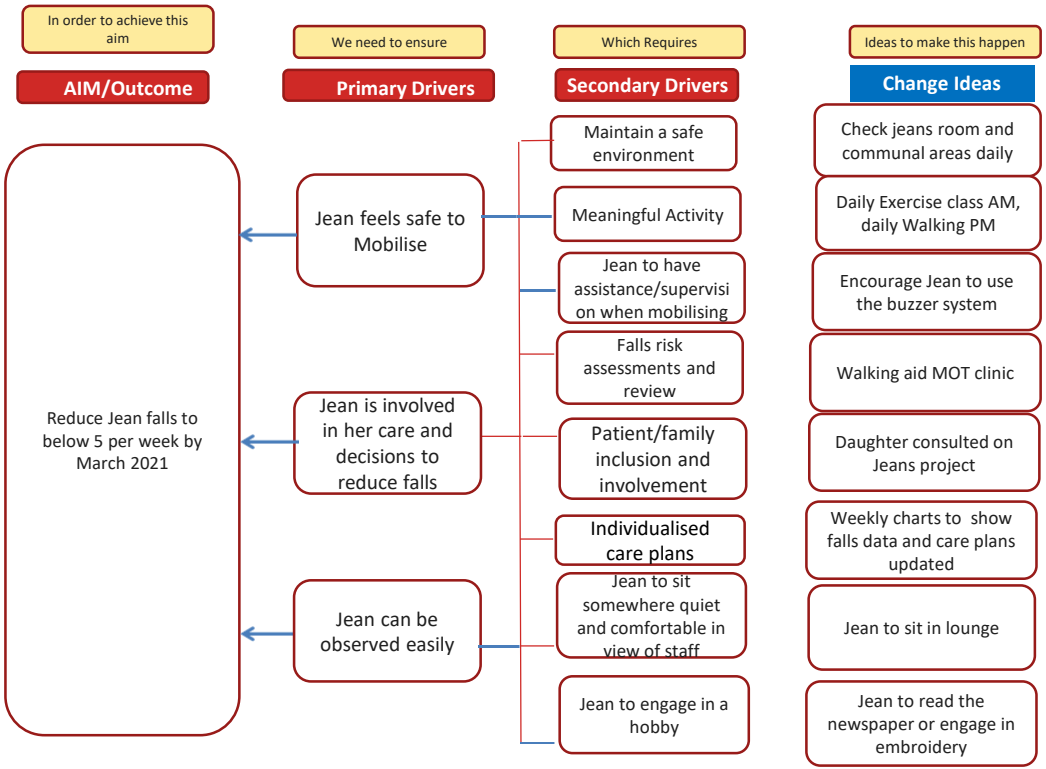
1. Standing up tall.
1. Sit upright in the chair with feet flat on the ground, arms on the armrest.
2. Raise your arms out to the side to shoulder height. Hold the position for 5 seconds.
3. Complete this 8 times.

To Increase Difficulty:
Hold the position for 10 seconds and complete the excercise 10 times.

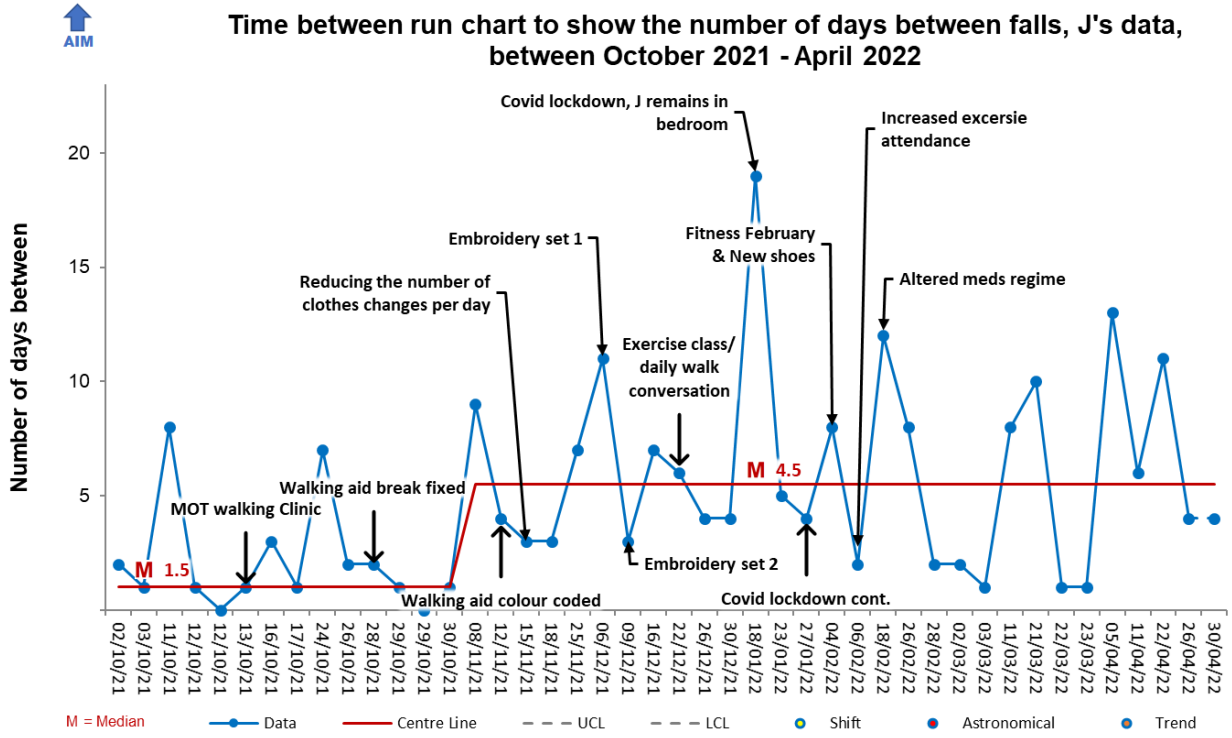
Weekly attendances from Care Homes to Blackpool NHS FT ED



Driver Diagram – Blackpool NHS FT working with Care Home 'M'



Results of bespoke intervention working with Jean in Care Home 'M'



With thanks to Anna.dallow@nhs.net & Katharine.Goldthorpe1@nhs.net

Coming together to find meaningful solutions #ActiveWards Group

Purpose: This Physiotherapy/Occupational Therapy Special Interest Group has been formed to provide peer support & act as a platform for sharing resources & ideas in relation to increasing opportunities for physical activity in the in-patient setting.

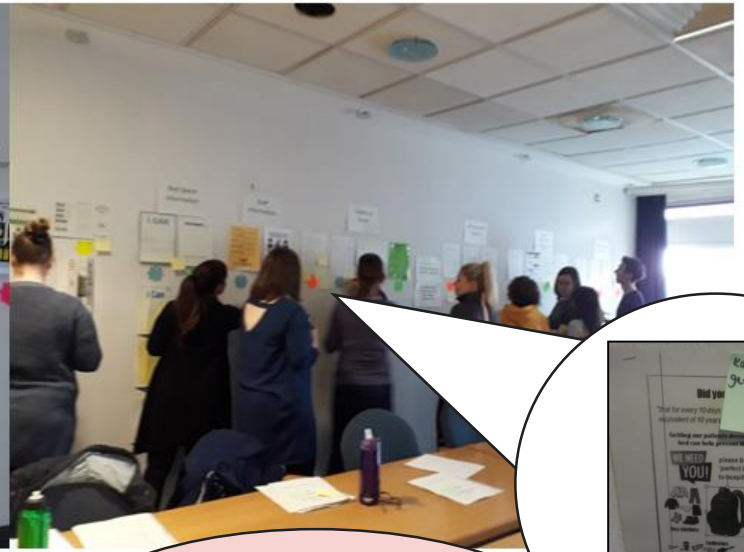
THIS WORK IS BASED ON:

The Principles of Practice Development (McCormack et al., 2013)

Action Learning Technique (McGill & Brockbank, 2004)

Model for Improvement (Langley, et al., 2009)

Connect, Collaborate, Communication & Come to Consensus

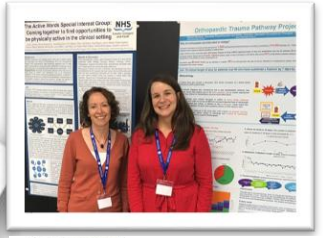


Pre Meeting Work
Information Gathering
Resource Gathering
Completing Online Task
Reflection Task

Meeting Design
Assessment of the meeting design & adapting to meet needs of the team

Group Outcome

#ActiveWards with @DrJulietHarvey

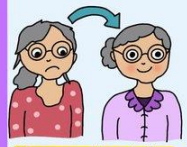


NB: photos taken pre-covid 19

#EndPJparalysis

soniasparkles.com @sonia_sparkles

EndPJParalysis At Home



Wear your day clothes, you will "feel" better

Have lunch at the table- not in bed

Sit outside - get some fresh air

Take small steps often

Sit up in a chair

Help with a few household tasks

Help make your own breakfast

Play with the kids

Drink plenty of fluids

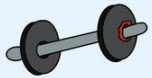
Stretch your arms & legs

Have a healthy diet

Get involved in fun activities

These steps improve recovery

They help you get back into a routine



They help keep you active

They help improve your mood

Soniasparkles.com

Focus on what you can control

Explore what's possible

Culture doesn't change because we want it to – it changes when behaviour and every day realities change

"To be truly radical is to make hope possible, rather than despair convincing"

Raymond Williams

Hopeful Thinking:

01

The future will be better than the present

02

I have the power to make it so

03

There are many paths to my goals

04

None of them is free of obstacles

Valuing patients' time

Why care will always be more important than cure

GERONTOLOGISTS

are like

ARCHEAOLOGISTS,

THEY LOOK

PAST WHAT OTHERS SEE AS RUINS

to the Beauty

that LIES WITHIN.

@crabtree-amelia

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

Brian Dolan OBE

brian@healthservice360.com

@BrianwDolan

Thank You

www.healthservice360.co.uk

Endpjparalysis.org/join

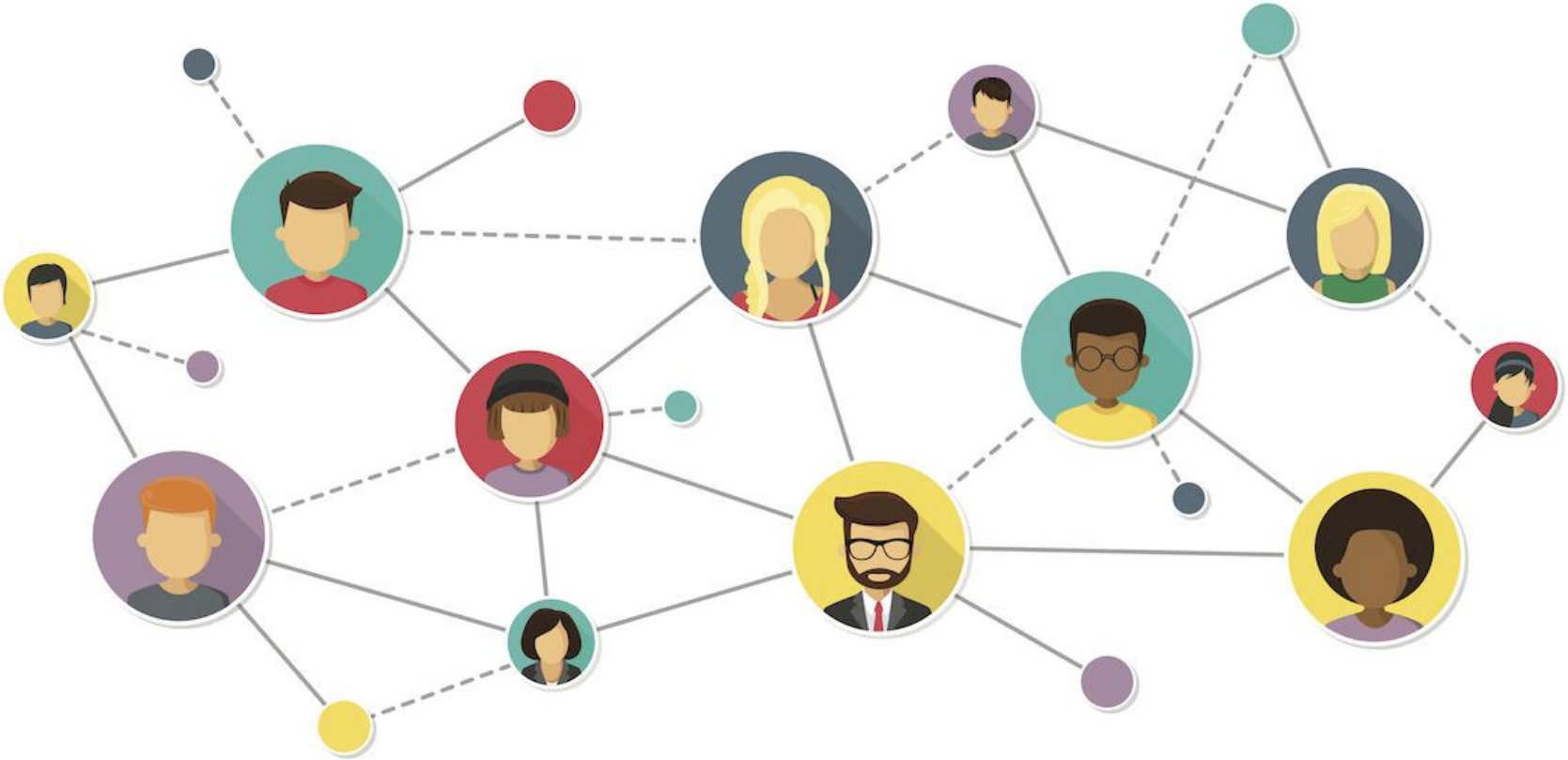
health service 360


thank you

Healthcare Improvement Scotland
EVERY PERSON EVERY TIME SCOTTISH PATIENT SAFETY PROGRAMME

Dr Lara Mitchell
Clinical Lead for Acute Frailty,
Healthcare Improvement Scotland,
NHS Greater Glasgow & Clyde

Q & A




thank you

Useful links to find out more

- ihub.scot
- Essentials of Safe Care
- SPSP Acute Adult Collaborative
- Falls Improvement Programme
- Frailty Improvement Programme
- Programme Updates – Webinar recording and resources can shortly be found on this page

Evaluation

THANK YOU

Keep in touch

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@SPSP_AcuteAdult