

Achieving Behaviour Change (ABC): De-Implementation of Inappropriate Glove Use

Background

Making improvements in healthcare almost always relies upon a practitioner doing something differently, that is, more or less of a particular clinical or care behaviour. The Theoretical Domains Framework (TDF)¹ was developed to be a simple and accessible means to understand and support behaviour change. The Improvement Academy have taken this framework and used it to develop a six-step approach² for use by frontline teams wishing to achieve behaviour change.

In a programme, funded by Public Health Wales, 15 teams across NHS University Health Boards in Wales were supported to use the ABC approach in their own project. The teams were guided through a series of virtual workshops, one-to-one and group coaching. One team project is presented here: the de-implementation of COVID-19 enhanced glove use.

Project outline

When temporary COVID-19 guidelines for glove use for “all patient contact” were withdrawn, healthcare professionals continued to wear gloves unnecessarily and hand hygiene concordance dropped. The aim of this project was to de-implement unnecessary glove use and by proxy to improve hand hygiene using the ABC approach.

Summary

- Systematic review evidence shows that interventions based on theory can be 30% more effective⁵.
- The ABC approach, including ‘light touch’ coaching, makes it easier for practitioners to implement tailored interventions underpinned by theory even when they do not have a research or psychology background.
- This approach can be used to improve a range of clinical and safety behaviours, including de-implementation.

ABC approach		What the team did	How they were supported
1	Form a team	Infection Prevention Nurses worked with two ward teams at Glangwili Hospital in Carmarthen, Wales.	
2	Define the Behaviour	The team specified their behaviour, using the Action, Actor, Context, Target, Time (AACTT) framework ³ , as “nursing, medical and hotel service staff use gloves only when handling patients’ blood or body fluids”.	1-2-1 coaching
3	Identify Barriers to the Behaviour	The team adapted the ABC questionnaire to assess barriers. Each question is categorised to the domains of the TDF. They identified ‘Knowledge’, ‘Memory, Attention and Decision Processes’ and ‘Social Influence’.	Virtual Training
4	Develop Strategies to Address Barriers	The team mapped these barriers to behaviour change techniques (BCT) ⁴ to develop a pragmatic strategy to address the barriers. The BCTs selected were ‘Information regarding behaviour, outcome’ and ‘Prompts, triggers, cues.’	1-2-1 coaching
5	Implement Interventions	Education sessions were provided to all staff groups to explain the reasons for de-implementation. Gloves were removed from areas where they were no longer needed and replaced by prompt posters.	Virtual Training
6	Evaluate	The team measured the success of their project through measuring boxes of gloves ordered and interviewing staff exposed to the implementation interventions. Over a 12 week period estimated glove use reduced by 50%.	Virtual Training

Project outcome – feedback from the team

I am now drawing up IV's without gloves – much better without them.

Nurse

Healthcare Support Worker

It feels strange washing without gloves, I do use them for incontinent patients.



Doctor

Where are the gloves?

I used to come in first thing in the morning and put my gloves on to collect the water cups and jugs, and change the gloves to put clean ones out – now I don't and I wash my hands in between.

Hotel services staff

I'm using the same methodology from that project (...) that's reducing UTIs and improving hydration in care homes.

Frances Howells, Project Lead

The Humber and Yorkshire Improvement Academy:

www.improvementacademy.org

Follow us @Improve_Academy

If you would like to discuss this further, please contact:

Liz.Watson2@yhia.nhs.uk, Alice.Cunningham@yhia.nhs.uk
Professor Judith Dyson, Birmingham City University



Scan me

References

1. Michie S, Johnston M, Abraham C, et al. Making psychological theory useful for implementing evidence based practice: a consensus approach. *BMJ Quality & Safety* 2005;14(1):26-33.
2. Taylor N, Lawton R, Slater B, Foy R. The demonstration of a theory-based approach to the design of localized patient safety interventions. *Implementation Science*. 2013;8(1):123.
3. Presseau J, McCleary N, Lorencatto F, et al. Action, actor, context, target, time (AACTT): a framework for specifying behaviour. *Implementation Science* 2019;14(1):1-13.
4. Michie S, Johnston M, Francis J, et al. From theory to intervention: mapping theoretically derived behavioural determinants to behaviour change techniques. *Applied psychology* 2008;57(4):660-80.
5. Webb TL, Joseph J, Yardley L, Michie S. Using the internet to promote health behavior change: a systematic review and meta-analysis of the impact of theoretical basis, use of behavior change techniques, and mode of delivery on efficacy. *Journal of medical Internet research*. 2010;12(1).