Walking With Purpose Clinical Guidance

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Clinical Conversations using the COM-B Method

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- Safe IPC Environment
- Appropriate placing of patients and reducing unnecessary moves
- MDT support and pathway utilisation
- Escalating situation when required

C – capability – Psychological - Skill (An ability of proficiency acquired through practice) or knowledge (An awareness of the existence of something) or memory, attention and decision process (Ability to retain information, focus on aspects of the environment and choose between two or more alternatives) or behavioural regulation (Behavioural, cognitive and/or emotional skills for managing or changing behaviour)
O – opportunity – physical - environmental context and resources (Aspects of a person's situation or environment that discourage or encourage the behaviour) or behavioural cueing (Processes by which behaviour is triggered from either the external environment, the performance of another behaviour, or from disappearing in consciousness Or social - social influences (those interpersonal processes that can cause oneself to change ones thoughts , feelings or behaviours) or norms (The attitudes held and behaviours exhibited by other people within a social group) or subjective norms (One's perceptions of what most other people within a social group believe and do) or social learning/imitation (A process by which thoughts, feelings and motivational states observed in others are internalised and replicated without the need for conscious awareness
M – motivation – reflective - attitude towards the behaviour (The general evaluations of the behaviour on a scale ranging from negative to positive)or beliefs about capability (Beliefs about one's ability to successfully carry out a behaviour)or beliefs about consequences (Beliefs about the consequences of a behaviour (i.e.. perceptions about what will be achieved and/or lost by undertaking a behaviour, as well as the probability that a behaviour will lead to a specific outcome)or feedback process (Processes through which current behaviour is compared against a particular standard)or goals (Mental representations of outcomes or end states that an individual wants to achieve)or intention (A conscious decision to perform a behaviour or a resolve to act in a certain way)or motivation (Processes relating to the impetus that gives purpose or direction to behaviour and operates at a conscious or unconscious level)or values (Moral, social or aesthetic principles accepted by an individual or society as a guide to what is good, desirable or important)or needs (Deficit of something required for survival, wellbeing or personal fulfilment) or self image (One's conception and evaluation of oneself, including psychological and physical characteristics, qualities and skills)or perceived susceptibility/vulnerability (Perceptions of the likelihood that one is vulnerable to a threat)or general attitudes/beliefs (Evaluations of an object, person, group, issue or concept on a scale ranging from negative to positive)or social/professional role and identity or optimism) or automatic – emotion (A complex reaction pattern involving experiential, behavioural, and physiological elements) or reinforcement(Processes by which the frequency or probability of response is increased through a dependent relationship or contingency with a stimulus or circumstance)

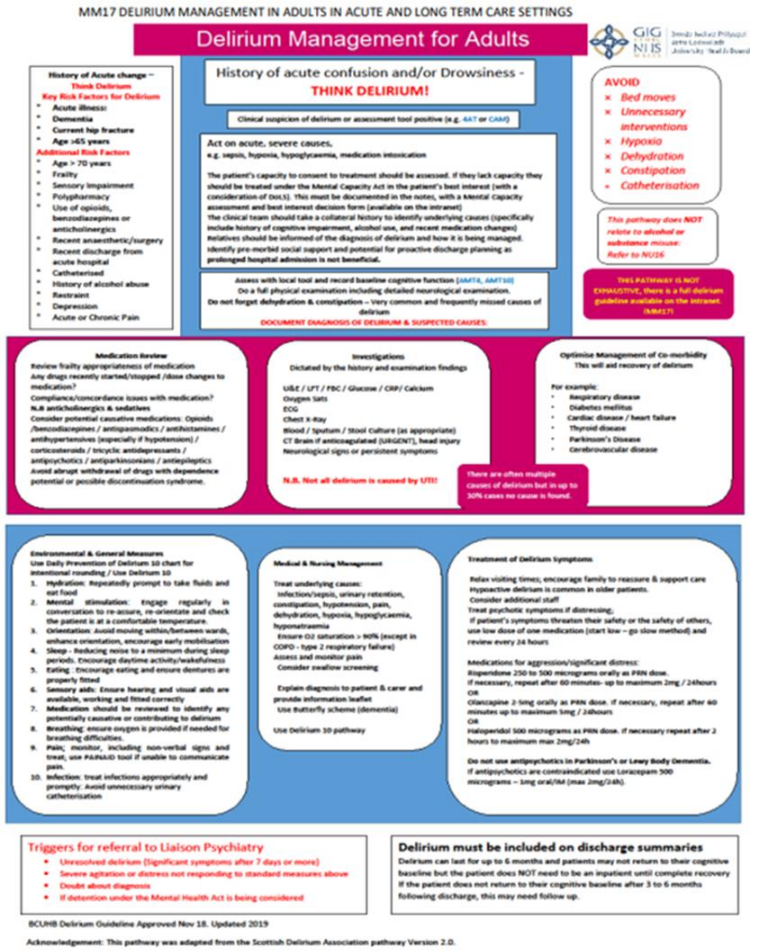
C – capability – psychological (skill or knowledge or memory, attention and decision process or behavioural regulation)
O – opportunity – physical (environmental context and resources or behavioural cueing) or social (social influences or norms or subjective norms or social learning/imitation)
M – motivation – reflective (attitude towards the behaviour or beliefs about capability or beliefs about consequences or feedback process or goals or intention or motivation or values or needs or self image or perceived susceptibility/vulnerability or general attitudes/beliefs or social/professional role and identity or optimism) or automatic (emotion or reinforcement)

East, West, Central, Mental Health & LD Themes

- Safe IPC Environment - Central

- 1. Patients need to be able to walk around however there can be concerns with other patients and invading their space. This needs to be managed with the MDT including a more visible presence from the IPC team
- Domain: Capability - Knowledge
- Reason: the IPC team don't always have the knowledge and information to know where the patients who walk with purpose are. Likewise, staff don't always know if the patients being transferred are going to walk with purpose
- Behaviour Change Technique: Provide information, instructions and give feedback - heat map, better communication, transfer documentation?

Guidance Vs Algorithm



Using other resources

The final guidance

Walking with purpose could be an expression of unmet needs

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Remember:

Provide person centred activities, and involve the carers

Communicate and support the other patients on the ward

Keep patient status boards updated

Capture daily acuity score on the roster system to determine staffing required especially around evening/sundowning

A patient walking with purpose could be at a greater risk of infection to themselves and others

The priority on admission is MDT review and ongoing patient and family/carer(s)

Is this a new presentation? Act on any physical causes – rule out delirium following delirium guidance, consider alcohol withdrawal or Acquired Brain Injury (ABI)

Alcohol liaison details can be found here for all areas or are contactable by bleep

If the person has a diagnosis of dementia, use the inpatient pathway, encouraging hand washing and single use items. Check if they are open to a community mental health or substance misuse team

If the patient requires a mental capacity assessment, remember the assessment is decision and time specific. Mental Capacity form to be completed. Is a DOLS referral required - consider treatment, risks and safeguards (contact psychiatric liaison for support if this is needed)

Remember:

The wellbeing of staff and wider team matters

Aim for the correct skill mix

Be confident, raise concerns, and ask for help. You are not expected to be an expert in everything!

Raise training needs with your manager and look here

The management of dementia (BPSD) guidelines including medication can be found here

Supportive Patient Care - consider:

Life story documents including this is me, who I am, what matters

Developing person centred care plans

Using preferred language and facilitating spiritual and cultural needs

MDT Support – consider:

Dementia healthcare support worker/activities coordinator to facilitate meaningful activities

Medical review including neurological symptoms and managing pain

Assessing medication with pharmacy support for contra indications

Carer (including paid carers)/Family Support/John's Campaign – consider:

Using a patient hospital passport

This is me or who I am and what matters to be completed with patient and family

Engaging family, carers and friends – initiate early and regular contact according to preferences to gain and retrieve information about clinical condition/presentation

Feedback

Questions for feedback

Thank you for supporting the Walking With Purpose (WWP) Project as an early-adopter ward. We now need constructive feedback on its use so that we can evaluate it and refine its implementation across the Health Board.

Please answer the questions below as fully as you can. We are seeking feedback from a variety of team members including anyone who may have used the guidance e.g regular nursing staff, AHPS, students, bank staff, but we **only need one survey completed per ward.** Therefore, we'd be very grateful if you could engage your colleagues on the ward and combine their views into a single response. For completeness, please list here the roles (not names) of the colleagues whose feedback has been sought:

Ward/Hospital name:

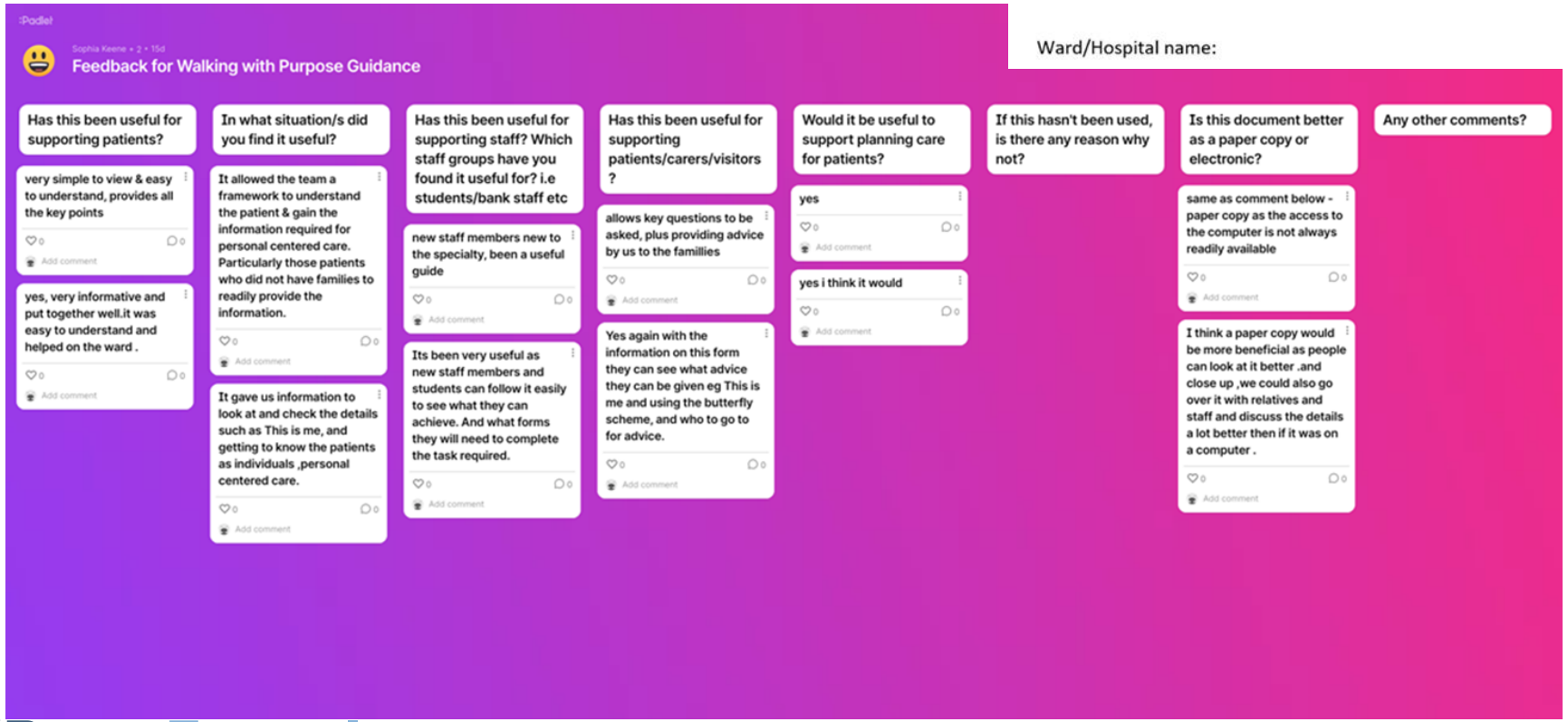
Respondent's roles:

Section 1. Capability

1.1 To what degree are staff capable of accessing the guidance?

1.2 To what degree are staff capable of understanding the guidance?

1.3 To what degree does the guidance support staff to take action to reduce IPC risk?



Results and Analysis

Thematic analysis of data

Wards displaying the data in a paper format

Having the guidance electronically via email or whatsapp groups

Discussion of the guidance at safety briefs and ward rounds

Staff already implementing the guidance prior to its release

Bank and agency staff using the guidance

Guidance being too busy/wordy

Managing WWP as an MDT approach

Helpful interactive links

Not had enough time to fully utilise the guidance

Competing demands of the ward

DSW supporting the guidance and already carrying out

Good links with IP can Psych liaison already in place

Guidance may fit better in a ward with less patients who WWP

Reflections

- Lessons Learnt –
- 1. At time, within the Bevan Exemplar programme it felt like everyone else knew what was going on and were more advanced in their project and learning regarding change/improvement/project management
- 2. Some information was hard to understand and follow. I needed to read around the topic and really focus on the presentation and discussion which led to a reduction in confidence!
- 3. Getting used to working in a group but just over teams and not in person was difficult at times, especially with people I had never met
- 4. I was able to make some great contacts from the programme and found particular projects that I could advise and collaborate on. I was able to give a perspective from BCUHB but also from my own work and experience. Likewise, I was able to receive support from others
- 5. It would be even better to do something similar in the future and relate back to this experience. I would be able to know how long certain things take, whom to contact for support and the approach to take which would hopefully make projects in the future smoother.

- 6. As part of our internal task and finish group working on walking with purpose, I felt very proud to initially change language and attitudes. The group was called ‘wandering patients’ to begin with which is not terminology that is used. It was also nice to have respect from colleagues given my experience in older person’s mental health and my recent completion of the dementia masters.
- 7. I was then reliant on others for support with developing guidance/policy and presenting information. The other members had worked previously on quality improvement, transforming care and change which was new to myself.
- 8. We also had people with great experience in research and development within our task and finish group. It was a shame that others in the WWP group weren’t able to be more part of the Bevan exemplar programme due to work commitments and the pandemic
- 9. It was hard for us as a team to continue the momentum if we had had a long period in between meetings and different members felt different areas needed to be a priority base don their background. There was also members of the group who changed jobs including myself which made things hard to complete with competing demands

- The collaboration as a whole has been incredibly helpful and will support our future plans to gain more feedback from other wards and to eventually publish onto the intranet to use in day to day practice