Patients' time as the most valuable currency in health and social care

@PeteGordon68 *#last1000days*

NHS England and NHS Improvement
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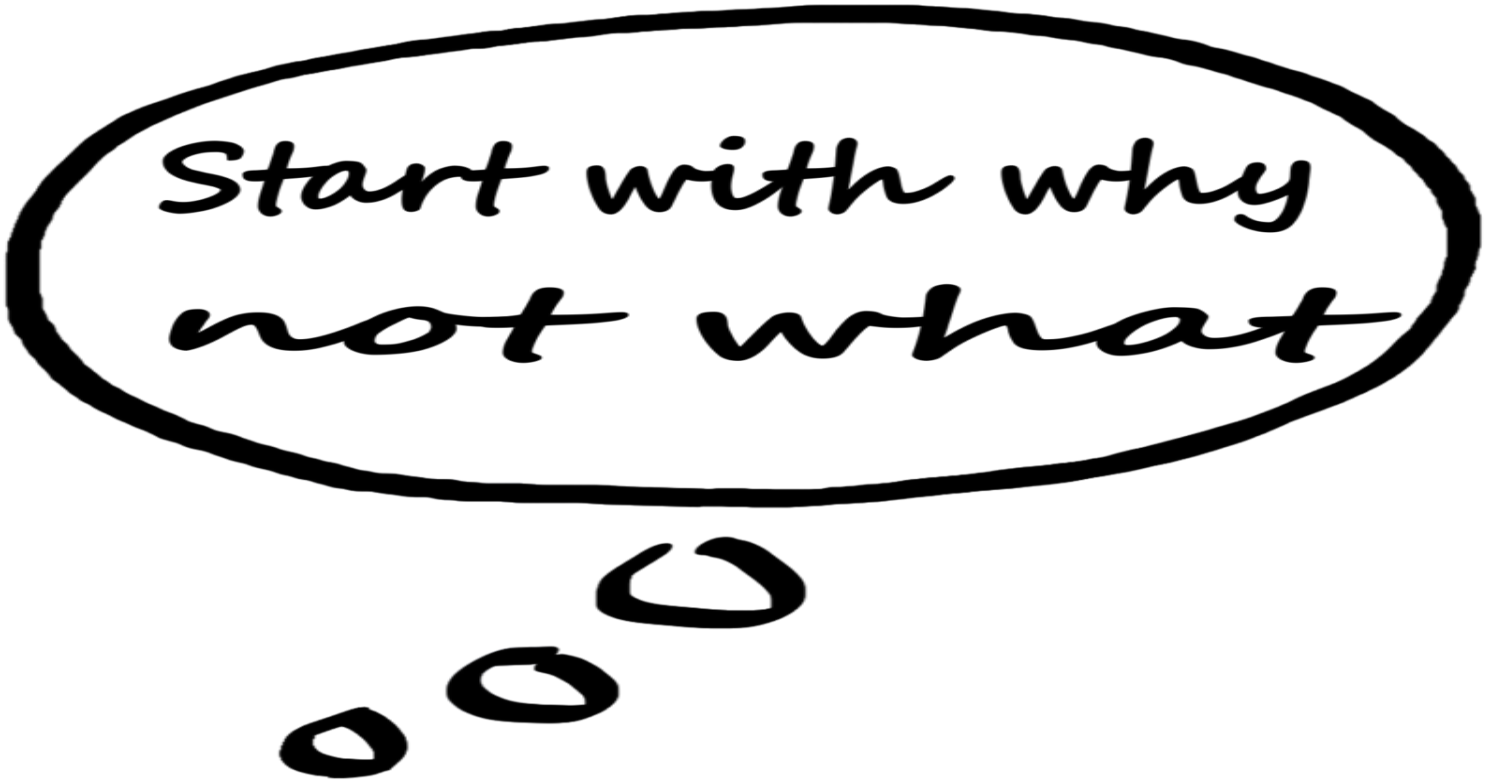
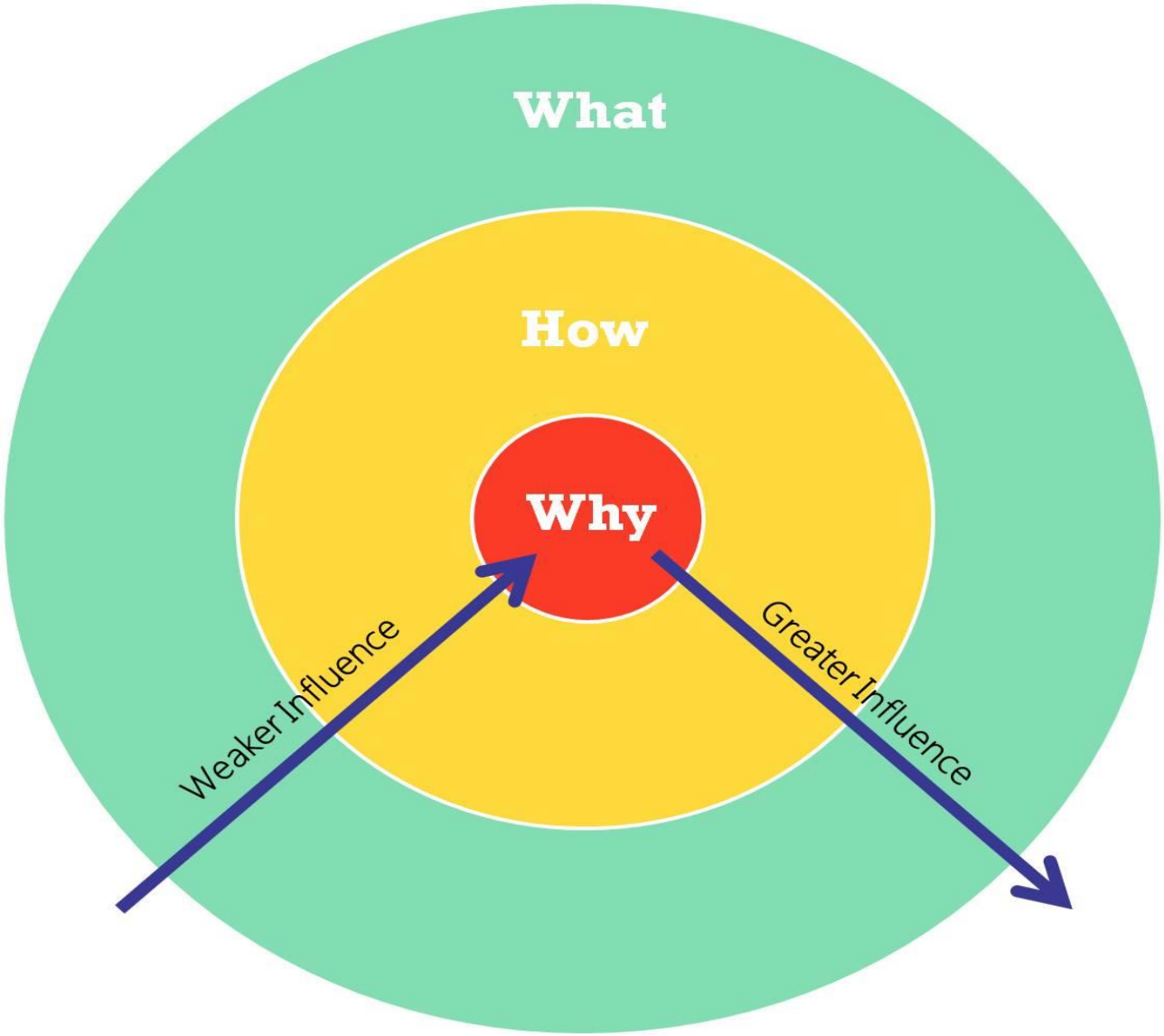
Imagine if we started with why (purpose, cause, belief) instead of what?



Simon Sinek – The Golden Circle



https://www.youtube.com/watch?v=Jeg3lIK8lro

A Compelling Story
The WHY

Betty Davis at 22 years old

Betty Davis at 95 years old

- Some cognitive impairment
- Heart failure
- Arthritis
- Visually impaired (unsuccessful cataract operation)
- Renal impairment
- On multiple drugs
- Frail
- Can walk 5m with frame
- Carers four times a day
- History of falls
- One period in hospital nine months ago

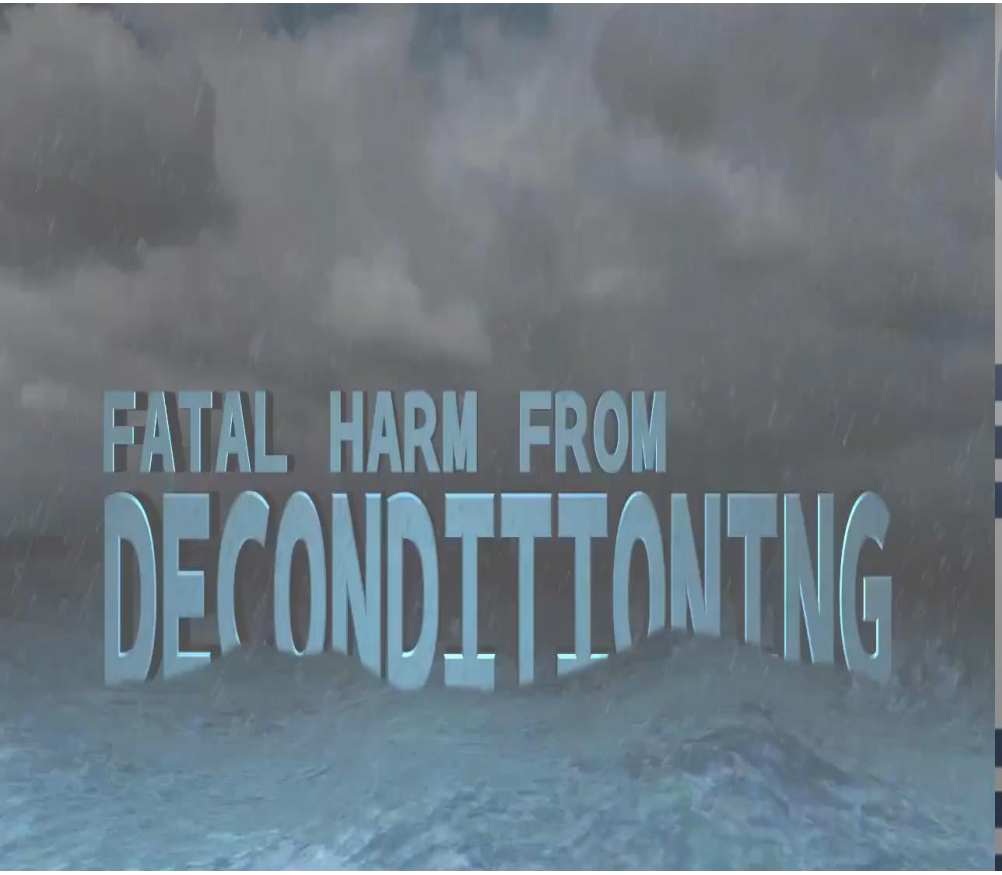
- Admitted January 2018
- UTI, mild dehydration, postural hypotension
- 25 days in hospital
- Two weeks in a nursing home
- Died March 2018

Died 8 March 2018

Why?

- **? UTI, mild dehydration, postural hypotension**

#EndPJparalysis
Get up,
Get dressed,
Get moving!



#last1000days

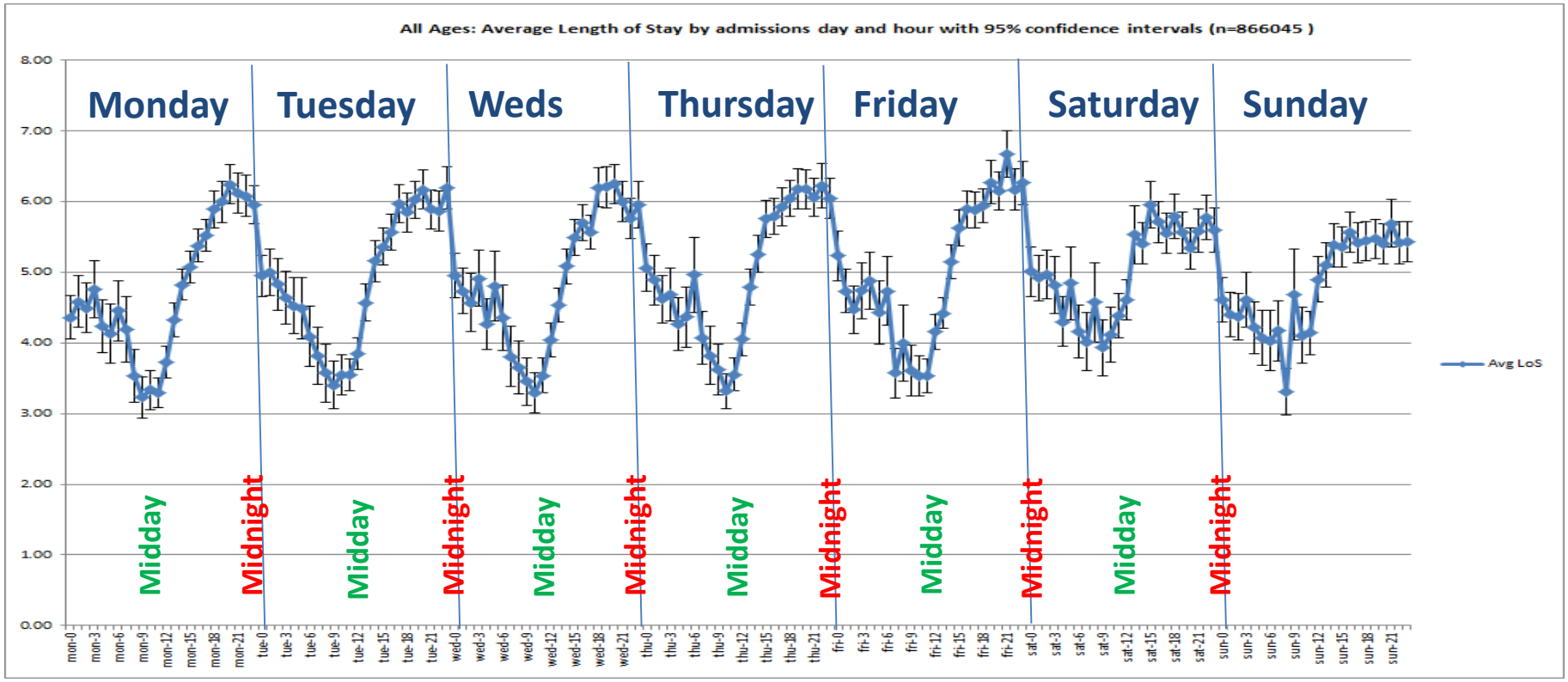
Actual cause?

- **Fatal harm from deconditioning secondary to congestive hospital failure**

Symptoms

- **Arrived late at hospital and late on ward (full hospital)**

Betty arrived late on ward



3-day LOS difference between 9am and 9pm admissions (four days for >75 year cohort)

https://www.hsj.co.uk/commissioning/senior-staff-cover-means-earlier-discharges/5071139.article

#last1000days

- Fatal harm from deconditioning secondary to congestive hospital failure

Symptoms

- Arrived late at hospital and late on ward (full hospital)
- **Outlier**

Betty was an outlier

BMJ Open

Are medical outliers associated with worse patient outcomes? A retrospective study within a regional NHS hospital using routine data

Neophytos Stylianou,[1,2] Robin Fackrell,[2] Christos Vasilakis[1]

Conclusions After adjusting for other factors, medical outliers are associated with an increased LOS while mortality or readmissions are not worse than patients treated in appropriate specialty wards. This is in line with existing but limited literature that such patients experience worse patient outcomes. Hospitals may need to revisit their policies regarding outlying patients as increased LOS is associated with an increased likelihood of harm events, worse quality of care and increased healthcare costs.

https://bmjopen.bmj.com/content/bmjopen/7/5/e015676.full.pdf

- Arrived late at hospital and late on ward (full hospital)
- Outlier
- **Infrequent consultant reviews**

Betty had infrequent senior reviews

Twice *weekly* consultant ward rounds *compared with* twice *daily* ward rounds

Impact:

- **Over study period, no change in length of stay on 'control' wards**
- **Average length of stay on study wards fell from 10.4 – 5.3**
- **No deterioration in other indicators (readmissions, mortality, bed occupancy)**

The impact of twice-daily consultant ward rounds on the length of stay in two general medical wards
Aftab Ahmad, Tejpal S Purewal, Dushyant Sharma and Philip J Weston*Clinical Medicine* 2011, Vol 11, No 6: 524–8

Symptoms

- Arrived late at hospital and late on ward (full hospital!)
- Outlier
- Infrequent consultant reviews
- **Late therapy assessment and intervention**
- **Managed on a non-frailty pathway**
- **Too long in bed - #EndPJparalysis**

Betty moved 10-100 steps per day and didn't get dressed

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%**
- **VO_2 Max by 8-15%**
- **Muscle strength – 5-10%**
- **FRC – 15-30%**
- **Skin integrity**

#endPJparalysis
get up get dressed be active

Symptoms

- Arrived late at hospital and late on ward (full hospital!)
- Outlier
- Managed on a non-frailty pathway
- Infrequent consultant reviews
- Late therapy assessment and intervention
- #EndPJparalysis
- **2nd degree problems: confusion, incontinence, falls**
- **Written off - assessed as having 'no rehab potential'**

Symptoms

- Arrived late at hospital and late on ward (full hospital!)
- Outlier
- Managed on a non-frailty pathway
- Infrequent consultant reviews
- Late therapy assessment and intervention
- #EndPJparalysis
- 2nd degree problems: confusion, incontinence, falls
- Written off - assessed as having 'no rehab potential'
- **She didn't really know what the plan was**

Questions patients and their loved ones should know the answer to

1. ***Do I know what is wrong with me or what is being excluded?***

2. ***What is going to happen now, later today and tomorrow to get me sorted out?***

3. ***What do I need to achieve to get home?***
   What does 'back to baseline' mean?

4. ***If my recovery is ideal and there is no unnecessary waiting, when should I expect to go home?***

The last 1,000 days: What happens when patient time becomes the most important currency in healthcare #last1000days

Then, in a moment of inspiration, a fully formed construct of patient time emerged in my head. It goes like this: in most developed countries, if you're a Caucasian woman, you can expect to live to the age of 83. If you are a Caucasian 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 do you have left?

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*

If you had 1000 days left to live how many would you choose to spend in hospital?
Patients' time is the most important currency in health and social care
#Last1000days #EndPJparalysis

#last1000days

https://www.youtube.com/watch?v=kbdjhN2471c

Simon Weldon
@simonweldonkgh

Following

Feedback from the relative of a patient that talks to the importance of time:

'When you have a life limiting illness each moment becomes precious, waiting a minute feels like 10, waiting 10 minutes feel like half an hour. And waiting half an hour feels like an eternity'

4:24 am - 10 Sep 2018

29 Retweets **52** Likes

1 29 52

#last1000days

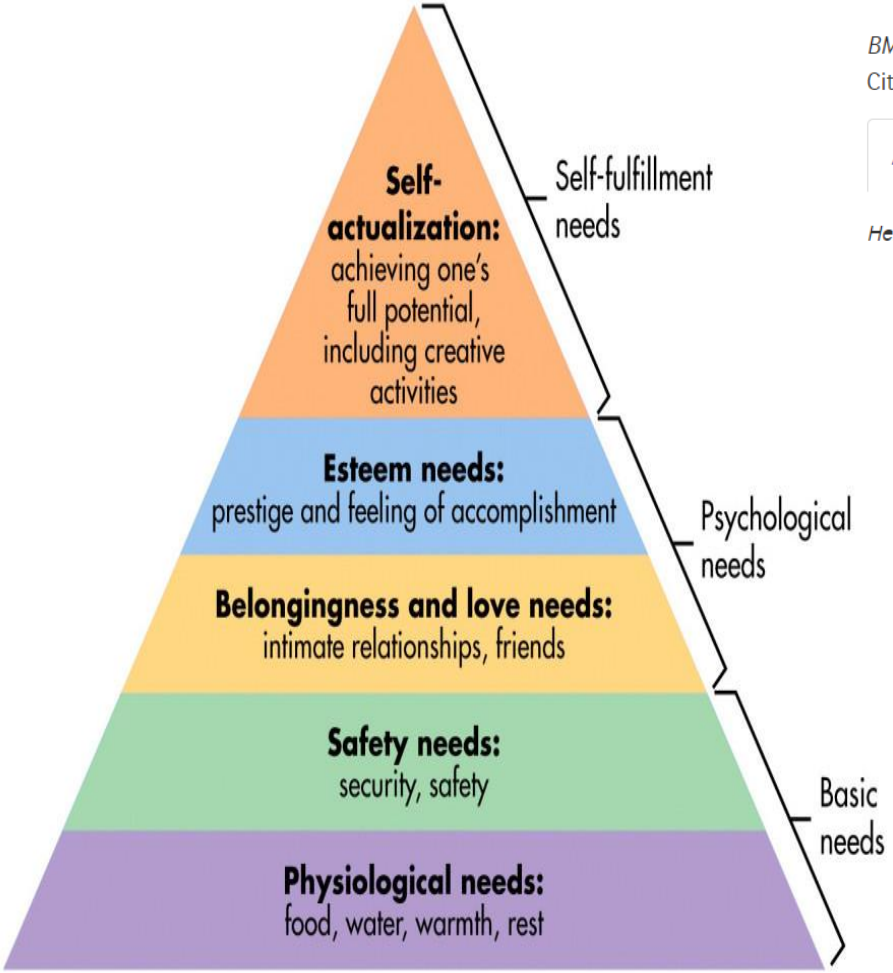
Nathan
@NathanM_OT

When referring to patients length of stay, rather than saying “they have been in for ____ days” we should say “they have been AWAY from home for ____ days” #wherebestnext #homefirst #LLOSreview #Red2Green #valuetime #endPJparalysis @NHSImprovement @ECISTNetwork

1:06 pm - 20 Aug 2019

103 Retweets **456** Likes

What matters to me?



Views And Reviews » Primary Colour

Helen Salisbury: Balancing patient safety and autonomy

BMJ 2019 ; 366 doi: https://doi.org/10.1136/bmj.l4948 (Published 20 August 2019)
Cite this as: *BMJ* 2019;366:l4948

Helen Salisbury, GP

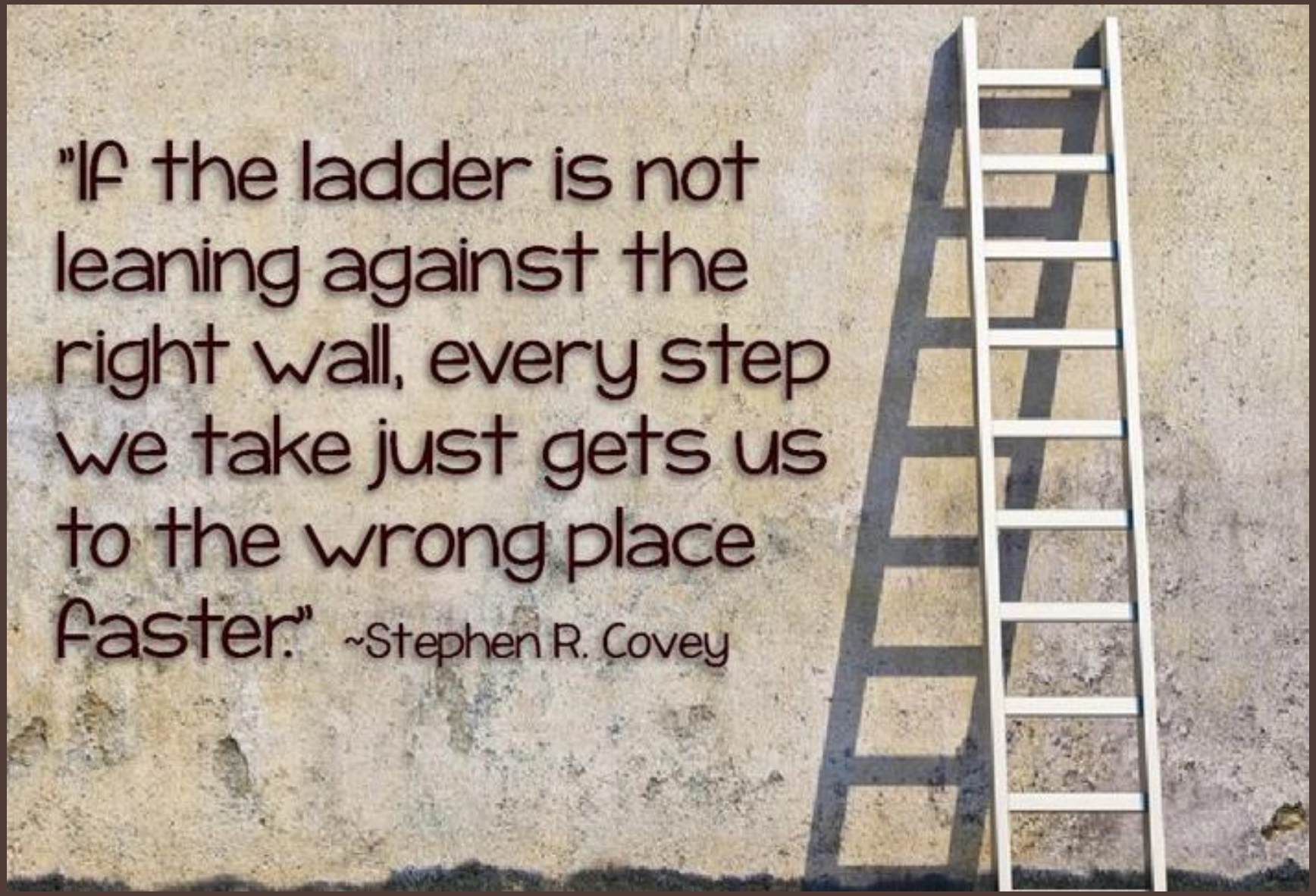
"Perhaps, instead of focusing solely on safety—which appears near the bottom of Maslow's hierarchy of human needs—we should also set our sights higher and understand the necessity of freedom and purpose"

https://www.bmj.com/content/366/bmj.l4948

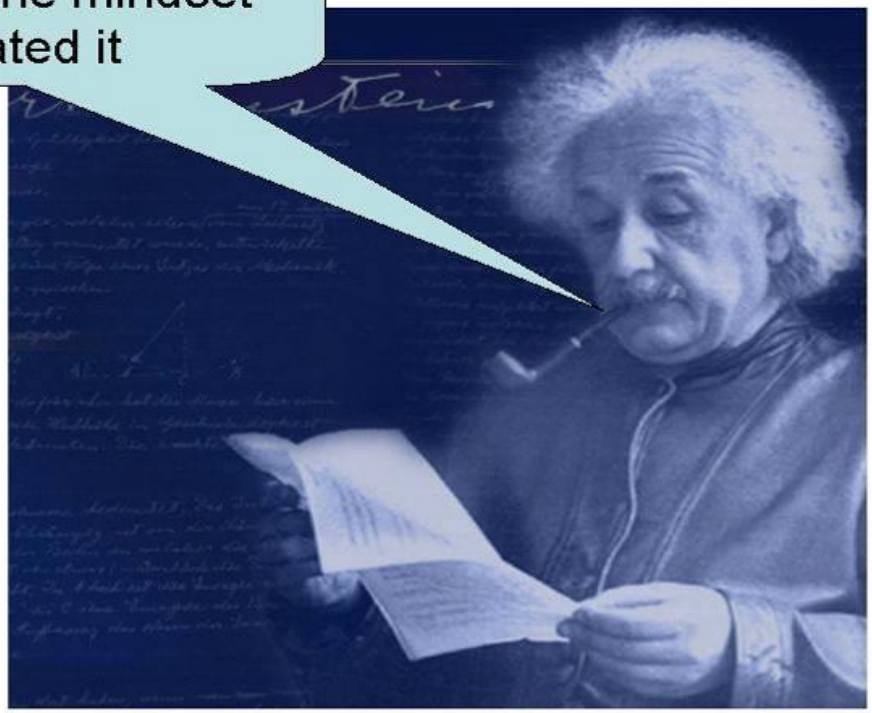
GERONTOLOGISTS
are like
ARCHEAOLOGISTS,
THEY LOOK
PAST WHAT OTHERS SEE
AS
RUINS
to the
Beauty
that LIES WITHIN.
@crabtree-amelia.

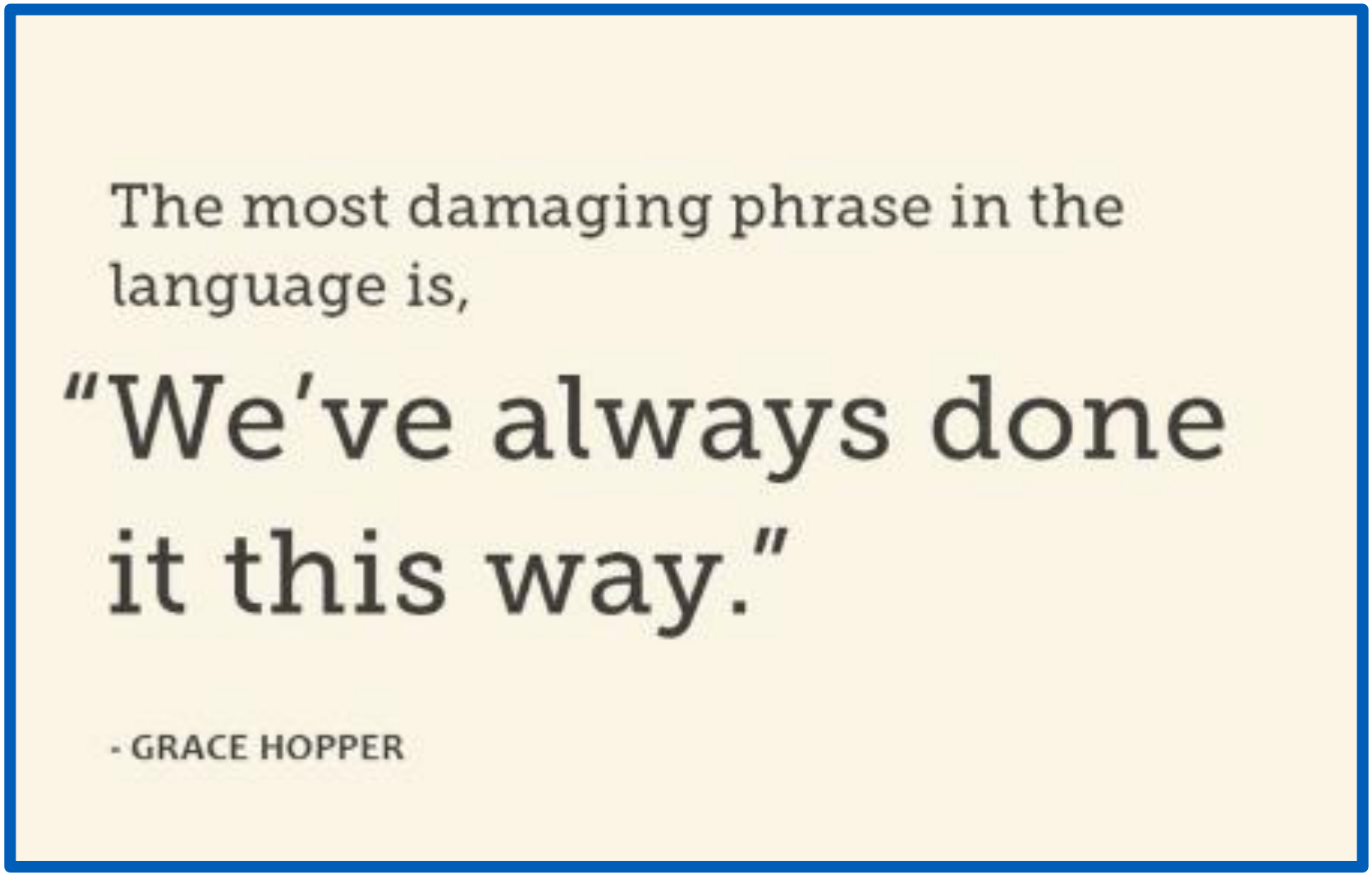
You don't change culture through emails and memos. You change it through relationships... one conversation at a time.

@SteeleThoughts


"If the ladder is not leaning against the right wall, every step we take just gets us to the wrong place faster." ~Stephen R. Covey

You will never solve the problem with the mindset that created it



Albert Einstein

The most dangerous phrase