

Every Action Counts

IPC Behavioural Change Project

EVERY
ACTION
COUNTS

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Background and brief

Occurrences of hospital acquired cases of Covid-19 can have far-reaching consequences.

Continuing action is required to improve and maintain compliance with IPC guidelines.

Project Goal Increase compliance (organisational, staff, patients, and visitors) with best practice COVID-19 IPC measures

- How can we get staff and patients/visitors to comply with IPC rules and procedures during Covid and understand the risks and potential impact of non-compliance on provision of care?
- What new interventions are required? How can we change the messaging, so it has more impact?

Objectives

1. Understand how Behavioural Insight can help understand policies/guidance that impact the reality we work in.
2. Know how we can use Behavioural Change Tools to help us understand our clinical challenges.
3. Undertaking a Behavioural Change Task to analyse our workforce and Health System functions impact transmission of nosocomial C-19.
4. How the National Infection & Prevention Team and Behavioural Change Team will support healthcare systems
5. Sharing Best Practice on IPC so that all our Health Systems can benefit from our learnings

The Tension

Communication needs to demonstrate compassion for the stress and exhaustion staff are feeling.

How do we show the support is still there?



We need to win hearts and minds – how do we get EMOTIONAL buy in?

- See that it is necessary - accept the facts, know the risks
- And be motivated to comply with the rules – a reason to comply
- Staff need to be supported in following the rules by removing some of the structural / process barriers
- Find ways to keep it at the forefront of everyone's minds via clear comms, constant reminders and clinical role modelling
- And recognise that no matter what your perceived personal risk, you need to put the safety of others first

Research methodology

PHASE 1 Discovery

INSIGHT CHANNELS

Engage with frontline staff and policy makers to find out what is happening, where and understand attitudes towards COVID-19 control measures.

1. Survey

Survey was sent to frontline staff, achieving 5,999 responses across a broad cross section of clinical and non-clinical specialties.

2. Semi-structured interviews

- IPC regional leads
- Patient safety specialists
- AHP teams
- Midwifery teams
- Clinical Insights teams
- Local and regional communications teams

Output:

A clear understanding of what is happening and why

Identify key issues that we need to address

PHASE 2 Generate solutions

WORKSHOPS

Working with a cross-functional team, including BI, BCU, IPC team, Comms and clinical teams, we explored the key issues in depth to gain further understanding and develop ideas for new interventions and communication.

1. Frontline staff workshop

Engage with frontline staff to understand how to address some of the key insights identified in the discovery phase and exploring practical implications and usefulness of different types of interventions.

2. Patient representative workshop

Engage with patient representatives to find out what is happening, where and understand attitudes towards Covid-19 control measures. Co-design solutions and interventions that would support better compliance.

3. Stakeholder workshops

Engage with key stakeholders and professional bodies to understand trends, barriers, and enablers. Co-design and launch interventions aimed at targeting barriers and enabling drivers.

Insight: Summary

COMPLIANCE & AWARENESS

1. Emphasise protecting SELF AND protecting OTHERS
2. Unify and reinforce knowledge on IPC rules; the infection risk, and dispel myths
3. Situational reminders through (i) leaders, (ii) local comms, (iii) visual prompts for staff, patients and visitors
4. Create a 'speak up' culture where it is acceptable to remind and be reminded

LEADERSHIP & MORALE

1. IPC Champions: Take ownership of IPC agenda: Be present, be vigilant, be on it - constant reminders
2. Lead by example
3. Set the mood / culture of kindness and support
4. Provide ongoing support to leaders with specific training to enhance their skills
5. Improve IPC image

PATIENTS & VISITORS

1. Encourage patients and visitors to care for themselves and staff
2. Stricter measures for checks on arrival

HOTSPOTS

1. Review processes and implement quick wins
2. Implement appropriate spacing of beds – chair, locker, bed spacing in all wards
3. Situational reminders via Comms

Resources

Product Pillars

Co-designed | Clinical, IPC and Behavioural Science driven | Evidence-based

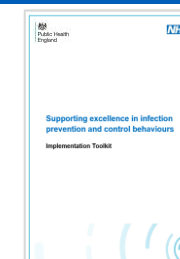
Brand

Visual identity



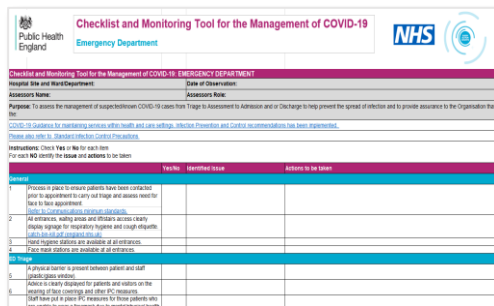
Narrative and key messages

Implementation Toolkit



Operational interventions

Prevention tools to support NHS organisations to assess and ensure a safe, IPC compliant environment



Training

Training animations to support better staff understanding and awareness of IPC measures and how controls work together to reduce risk



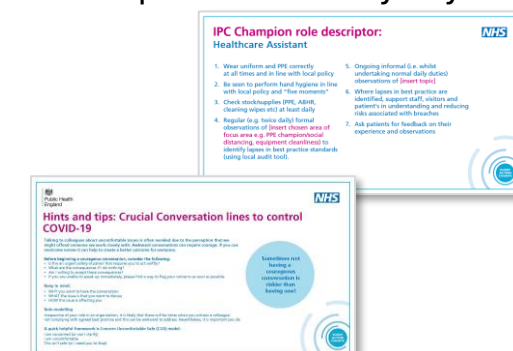
Staff and patient

Communication assets targeted to address staff and patient / visitor behavioural drivers / motivations in a range of formats



Culture and leadership

Leadership tools to support staff to have courageous conversations and champion IPC as part of the every day



Challenges and learning

Challenge	Learning
Risk averseness IPC - contentious topic and has been challenging with media coverage	Importance of being able to demonstrate reasoning and value building that into plans and content.
Health inequalities focus Ensuring resources are targeted, useful and accessible to all patients and visitors	Engage with health inequalities comms early to help shape and drive co-design, not just delivery
Setting specificity everyone wanted a version for their specific setting e.g. primary care, mental health, maternity.	Communications new resources developed that they are generalised and should/can be adapted for local context.
Impact evaluation As a national body developing a locally delivered intervention, it can be difficult to evaluate outcomes.	It is easy to track engagement with your products / outputs using download and analytic metrics. For this project workforce surveys to gauge implementation levels and perception of impact.

STRATEGY	Optimise timing of communications activities for ongoing impact	Utilise existing comms channels with key audiences, working via regional cascade	Leverage stakeholders and key influencers to give credibility	Deliver dedicated focus sessions to support launch
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Evaluation

Highlights included:

- More than **14,193 webpage visits**
- **4,201 downloads** of the **toolkit**, and a combined **10,369 downloads** of the **supporting resources**.
- **88.2% attendance** of registered on a dedicated **webinar** to launch the products
- **87.5%** of identified **stakeholders supported and promoted** the channels through their channels
- **18.5% click-to-open rate** (CTOR) and **8.5% click-through rate** (CTR) on launch content in the **Chief Nursing Officer bulletin**
- **19,450 views, 730 likes** and **64 retweets** across **social media** posts on NHSE/I owned channels



Coronavirus » Every action counts

Resources – Staff Communication

Because I care posters



Animations



Digital assets

