Person Centred Visiting

Autumn Learning Day

#NHSGGCPCVEvent1
Housekeeping
Ground rules

• Inclusivity
• Respect
• Collaboration
• Key messages from the work to date
• A safe space for honest conversations
• Participation
• Keep to time.
## Morning Programme

<table>
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<tr>
<th>Time</th>
<th>Topic</th>
<th>Speaker</th>
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<tbody>
<tr>
<td>9:30 – 9:55</td>
<td>Welcome</td>
<td>Jen Rodgers, Chief Nurse</td>
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<td>9:55 – 10:25</td>
<td>Why Person Centred Visiting matters to our family</td>
<td>Marion McArdle, Carer</td>
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<td>10:25 – 10:45</td>
<td>Project overview</td>
<td>Rachel Killick, Lead Clinical Improvement Coordinator</td>
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<td>10:45 – 11:00</td>
<td>Break</td>
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Person Centred Visiting
But a very little reflection will clearly convince any thinking person that... If you take away a sick child from its Parents or Nurse, you break its heart immediately.

Dr George Armstrong (1769)
Recognise these reasons?

• Platt report received muted reception from professional groups
• Not practical for the following reasons:
  • Need for rest and recuperation
  • Infection control
  • Interference interruption of work-flow

Why and how did this change happen?

• Mother Care for Children in Hospital (1961)
• Assoc. Wellbeing of Children in Healthcare (1973)
  • 1982 survey
    48% had visiting restrictions
  • 1986 survey
    85% full access for parents & siblings
• 2019?
What matters to me. What matters to my family
Hi!

I've been Knitting since I was 4 years old. Now I'm not able to get out very much, Knitting helps fill my day, I love it. My youngest daughter (50) was a premature baby. Born on the 25th Aug. Birth date the 5th Nov. Her weight was 3lb. I got her home 1 week before her birth date. All the time she was in the Nursery, I was not allowed to even hold her hand, heart breaking. We could only visit twice a day, 11am to 1pm. Even then we had to wait for a lift to unlock the door.

I'm glad to say my daughter is a change now, you and what a change now, you all can be with your baby all the time. I hope you can make use of the Knitting if there's anything special you would like, just let me know.

Sorry about the writing, my love to all the babies.
Who matters to Laura?
What matters to Laura

- Feeling safe
- Communication
- Diagnosis
- Postural care management
My most recent experience
What matters to Laura

- Feeling safe
- Communication
- Diagnosis
- Postural care management
Person Centred Visiting: Project Overview

Rachel Killick
Lead Clinical Improvement Coordinator – Person Centred Care
What are we trying to accomplish?

By May 2020, 100% of inpatient bed-holding wards will have implemented core principles to support a person centred approach to visiting…

…so that people can have support from those who matter to them, when and how they need it.
NHSGGC Quality Strategy

• A key objective for 2019-20 in NHSGGC’s Quality Strategy

• A core part of our approach to providing high quality care that meets patient need
<table>
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<th>Criteria</th>
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<tr>
<td>What matters to you?</td>
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<td>Who matters to you?</td>
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<tr>
<td>What information do you need?</td>
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<tr>
<td>Nothing about me without me</td>
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<tr>
<td>Personalised contact</td>
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Source: Healthcare Improvement Scotland
History and context

• Gradual evolution and extension of approach:
  • Board wide flexible visiting times announced August 2017
  • Continuing sector and directorate engagement
• Variation in local implementation, experience and practice
• 12 month focus on building on success to see improved patient experience.

Source: NHSGGC visiting times policy, 2012
Variation in what patients and their families can expect

“"I was in the ward and there was no control over how many visitors were allowed at time. The room was full with people to the point where they were in my area. There was no peace in the ward and no privacy, other patients calling relatives throughout the night etc. Staff ran off their feet, not able to support patients.""

“"I was afraid at night and wanted family to stay but this was not allowed.""
**Core principles**

**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 people’s 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.
Project overview

**Scope**
- Engagement workshops
- Core principles agreement

**Test**
- Test solutions to the ‘stones in our shoe’
- Share this learning

**Implement and spread**
- Integrate into training and assurance
- Create information materials
What matters to people?

- Communication
- Flexibility
- Facilities
- Welcoming attitude

- Patient led
- Key events/times
- Impact on family/homely life
- Processes
What change can we make that will result in improvement?

“As a relative, what matters to me is being made to feel welcome, asking if I can be involved, and knowing what to expect, or a plan.”
What change can we make that will result in improvement?

- Admission conversations
- Welcoming behaviours
- Privacy and dignity
Welcoming approach

Welcome to the Ward

We are introducing a change to our visiting times. This means:

1. We have no set visiting times.
2. Please discuss with your family member/friend and staff when it would be good for you to be here.
3. We welcome and encourage your involvement and support.
4. Sometimes we may need to ask you to leave the ward temporarily, to ensure privacy, safety, space and rest for patients.
5. If you have any questions please just ask.

Best wishes
Everyone on the Ward

• Welcome and encourage the involvement of visitors, as much as each patient wants
• Consider peoples’ first impressions of your wards – this often lasts
• Consistency between behaviours and written messaging
Admission conversations

• Supported by changes to the MAR/initial interview
• Helps to create rapport
• Experience demonstrates that these meetings take, on average, 10 minutes – and are a worthwhile investment.
Increase staff confidence in having appropriate conversations by:

- Providing written information to support
- Encouraging daily reflection using safety briefs
- Creating opportunities for role modelling
The difference this makes

“The visiting in here has been excellent, my husband has been allowed in whenever he wants which is great. We're retired but I'm with my husband all of the time, so I especially want him with me when I'm unwell.”

Patient in Acute Medical Receiving Unit, Glasgow Royal Infirmary
Back in lecture theatre by 11
Person Centred Visiting Learning Day

Morning Programme

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<td>A multidisciplinary perspective</td>
<td>Scott Davidson, Deputy Medical Director</td>
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<td>Angela O’Neill, Deputy Director of Nursing</td>
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<td>Claire Ritchie, AHP Director</td>
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<td>11:30 – 12:00</td>
<td>Scottish Government perspective</td>
<td>Shaun Maher, Strategic Advisor for Person Centred Care</td>
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<td>Scottish Government</td>
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Person Centred Visiting: A multidisciplinary approach

Scott Davidson, Deputy Medical Director

Angela O’Neill, Deputy Director of Nursing

Claire Ritchie, Director of Allied Health Professionals
Person Centred Visiting: A national perspective

Shaun Maher, Strategic Advisor for Person Centred Care, Scottish Government
Developing a Person Centred Culture
In the busyness of modern healthcare settings, it can be easy to forget that we are the visitors in people’s lives, not the other way around.

Fiona McQueen (CNO)
Avoid professional prerogative at the expense of the whole:

From Era 1, we clinicians, doctors, nurses, we inherited the privilege. It’s still there. We can still use it. It’s the trump card of prerogative over needs, over the interests of others. ‘It’s my operating room time.’ ‘I give the orders.’ ‘Only a doctor can.’ ‘Only a nurse can.’ These are habits and beliefs that die very hard, but they’re not needed. They’re in our way.

Era 3 for Medicine and Health Care
JAMA. 2016;315(13):1329-1330
• 2.18 I am supported to manage my relationships with my family, friends or partner in a way that suits my wellbeing.
Support the improvements to person-centred visiting in our NHS so that patients can be with the important people in their lives while in hospital – flexible visiting will be in place across our NHS by 2020.

Scottish Programme for Government, 2018-19
Spot the difference....
Spot the difference....
Structural barriers to person centred culture
Social eating connects communities

Breaking Bread: the Functions of Social Eating

Authors

R. I. M. Dunbar

Abstract

Communal eating, whether in feasts or everyday meals with family or friends, is a human universal, yet it has attracted surprisingly little evolutionary attention. I use data from a national stratified survey to test the hypothesis that eating with others provides both social and adaptive benefits.
WARD

VISITING TIMES

3PM – 4PM ONLY

6.30PM – 8PM ONLY

IF ACCESS TO THE WARD IS NEEDED INBETWEEN THESE TIMES, PLEASE USE THE BUZZER SYSTEM, WE ARE A BUSY WORKING WARD THEREFORE WE MAY NOT ANSWER RIGHT AWAY.
WARD 7

RESTRICTED VISITING

- 2 BIRTH PARTNERS
- 1 BIRTH PARTNER AT ONE TIME

FROM 20:30 HRS THIS AREA IS FOR TRIAGE PATIENTS ONLY.

2ND BIRTH PARTNER WILL REQUIRE TO WAIT IN WAITING AREA ON GROUND FLOOR.

HOSPITAL IS SECURED AT 21:00 HRS. ALL OTHER VISITORS ARE REQUIRED TO LEAVE PRIOR TO THIS TIME.
Benefits

• Reduction in falls
• Reduction in medicine related errors
• Lower readmission rates
• Reductions in complaints
• Improved patient and family experience.
Person-Centred Visiting
A Guide
Phase 1: understand your current system and set-up

**Leadership and management**
- Examine current organisational policies and processes
- Tour hospital and review signage and facilities
- Set up oversight and governance
- Allocate QI resource and support and develop high level QI aim statement
- Identify initial test teams

**MDT**
- Test teams dialogue and data to understand current system/culture
- Explore queries, questions, concerns

**Person-centred perspective**
- Engage with people with recent experience of your services

**Quality and safety**
- Identify existing indicators/metrics to support the work

**Communication**
- Create communication plan
- Communicate ambition formally and widely
Phase 2: develop and test new ways of working

**Leadership and management**
- Support the rights of the individual to identify family without discrimination
- QI faculty support development of spread aim and spread plan

**MDT**
- Link with patient and family groups
- Develop team level aim, measures and change ideas in partnership with patients and families and test
- QI coaching and facilitation plus use of Model for Improvement (Mfi) to support testing

**Person-centred perspective**
- Ensure broad definition of “family”
- Develop and test guidelines to manage person-centred visiting.
- Develop and test processes to identify people who matter and how to be involved (use Mfi)

**Quality and safety**
- Monitor safety/quality of other processes whilst testing under way (balancing measures)
- Refine other policies and practices as required to fit with person-centred model

**Communication**
- Share stories and updates from test teams
- Maintain consistent messages and focus on person-centred visiting aim
- Ensure consistency for public across, web, print and signage
Phase 3: Implement, spread, sustain

Leadership and management
- QI faculty/spread team begin process of spread and scale-up
- Identify resource and infrastructure required to sustain changes and support spread phase
- Incorporate person-centred ethos into staff induction processes and other training
- Ensure new guidelines and processes are stable and sustained before spreading
- Allow testing and adaptation as spread to different contexts whilst maintaining core principals of person-centred visiting

MDT
- Test teams are not responsible for spread to new teams but members from initial test sites can be used to share experiences with spread sites and help build will.

Person-centred perspective
- Families and patients from test sites share experiences

Quality and safety
- Monitor system metrics for signs of improvement and balancing measures.

Communication
- Share stories of impact from staff and patient/family perspective
- Prioritise removal of out-dated signage and ensure all other public information is consistent
3 Key Characteristics

1. A conversation supported by a reliable process for the person to designate those people that matter most to them
2. How they would like them involved in their care
3. The absence of set visiting times
Welcome to the ward

WELCOME to ICU

Please ring the buzzer and we will be with you as soon as we can

If we have not answered within 2 minutes please buzz again
Flexible visiting

Flexible Visiting: guidance for families

When a loved one is in hospital it can be a very stressful time. This is especially the case when someone close to you is in the Intensive Care Unit (ICU). We believe that it is important for families to be close and support one another during difficult times in life. Our flexible visiting policy aims to support this important principle, this means that we do not have any set visiting times in our ICU.

How does flexible visiting work?
We have summarised some guidance below to help you organise your visiting in a way that considers your needs, and the needs of your relative.

- Flexible visiting is for those whom the patient would consider to be their immediate family. Other visitors are allowed by arrangement.
- Speak to the nurse looking after your family member for advice. They will help you to balance your needs with the needs of your loved one.
- It would help us if you appoint one person in your family to phone for updates. This helps us to reduce the amount of times that the nurse is away from her patient.
- It is important for patients in ICU to remain calm and get lots of rest. If you are spending longer periods in ICU we would ask you to bear this in mind. A few quietly spoken words just to let them know you are here, and sitting holding hands or reading a book by the bedside can be very beneficial.
- The physical confines of the ICU and the need for the Drs and Nurses to be able to look after your family member means that we limit the number of visitors to 2 per patient.
- To preserve the dignity of you family member, or other patients in the vicinity we will sometimes ask you to wait outside while certain types of procedures are carried out. With this thought in mind, we would also ask that you buzz before entering the ward and if curtains are round a bed space please do not enter.
- Some times of the day tend to be busier than others. There is often a lot of activity in the mornings and sometimes we pre-plan certain investigations and procedures for set times. Speak to your nurse for advice.
- In the initial stages you may want to be around more until you understand what is happening.
- Some people find it difficult to spend long periods in such an intense environment - this is quite normal. If you feel this way you may prefer to have more frequent shorter visits.
- Sometimes people do not recover from their illness. If you are in a situation where your loved one has reached the end of their life we will do everything we can to keep them comfortable, and will try to help you spend as much time with them as possible.
Welcome to the ward
Welcome / Fàilte to our ward
Person-Centred Care and Open Visiting

We recognise the importance of contact with family when someone close is in hospital. As family, friends and carers, you have a key role in supporting us to look after your loved one in a safe, effective and person-centred way. 

Person-Centred Care and Open Visiting (Hours)
This means that we welcome you to:

- speak to a member of staff on arrival about what open visiting means for you
- visit the ward as often as you and your loved one wishes
- be involved in care as much as you and your loved one wishes
- ask a member of the team for assistance and information

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NHS Highland
Be brave and courageous

- It’s the right thing to do!
- Separating people from their loved ones causes harm
- Care is safer and more effective
- It’s a fundamental human right
In atriums by 12:30 please
Person Centred Visiting: Summary

Jen Rodgers
Chief Nurse and Professional Lead, Person Centred Care
Next steps

• Spread the word
• Find out who matters to your patients
• Work collaboratively and share learning
• Together we can change the world!
The Nurse explained to me and my dad that we would be able to visit with my mum at any time when she was in the ward. It's such a relief because being her carer and being with a person all of the time it's difficult to leave them in hospital, but doubly so because it's my mum. It's great knowing I'm not restricted to visiting times or my dad.
Home time!