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Bridging the gap between pragmatic intervention design and theory: Using behavioral science tools to modify an existing quality improvement program to implement "Sepsis Six"

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Background & Aim: Sepsis has a mortality rate of 40%. This is halved if the evidence-based "Sepsis-Six" care bundle is implemented within 1 hour. UK audit shows low implementation rates. Interventions to improve this, often designed using plan-do-study-act (P-D-S-A) cycles, have had suboptimal effects. The aim of this presentation is to show how behavioral science tools were used to modify such intervention that had achieved 60% implementation of Sepsis-Six with a view to increasing implementation to the hospital's target of 95%.

Methods: Factors influencing implementation were investigated using the TDF (Theoretical Domains Framework) to analyze interviews with 34 health professionals. The data was used to select modifications using the Behavior Change Technique (BCT) Taxonomy and the APEASE criteria.

Results: Five themes were identified as influencing implementation and guided intervention modification: (1) Knowing what to do and why; (2) Risks and benefits e.g., fear of harming patients through fluid overload versus belief in "Sepsis-Six" effectiveness; (3) Working together e.g., team collaboration versus doctor/nurse conflict; (4) Empowerment and support e.g., lack of confidence of staff to challenge colleagues' decisions not to implement; and (5) Staffing levels e.g., shortages of doctors at night preventing implementation. The modified intervention consisted of two additional components (Sepsis-Six training for the Hospital at Night Coordinator; partnership agreement endorsing staff-engagement and collegial challenge) and modifications to two existing educational components.

Conclusions: This work demonstrates the feasibility of using the TDF and BCT Taxonomy to modify an existing Sepsis-Six implementation intervention and their compatibility with P-D-S-A cycle approaches to quality improvement.

Biography

Sheldon P Stone is a Stroke Physician and Acute Care of the Elderly Specialist with a research interest in infection control. He is the Lead Author of the ORION statement and was Secretary to the working party for national guidelines for prevention and control of Clostridium difficile infection.

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