ENDING PJ PARALYSIS: A QUALITY IMPROVEMENT INITIATIVE

Authors

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INTRODUCTION

- PJ paralysis has been defined by AHS as being 'the negative physical and psychological effects experienced by patients who spend lengthy periods of time inactive, and in their pajama's while in hospital'.
- Commonly recognized complications associated with prolonged immobility (and PJ Paralysis) includes: loss of muscle strength (by up to 1-5% a day)[1], functional decline[2-3], infections, pressure sores and an increased length of stay.
- Despite these complications, PJ paralysis remains a frequent finding amongst hospitalized patients, especially hospitalized seniors, who are potentially the most vulnerable population and those most likely to develop such complications.
- Currently, on unit 5G2, 0 - 16.6 % of patients are changed out of hospital wear and dress in their own clothing, whilst 33% of all patients are sat up for all meals.

AIM STATEMENT

50% of geriatric patients on 5G2 will be up and dressed in their own clothing by 12pm daily, sat up for all three meals, and walked to activities, by the end of October 2019

MEASURES

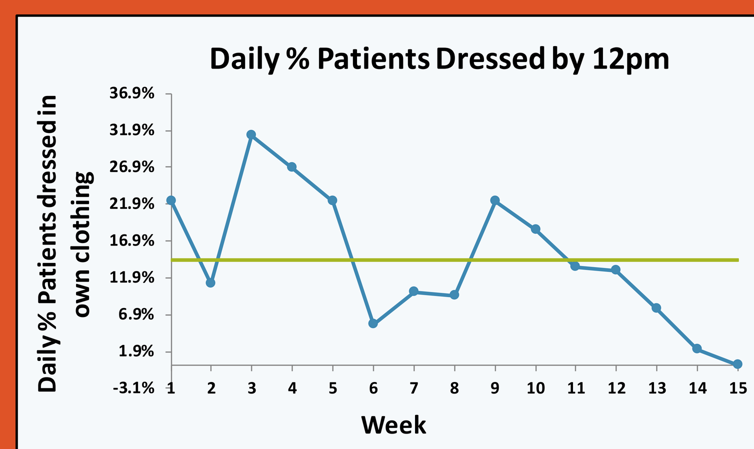
Outcome measures	Process measures	Balancing measures
Daily % Patients dressed Daily % Patients up for all 3 meals # Patients mobilized to activities per day Change in awareness of PJ paralysis Proportion Patients participating in activities Total % Patients up for 2/3 meals Total % Patients dressed in own clothing	Total # study brochures distributed Education session attendance: - Total # unit staff attendance - Physician attendance - Nursing staff - MDT # education sessions held # provider-physician conversations Patient - days with mobilization Patient - days in own clothes # physician orders written	Change nursing assessment time Change staff morale over workload Average # staff during care assessment Complication rate: Falls Restraints LOS Change in mobility status Change in disposition Pressure ulcer Patient satisfaction Patient complaints Adverse event reporting

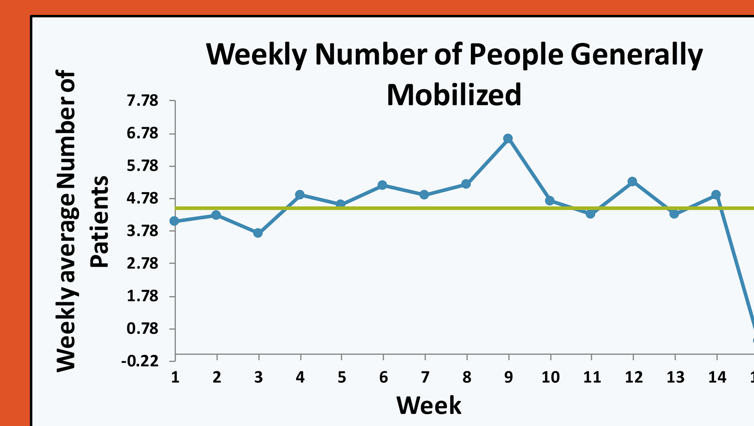
RESULTS

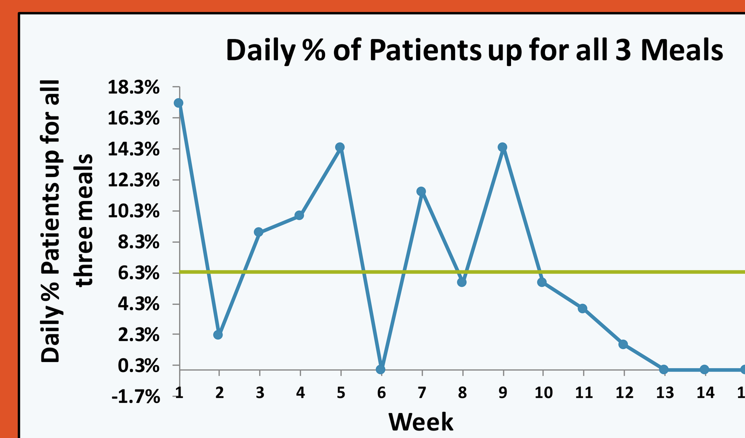
Sample Size: 70

Mean Age (years): 80.2 (SD 8.8)

Outcome Measures





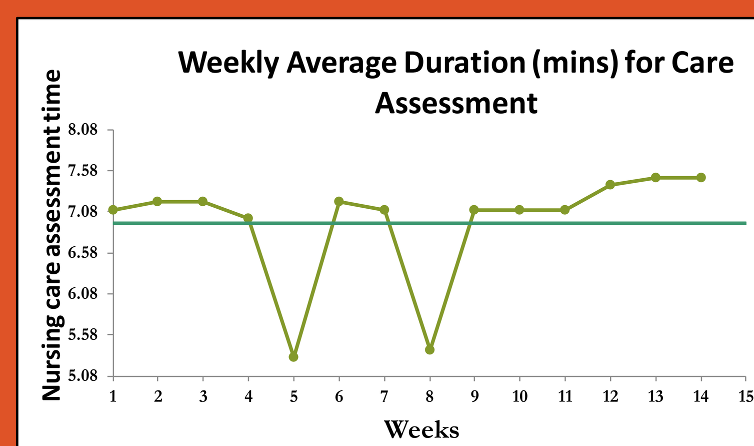


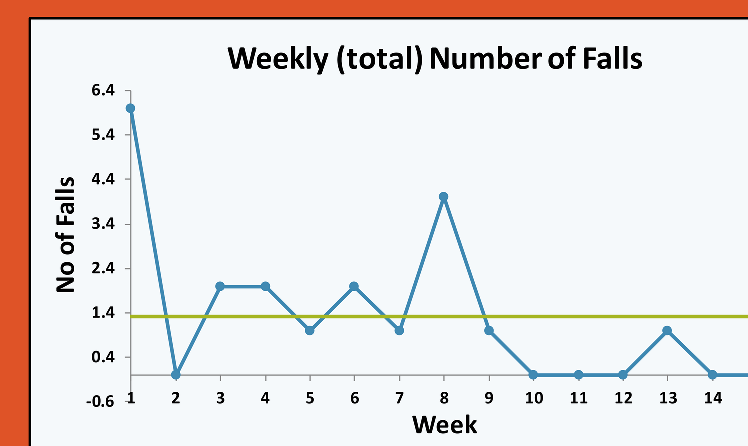
FEEDBACK

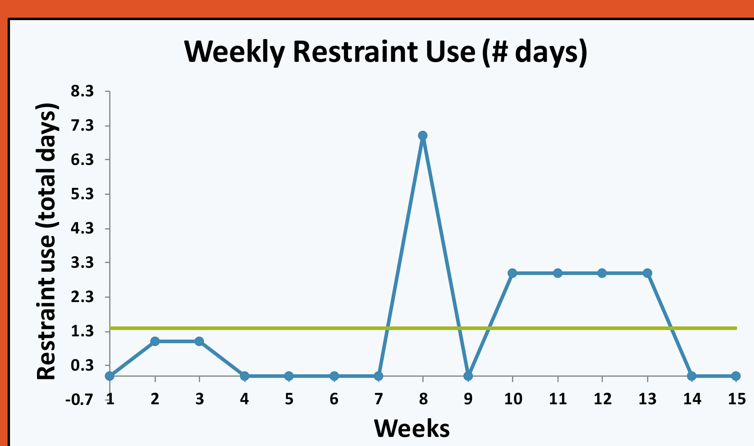
Staff (n=8)
Most staff felt PJ paralysis was a problem which was solvable as a team.
While some staff reported trouble with having clothing brought for several reasons (no family, family unwilling to wash clothing), only 3 staff experienced difficulties with clothing getting mislaid.
50% noticed a positive change in patients attitude
While some staff reported difficulties with getting some patients up (e.g. patient refusal, medical acuity), they were often able to get them up
Although 60% reported complications with getting patients up for meals and activities (due to staff numbers and limited time), the same number of staff noticed improvements in patients mobility with getting them up.

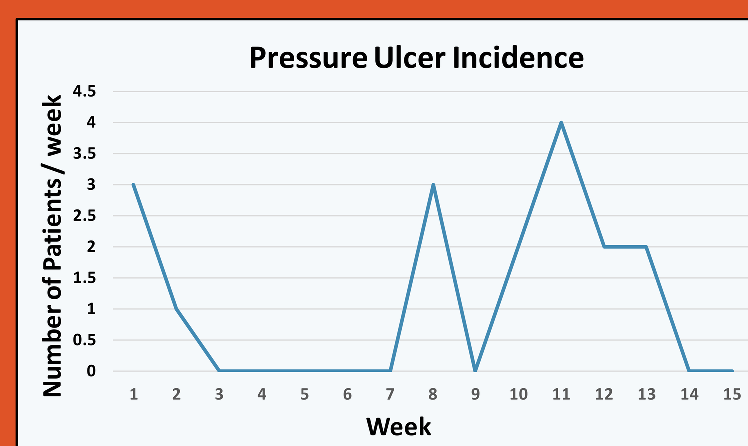
Patients / Family (n=9)
50% felt the intervention had changed their perspective from being 'sick' to 'getting better' and made them feel more like a person, and helped return self identity.
50% felt it helped develop a regular routine and made them more likely to get out of bed.
50% felt their mobility improved or believed it would help improve mobility.
The vast majority of patients had no issues with bringing in clothing.
Most felt it was a useful initiative and is beneficial.

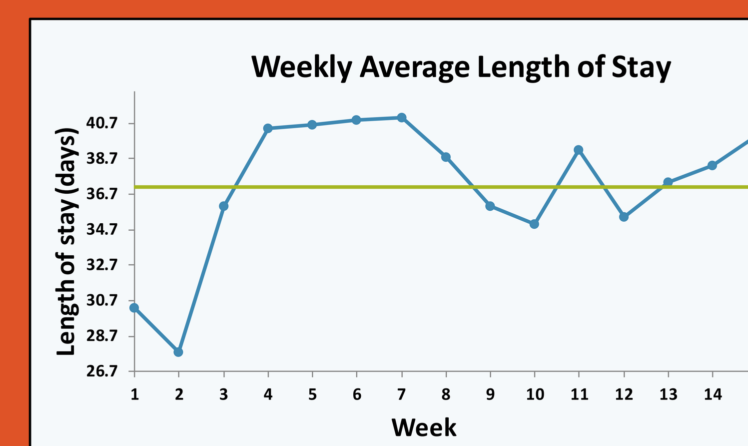
Balancing Measures











METHODS

- The study was conducted over 4 months (July – October 2019 on unit 5G2 at the University of Alberta hospital.
- All patients (geriatric and neurology) were included in the study.
- The study launch coincided with the national End PJ paralysis campaign, and involved education of unit staff and physicians about the study.
- Pre and post intervention feedback was collected from patient / family members and unit staff around their knowledge of PJ paralysis and about the study.
- The intervention involved setting a ward standard that all patients should be dressed in their own clothing by midday, up for all 3 meals and mobilizing to activities, with assistance (as needed) by the multidisciplinary team.
- Standardized weekly data sheets were located on every patients whiteboard, for completion by anyone.
- Patients were provided with educational materials about ending PJ Paralysis, which included brochures, posters and a magnet.
- Physicians were requested to write patient admission orders as above.
- Regular, consistent communication about the study was provided verbally, at rapid rounds, and in the communication book .

STUDY LIMITATIONS

- The study was conducted during the pre-implementation phase of Connect Care (Hospital wide EMR) and coincided with another study, resulting in competing demands for unit staff.
- The significant use of float staff meant that not all staff were not aware of the staff.
- The diversity in care requirements of the unit population resulted in limiting full application of the intervention.
- Lack of standardization in how and where documentation of patient care limited how accurately many measures could be traced.

DISCUSSION

- The intervention was simple, low cost and overall well accepted by patients and staff, resulting in half of patients experiencing an improvement in self identity.
- Although there was little change observed in rates of restraints, pressure ulcer or length of stay, a trend was seen towards decreased rate of fall, with no significant change in the number of staff required or care assessment duration.
- While little change was seen in complication rate, sustainability of the intervention was seen by continued uptake and implementation of the intervention by unit staff post study termination.
- Future plans includes a second cycles of the study in 2020.

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