

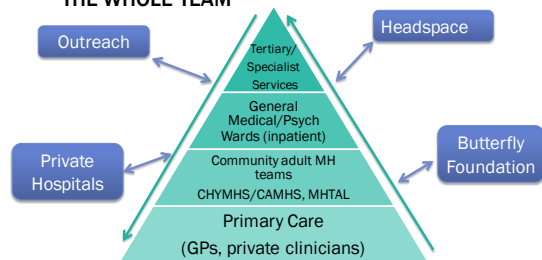


### WHO'S IN THE ROOM?

- Name
- Where are you from
- What do you want from this workshop?
- What are your issues/barriers to building the whole team and opening up pathways?



### THE WHOLE TEAM



### WHAT DO WE NEED TO THINK ABOUT WHEN BUILDING THE WHOLE TEAM??



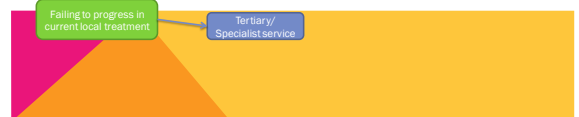
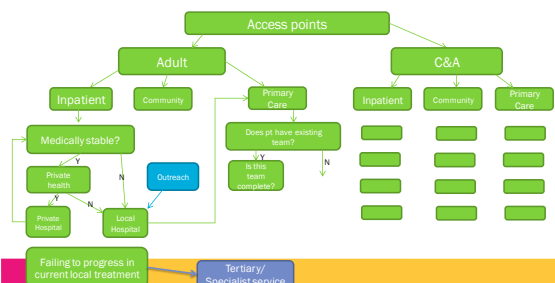
### THE PATIENT JOURNEY

- Where does the patient present?
- Who is the patient? (i.e. demographics)
- What treatment does the patient need?
- Who/what is available for the patient?
- How do they transition between services when their needs change?

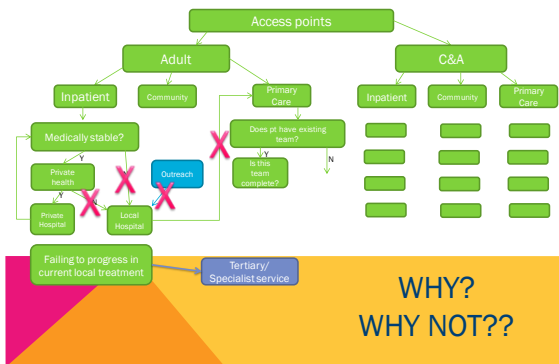
### HOW DO YOU FIND OUT THIS INFORMATION??



### THE PATIENT JOURNEY



## THE PATIENT JOURNEY – DOES THIS HAPPEN?



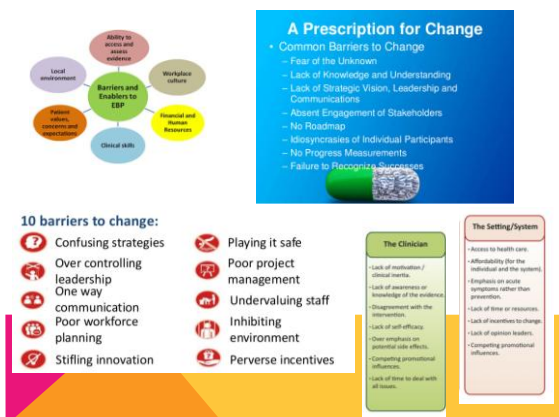
## OVER TO YOU. . .

1. PICK A CASE EXAMPLE
2. MAP OUT YOUR WHOLE TEAM & THE PT JOURNEY
3. IDENTIFY BARRIERS TO THIS HAPPENING NOW

## PRESENTATIONS

- Who is your whole team?
- What does your patient journey look like?
- Where are your gaps?
- What are your barriers?

## HOW CAN WE OVERCOME THE GAPS AND BARRIERS?



## STRATEGIES - WHAT IS THE UNDERLYING CAUSE?

- **Stakeholder consultation**
  - One on one
  - Workshops
  - Forums
- **File Audit**
  - When did it work and when did it not?
  - What was the difference?
- **Policies and Procedures**



## STRATEGIES – HOW DO WE CHANGE?

Kotter & Schlesinger suggest that there are six ways of overcoming resistance to change



Tactics for dealing with resistance to change (after Kotter et al. 1986)

Tactic	Most appropriately used where	Advantages	Disadvantages
Education and/or communication	Resistance is based on a lack of information or inaccurate information and analysis	Once persuaded, people will often help with the implementation of the change	Can be very time-consuming if large numbers of people are involved
Participation	Initiators do not have all the information needed to design the change and where others have considerable power to resist	People who participate are usually more committed to implementing change. Any relevant information that participants have will be integrated into the change plan	Can be very time-consuming. Participants can design an inappropriate change
Facilitation and support	People resist because of adjustment problems that are involved	No other tactic works as well where there are adjustment problems	Can be time-consuming, expensive and still fail
Negotiation	Sometimes a relatively easy way to avoid major resistance	Sometimes a relatively easy way to avoid major resistance	Can be too expensive in many cases. Can trigger other groups to negotiate
Co-optation	There is a specific situation in which other tactics are too expensive or infeasible	Can help generate support for implementing a change, but less so than participation	Can create problems if people recognise the co-optation
Manipulation	Other tactics will not work, or are too expensive	Can be a relatively quick and inexpensive solution to resistance	Initiators are likely to lose some of their credibility and this can lead to future problems
Coercion	Speed is essential and change initiators possess considerable power	Speed can sometimes overcome a great deal of resistance	Risky: can leave people angry with the initiators

## OVER TO YOU. . .

1. HOW ARE YOU GOING TO IDENTIFY THE CAUSES?
2. WHAT MIGHT YOUR CAUSES BE?
3. WHAT ARE SOME OF THE STRATEGIES YOU CAN USE TO OPEN UP PATHWAYS AND BUILD THE TEAM?

## PRESENTATIONS

- How are you going to identify causes?
- What might your causes be?
- What strategies are you going to use?

## KEY MESSAGES

- **Every level of the team is important**
  - Don't need specialist services at all times
- **Ask, Ask, Ask – never assume you know what is happening and why**
  - Get out there and get involved
- **Use a variety of strategies to overcome resistance and barriers**
  - One strategy is never enough
- **It takes time but even small changes can improve patient care**

## QUESTIONS . . . ?