

Patients who 'Walk With Purpose': Developing clinical guidance

Team Members: Sophia Keene, Hayley Tapping, Reena Cartmell, Gaynor Hughes, Tracey Williamson, Amy Kerti, Lucy Francis, Betsi Cadwaladr University Health Board

Contact: Sophia.keene@wales.nhs.uk

Project Background:

The Safe Clean Care campaign during COVID19 pandemic within Betsi Cadwaladr University Health Board (BCUHB) identified that patients who walk with purpose (WWP) could be increasing the spread of infection across acute inpatient wards as well as community hospitals and Mental Health and Learning Disability (MHL) wards.

Patients who walk with purpose may have dementia, delirium, alcohol withdrawal or a learning disability. They therefore may move around the environment more and not be as aware of social distancing and use of PPE.

Clinical conversations were planned with staff across the health board using the COM-B methodology which is a psychological approach to behaviour change. This was used to identify what was needed to support staff, patients and carers to reduce infection risk and improve patient centred care as well as support staff through escalation.

Project Aims/Objectives:

- Clinical conversations using the COM-B methodology with staff in the East area of BCUHB, Central, West and MHLD including inpatient staff and community hospital staff of all grades
- Identify themes across the areas and wards and invite all who took part to a task and finish group
- Use themes and guidance already in place to develop a specific document to support patients, staff, unpaid carers and also reduce infection spread
- Analyse what behaviour changes are needed in order to carry out any guidance

Project Approach:

To achieve the aims above, we formed a group of various expertise and invited staff from each area of the health board to meet with us via teams to discuss four key topics; Safe Infection Prevention Control (IPC) environment, MDT support and pathway utilisation, appropriate placing of patients and reducing unnecessary moves and escalating situations when required. We then completed a thematic analysis across the areas and wards and also used the COM-B Methodology to review which aspect of people's behaviour needed to change. Existing documentation and guidance was used to support a new clinical guidance for patients who walk with purpose.

Project Outcome(s):

A clinical guidance was developed (see figure 1). This used prompts for staff to utilise in supporting patients but also involving families and carers, knowing who to involve and when and also when to escalate and ask for extra support. The guidance was made available with hyperlinks to the intranet for the most up to date referrals to specialists and also to important documents such as the mental capacity act and policy on alcohol withdrawal.

Project Impact:

The guidance was trialled on eight wards (two in each area) and a feedback questionnaire was developed using the COM-B headings as sections. There were 25 questions in total. This was sent to the wards for them to complete as a group (one per ward or area) (see figure 2)

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

- To what degree are staff capable of accessing the guidance?
- To what degree are staff capable of understanding the guidance?
- To what degree does the guidance support staff to take action to reduce IPC risk?

Figure 2: Questionnaire developed to gain feedback for the clinical guidance

Key Conclusions:

The feedback was qualitative data which was thematically analysed using the COM-B Methodology (Figure 3). Wards had been displaying the guidance in a paper format and found this more useful however they had disseminated it electronically via email or whatsapp groups for their ward staff. Discussion of the guidance was being used at safety briefs and ward rounds, managing WWP as an MDT approach. Bank and agency staff were using the guidance and found it particularly helpful. The interactive links were good and wards felt they had good links with IPC and Psychiatric liaison already. Most wards found that the guidance was very busy and 'wordy' and they had not had enough time to fully utilise the guidance. Some areas found it difficult with competing demands of the ward and felt the guidance may fit better in a ward with less patients who WWP. Care of the elderly wards and dementia wards for example felt they were already doing everything from the guidance (Figure 4).



Figure 4: A word cloud of the feedback and results from the questionnaire regarding the clinical guidance

Figure 1: Final clinical guidance for patients who walk with purpose



Figure 3: Clinical guidance feedback thematic analysis

Next Steps:

- To trial the guidance on more wards across the health board
- Engage with the dementia support workers across the health board to support with this
- Publish the guidance on the intranet for all areas to use
- Liaise with our communication team to launch the guidance to make everyone aware and also present at local and national conferences
- Continue to update the hyperlinks and ensure all information is up to date.