**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), functional decline, 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 into their own clothing by 12pm daily, sat up for all three meals, and walked to activities, by the end of October 2019.

**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.

**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.

**RESULTS**

<table>
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<th>Outcome Measures</th>
<th>Process Measures</th>
<th>Balancing Measures</th>
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<tr>
<td>Daily % Patients Dressed at 12pm</td>
<td>Weekly Number of People Generally Mobilized</td>
<td>Weekly Average Duration (mins) for Care Assessment</td>
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<td>Weekly Number of People Generally Mobilized</td>
<td>Weekly Average Length of Stay</td>
<td>Monthly Number of Patients Dressed in own clothing</td>
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**MEASURES**

- Daily % Patients Dressed: 0 - 16.6% of patients are changed into their own clothing by 12pm daily.
- Daily % Patients Mobilized to Activities: 0 - 16.6% of patients walked to activities by 12pm.
- Change in Awareness of PJ paralysis: 0 - 16.6% of patients were aware of the staff before and after the intervention.

**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 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.

**REFERENCES**

3. Covinsky KE, Pierluissi E, Johnston CB. Hospitalization-associated disability: “She was probably able to ambulate, but I’m not sure.” JAMA 2011;306:1782-93.