SHIFT HAPPENS HERE

Julie Caldwell & Dr Terri Hunter
NHS GG&C
Start of session

Brain image; M.D. Van Weeden, Dept. Radiology, Harvard U Medical School.  Brain pathways geometric architecture uncovered with diffusion MRI
End of session?
<table>
<thead>
<tr>
<th>Core Principle</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcoming</td>
<td>We <em>welcome</em> and encourage the involvement of the people who matter to patients.</td>
</tr>
<tr>
<td>Patient led</td>
<td>We are guided by patients: <em>when</em> the people who matter will visit, <em>how</em> they would like them involved in their care, and <em>when</em> they want to rest.</td>
</tr>
<tr>
<td>Partnership</td>
<td>We work in <em>partnership</em> with the people who matter to patients.</td>
</tr>
<tr>
<td>Flexibility</td>
<td>We have <em>no set visiting times</em>.</td>
</tr>
<tr>
<td>Respect</td>
<td>We <em>respect</em> peoples’ individual needs and act on an individual basis to ensure the <em>safety, privacy</em> and <em>dignity</em> of all patients. This means there may be times when we need to ask people to leave a clinical area temporarily.</td>
</tr>
</tbody>
</table>
A.M.R.U

- 68 beds ... each bed can be emptied/ filled 3 times per day
- 19 single rooms - all other beds are in 4 bedded bays
- Constant receiving - 24 hours per day
- 2 consultant led ward rounds per day
When it all began!

- Patient centred care collaborative had been implementing improvement work in ward since 2016
- AMRU had reaped the benefits of the input-now achieving 100% good feedback from patients 😊
- Was at a meeting with PCC and discussion surrounding PC visiting took place
Why we should....

• Improvement to patient experience-it can be scary being in hospital-having a loved one there can only help reassure, especially if there are cognition issues with the patients.

• Loved ones can assist with patient care and support the nurses get to know the person and their loved ones

• AMRU was used to having relatives around during periods of admission.....
Why the change

• .....we were almost delivering patient centred visiting as we rarely refused relatives admission to unit-with exception of-

• During meals times

• During personal care (of other people in the 4 bedded rooms)

• During ward rounds and any emergencies within that room.
We went Patient Centred....

- On day of meeting!
- Changed signage
- Told *nursing* staff-updated huddle board and staff newsletter
- Removed any restriction to visiting-
How are we coping?

• Use of a patients day timeline poster-really useful and less visitors attending at ward round time/mealtimes
• Staff now much more person centred
• Examples of benefits of person centeredness from feedback and from downstream ward feedback.
Changing to this Person Centred Visiting Culture

**Welcoming**
We *welcome* and encourage the involvement of the people who matter to patients.

**Patient led**
We are guided by patients: *when* the people who matter will visit, *how* they would like them involved in their care, and *when* they want to rest.

**Partnership**
We work in *partnership* with the people who matter to patients.

**Flexibility**
We have *no set visiting times*.

**Respect**
We *respect* peoples’ individual needs and act on an individual basis to ensure the *safety, privacy and dignity* of all patients. This means there may be times when we need to ask people to leave a clinical area temporarily.
Why is change difficult?

- The majority of change initiatives fail to improve organisational performance.
- 57% of organisations suffer productivity decline during change.
- 66% change initiatives don’t achieve desired result.
70% of change fails due to people resistance.

Brain cells continuously form 1000’s of new connections and pathways each day.

What’s going on?
Shift happens!
when effort and attention are applied

Focus in 3 areas to change culture

Knowledge of how brain functions

Focus on working in harmony with brain
Changing culture means changing all 3

Priorities: Raising awareness & importance of the desired changes / outcomes

Habits: Behaviours we want to see or hear people doing

Systems: The processes and systems that support or undermine the behaviours we want
What drives us lies beneath
A well-worn path is easier to travel
-habits prevail

PFC
Reflective
Purposeful
Slow serial processor
Energy intensive
Overwhelmed during change
Written rules -what we say we will do

Limbic System
Reflexive
Automatic
Fast
Energy efficient
Habits in basal ganglia
Takes over when PFC tired / stressed
Unwritten rules -what we actually do
Reshaping our habits

Attention + Practice + Positive Feedback + Ritualised behaviour = ‘self directed neuroplasticity’

new habits form in basal ganglia
1:2:4 model of brain functioning

1. Min threat
   Max reward

2. Conscious / Non-conscious modes

3. Emotion
   Thinking
   Feeling
   Self regulation

4
“1” - brain has an overarching principle
“2” - PFC & Limbic compete

PFC
Conscious
40 bits/sec *

Limbic
Non-conscious
10,999,960 bits/sec *

2 - PFC & Limbic compete
5 x ‘threat’ to ‘reward’ circuits
What pushes our Threat vs Reward?
Mirror neurons

- Vital in leadership of others
- Humans are social animals - we want to be connected & part of group
- Our ‘social brain’ predisposes us to understand and copy others actions/emotions
<table>
<thead>
<tr>
<th>5 Drivers of Behaviour</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Autonomy</strong></td>
</tr>
<tr>
<td>Brain needs control over it’s own decisions, doesn’t like being told what to do</td>
</tr>
<tr>
<td><strong>Personal</strong></td>
</tr>
<tr>
<td>Self awareness, unique individual factors, current situation</td>
</tr>
<tr>
<td><strong>Prediction</strong></td>
</tr>
<tr>
<td>Brain needs to accurately predict &amp; have expectations met - it dislikes change</td>
</tr>
<tr>
<td><strong>Equity</strong></td>
</tr>
<tr>
<td>Brain needs exchanges to be fair and equal, all treated equitably</td>
</tr>
<tr>
<td><strong>Affiliation</strong></td>
</tr>
<tr>
<td>Brain needs to belong - affiliation to in-group vs out-group, dislikes strangers</td>
</tr>
<tr>
<td><strong>Regard</strong></td>
</tr>
<tr>
<td>Brain needs to have high regard for self and from others, status and competence</td>
</tr>
</tbody>
</table>
My **APPEAR**rance
-find others like me

<table>
<thead>
<tr>
<th>Like / Need</th>
<th>Irritate / Stress</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Autonomy</td>
<td>Being told what to do, no control over your own situation</td>
</tr>
<tr>
<td>--------------------------</td>
<td>----------------------------------------------------------</td>
</tr>
<tr>
<td>Personal</td>
<td>Self awareness, unique individual factors, current situation</td>
</tr>
<tr>
<td>Prediction</td>
<td>Being told one thing and a different outcome happens</td>
</tr>
<tr>
<td>Equity</td>
<td>Getting treated differently for the same work output</td>
</tr>
<tr>
<td>Affiliation</td>
<td>Teams splitting up, working with strangers</td>
</tr>
<tr>
<td>Regard</td>
<td>Not being recognised for what you do</td>
</tr>
</tbody>
</table>

**How Threat might **APPEAR**?**
| **Autonomy**  | Create opportunity for people to shape the actions initiatives they will need to take in order to implement the change |
| **Personal**  | Consider the cultures and values of each group or department and whether aligns with change - what can it bring? |
| **Prediction** | Be upfront about what is certain, and what is not. Communicate clearly about the issues on which you are certain - scenario planning? |
| **Equity**    | Ensure that people are treated in an open and transparent manner. Do not hide the ‘elephant’ in the room or give ‘free rides’ |
| **Affiliation** | Build cross functional trust by finding commonalities, shared experiences and stories - allow people to be personal and human |
| **Regard**    | Give people an opportunity to contribute and be consulted - particularly in the areas in which they are competent |

**APPEARance is everything!**
What one change will I make?
15 steps in......workbook to apply
- **Body posture** - sit or stand, face to same level, “open’ stance, want to be there

- **Eye contact** - good appropriate level of eye contact, cultural differences

- **Touch** - light touch can convey empathy- appropriate, cultural and permission

- **Facial expressions** - most of what we are thinking is on our face!

What do we really say without words?
Let’s get Emotional!
### Being Emotional

<table>
<thead>
<tr>
<th>Easy to read</th>
<th>Hard to read</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Limbic
PFC
Non-conscious
10,999,960 bits/sec *
Conscious
40 bits/sec *

Questions??