

End PJ Paralysis: An initiative to reduce patient's functional decline

By Sue Sweeney, Shane Crowe, Wendy Watson, Bodil Rasmussen, Karen Wynter and Sara Holton

ABSTRACT

End PJ Paralysis is a patient and clinician engagement model that originated from the National Health Service (NHS) in the United Kingdom and was adapted to the Australian context by Western Health (WH).

The model aims to reduce functional decline by encouraging patients to get up, dressed in everyday clothes, and moving. End PJ Paralysis is a nurse-led initiative, implemented in all five WH hospitals with a focus on acute and subacute ward beds (approximately 500 beds) and included both patient and nurse education campaigns.

The initiative was launched with a very successful whole of organisation 'wear pyjamas to work' day, including the CEO, executives and senior clinicians.

We found that the initiative reduced the number of falls, the number of hospital-acquired pressure injuries and patient's length of stay; and improved patient experiences: the patients reported that they felt 'better' and 'more like themselves' when they were dressed in their own clothes. Nurses and midwives also reported positive experiences.

End PJ Paralysis is an effective and acceptable way to reduce the impact of immobility associated with staying in bed, by supporting hospital inpatients to get up and get moving.

KEY WORDS

Immobility, functional decline, falls, pressure injuries, length of stay, patient experience

KEY POINTS

Immobility in hospital can have multiple adverse consequences for patients, including deconditioning, loss of functional ability and cognitive impairment, all of which have the potential to increase a patient's length of stay.

End PJ Paralysis is an effective and acceptable patient and clinician engagement model which reduces the impact of immobility associated with staying in bed, by supporting hospital inpatients to get out of bed and moving.

Initiatives that encourage mobilisation and reduce or prevent a decline in hospital inpatients' physical function appear to have a positive impact on patient outcomes and may reduce healthcare resource utilisation.

INTRODUCTION

Immobility is a common problem for hospital inpatients (Mahoney 1998). It can lead to deconditioning, functional decline, cognitive impairment, an increased risk of falls (Mahoney 1998), and complications such as pressure injuries, pneumonia, deep vein thrombosis and urinary tract infection (Lindgren et al. 2004; Wu, Li et al. 2018). All of these consequences of immobility have the potential to increase a patient's length of stay and reduce their quality of life (Hoyer et al. 2016; Wu et al. 2018).

To improve patient outcomes and promote earlier discharge, initiatives which target mobilisation are required. The End PJ Paralysis initiative (Health Service 360 2020), which was started in the United Kingdom (UK) in 2016 by nurse educator Professor Brian Dolan, aims to get patients in acute hospital wards out of bed, dressed and moving, and reduce the time patients spend in hospital by putting an end to 'pyjama paralysis'.

The initiative is based on the premise of promoting functional independence and early mobility during a patient's admission (Ward et al. 2018). Having patients in their day clothes while in hospital, rather than in pyjamas (PJs) or theatre gowns, enhances their dignity and autonomy and has the potential to reduce their length of stay.

The End PJ Paralysis model, shifts a patient's perception from 'I'm sick' to 'I'm getting better'. The initial program in the UK resulted in improved patient care; reduction in falls, pressure injuries and length of stay; enhanced patient wellbeing; and high levels of staff satisfaction (Fitzpatrick et al. 2019).



Western Health CEO Russell Harrison (centre back row) and staff at the 'wear pyjamas to work' day (26/6/19). *



PROJECT OVERVIEW

Western Health provides healthcare services to the western region of Melbourne, which has a population of approximately 800,000. Western Health (WH) manages three acute public hospitals as well as a day hospital and transition care program. A wide range of community based services are also managed by Western Health, along with a large Drug and Alcohol Service.

Western Health adapted End PJ Paralysis to the Australian context. In contrast to other health services in the UK and Victoria which have implemented the program, Western Health conducted the program across all four of its hospitals (as opposed to the usual one ward in other settings), created its own marketing material which included posters and brochures for staff and patient education, and adapted the program's microsite which records data about the program so that it was specific to Western Health.

End PJ Paralysis was implemented at Western Health in mid-2019. Western Health wanted as many patients up and dressed in their own clothes by 10am.

Based on the outcomes of the UK study, the End PJ Paralysis initiative at Western Health aimed to improve the safety and quality of the healthcare delivered on inpatient wards by reducing the number of falls, hospital acquired pressure injuries and length of stay; and have a positive impact on patient experience and staff satisfaction.

The initiative was also consistent with the new national Comprehensive Care Standard (Australian Commission on Safety and Quality in Health Care 2019) which includes

management and prevention of falls and pressure injuries, cognitive impairment and poor nutrition.

The End PJ Paralysis campaign emphasises the quality of patient time and experience by involving staff in a 100 Day Challenge. The purpose of the 100 Day Challenge is to focus attention on getting patients mobile earlier, create a bit of fun and a competitive spirit while introducing, and encouraging staff commitment to, a different way of working.

Western Health participated in the End PJ Paralysis 100 Day Challenge from June–October 2019. As part of the challenge, staff encouraged patients (where appropriate) to bring their day clothes and well-fitting shoes to hospital, along with their nightwear and toiletries. Western Health staff were also encouraged to wear their pyjamas to work for one day at the start of the campaign and encourage patients to 'Get Up, Get Dressed and Get Moving'. It was hoped by wearing their pyjamas to work for a day, staff would provide a visual prompter to get patients thinking about the benefits of getting back into their regular clothes sooner to aid their recovery and get home quicker. The day was well supported by the Western Health leadership team, including the CEO, executive team and senior clinicians who all wore their pyjamas to work. Prizes were awarded for the 'best dressed' staff member and 'best decorations' in hospital wards, and the day was promoted on Western Health social media.

Training was also provided to Western Health staff to support the implementation of the program. This included online training, a

one day face-to-face workshop, fortnightly webinars and regular email updates about best-practice data collection, key messages such as the value of patients' time, and sharing successes, challenges and knowledge.

An education campaign for staff and patients was also introduced. This education campaign aimed to empower clinicians to use their clinical judgement for each patient and helped staff identify which patients were spending unnecessary time in bed.

Brochures and information were given to patients, carers and staff about the benefits of the program and helping patients to become more mobile. These included innovative and fun communication methods such as flyers for patients' meal trays, a 'doctor's script pad' poster, and email signature blocks for staff.

Western Health volunteers were also involved, assisting with patient information and arranging a clothes drive for patients who did not have easy access to clothes of their own.

The End PJ Paralysis program was implemented across all Western Health hospitals, which included a total of 500 beds in acute and subacute wards. The program was successfully undertaken at a time when there were many competing priorities and much change occurring at Western Health. This included the opening of a new hospital (Joan Kirner for Women and Children), the implementation of an electronic medical record system, and expansion of the emergency department at Sunshine Hospital.

CLINICAL UPDATE

RESULTS

During the challenge data were collected about the possible indicators of the success of the program including twice weekly data about the number of patients who were in their clothes at 2pm, mobilised by 2pm and ate their lunch out of bed, daily and overall data about the number of falls, new pressure injuries, and length of stay.

PATIENTS DRESSED AND MOBILISED

The campaign increased the number of patients who were mobilised from around 50% to almost 80%, and those who were dressed increased from about 40% to 50-60% (depending on the ward).

The average number of patients who were dressed in one 36 bed ward before the campaign was only two, and this increased to between 20-25 during the campaign. Before the campaign, 18 patients (in the 36-bed ward) were mobile, and during the campaign, an additional four patients were out of bed and mobilising in this ward.

PATIENT FALLS

The number of inpatient falls per 100 bed days decreased after the End PJ Paralysis campaign was implemented (Table 1).

See Table 1

PRESSURE INJURIES

There was a decrease in hospital acquired pressure injuries per 100 bed days from before the campaign. The reduction in pressure injuries continued after the campaign had finished.

See Table 2

LENGTH OF STAY

Although the average length of stay increased slightly during the campaign, it decreased after the 100-day campaign had finished.

See Table 3



PATIENT FEEDBACK

The End PJ Paralysis campaign improved patient experience at Western Health, and patients reported that they valued the opportunity to dress in their everyday clothes while in hospital.

My father is so proud and has always taken such a pride in the way he dresses. He rarely left the house without a shirt and tie. I know he would be embarrassed for his family and friends to see him in pyjamas. Wearing clothes has given him back his dignity, and he seems so much happier. (Daughter of an elderly patient admitted to Western Health)

I know I am not 100% well enough to go home, but I feel so much better walking around in my own clothes. (Western Health patient)

I feel more like me and want to do more. (Western Health patient)

I like myself better when I am dressed and in my own clothes. (Western Health patient)

STAFF FEEDBACK

Across all sites, Western Health staff appeared to engage with the program and provided positive feedback, including about the 'wear pyjamas to work' day.

I just wanted to let you know that wearing PJs to work was a great initiative. It seemed to relax people, and I had one of the best days at work in my two years of being here - it brought many of the departments together in a relaxed and fun way. It's a great initiative for improving patient care, and I did notice that staff did realise how it feels for patients wearing PJs during the day. (Western Health nurse)

DISCUSSION

The End PJ Paralysis initiative implemented at Western Health appears to have reduced the number of falls on each ward, the number of hospital-acquired pressure injuries and length of stay; and improved patient and staff experience. It is expected

these positive trends will continue given the substantial education about the importance of patient mobilisation and the continuing support and commitment of Western Health.

Although there were a number of potential barriers to implementing the initiative, such as ensuring patients had clothes available and laundered, several factors contributed to the project's success:

- Leadership support was crucial;
- Multidisciplinary involvement was vital to the program's success;
- Staff already exposed to a large amount of change required a simple message of improving care with minimal effort;
- Fun 'Western Health' cartoon images and keeping the message visual and simple were a key success factor in capturing the attention of staff, patients and visitors;
- Having the whole organisation wear pyjamas resulted in commitment to the challenge from Western Health staff;
- Success and learnings about the challenge were able to be shared by participation in global and state-wide conferences, and communication within Western Health via internal presentations and staff newsletters; and
- Recognition that the health service needs to closely monitor falls, pressure injuries and length of stay after the initial initiative to ensure continued improvement.

CONCLUSION

Deconditioning through prolonged bed rest is one of the most common reasons for delayed discharge from hospital, with prolonged immobility a major factor in the decline in muscle strength and muscle mass, as well as physical and cognitive function. The End PJ Paralysis campaign has had significant benefits for Western Health patients and assisted Western Health to deliver the best possible patient care.



TABLE 1 | Inpatient falls per 100 bed days

Time Period	Total bed days	PI developed in hospital	PIs per 100 bed days	% Change (compared to the previous time period)
Pre (01/04/2019 - 30/06/2019)	80,058	67	0.084	
End PJ Paralysis (01/07/2019 - 30/09/2019)	81,875	68	0.083	-0.8%
Post (01/10/2019 - 31/12/2019)	79,230	65	0.082	-1.2%

Table 2 | Pressure injuries developed in hospital per 100 bed days

Time period	Total bed days	Inpatient falls	Falls per 100 bed days	% Change (compared to the previous time period)
Pre (01/04/2019 - 30/06/2019)	80,058	543	0.678	
End PJ Paralysis (01/07/2019 - 30/09/2019)	81,875	539	0.658	-2.9%
Post (01/10/2019 - 31/12/2019)	79,230	523	0.660	0.3%

TABLE 3 | Average length of stay

Time Period	Number of inpatient episodes	Average length of stay (excluding HITH and ICU)	% Change (compared to the previous time period)
Pre (01/04/2019 - 30/06/2019)	35,226	1.86	
End PJ Paralysis (01/07/2019 - 30/09/2019)	35,911	1.88	1.2%

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* Please note that the photos were taken before the COVID-19 pandemic and physical distancing.