My Implementation Journey

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Intentions

My Journey

The Agile Implementation Process

Random Things that Influenced My Thinking
at work and at home
My Journey
The Fallible Human

Fall Prevention

An extended exercise in associative thinking
Current Mental Models

• Policy and education drives performance
  • Hardwire the units’ implementation of the six fall standards –”just do it” = patients are safe
  • Post-fall process would tell us the “check-box” answer to why patients are falling
  • Equipment available, the nurses will use it
• Falls become important to a unit when we have a fall
• Prevention of falls is only the nurses’ responsibility
Associations of “the fall”

**An Affair**
- The other person has control over their actions
- Unmet needs
- Lack of communication
- Lack of presence
- Trust - if suspect - don’t leave alone in high temptation situation

**A Fall**
- The patient has control over their actions
- Unmet needs (toileting, belongings not within reach)
- Lack of communication about fall risks
- Lack of presence
- Trust – if at risk, don’t leave alone in bathroom
How to “affair proof” your marriage

...guided by anticipation concepts of Mindful Organizing

• What failures lead to an affair? (spell out the mistakes you don’t want to make)
  • Not paying attention, poor communication, lack of focus, apathy, workaholic, lack of sex, co-dependent, finances (resources), addictions, lying kids, unrealistic expectations grow apart, refusing to work

• What are the assumptions we generalize our relationship that leads to an affair? (what draws our attention away from detail)
  • Safety in marriage – you don’t have to try, rely on the other person, gender roles, lack of mutual goals because lack of shared knowledge, security, assume they know what we’re thinking, inconsistent discipline

• What happens in the daily routine of marriage? (routines become mindless)
  • Miss thank yous, miscommunication, same story, avoid conflict, more important stuff, lack of time so spouse not a priority, communication patterns, assumptions, forget how to have fun
Inpatient Fall Prevention from the Patient’s Perspective: A Qualitative Study

- Patients do not perceive their risk accurately – may be linked to their ability to mobilize
- Some risks are not tangible or “real” to patients – lack of acceptance of these may be barrier to effective partnerships
- Fall alarms
  - Good for the nurses
  - Confined to bed
- Biggest barrier - waiting
Patient partnership

Patient Fall Self-Assessment Tool (PFAT)

- **Check the boxes you feel apply to you**
- I am in an unfamiliar place
- I have recently transferred out of the Intensive Care Unit
- I have spent most of my time in bed for the last few days
- I have fallen in the past and/or had frequent falls at home in the last 6 months
- I sometimes trip or lose my balance
- I have felt like passing out or fainting
- I use a cane or walker at home
- I have an IV attached to tubing and an IV pole
- I am on oxygen and/or CPAP at night
- I have tubes or drains
- I get short of breath that gets worse when I move
- I have forgetfulness or trouble remembering
- I take pain medicine
- I have new medicines or have recently changed my medicines
- I go to the bathroom often and/or quickly
- I take blood thinners, recently had anesthesia or surgery, or have brittle bones
Latest Thoughts

Chronic Disease and Fall Interventions
The Agile Implementation Process
Sources of Variation

©Malaz Boustani (Indiana University) & Alfonso Gatmaitan
(Indiana University Health)
3-DAY COURSE IN COPENHAGEN

Masterclass in Nudging
THE INTERVENTION LADDER

- Elimination of choice
- Negative sanctioning
- Positive sanctioning
- Campaigns
- Information
Nudge

• “Any aspect of a choice architecture that should not influence behavior in principle ..., but does in practice.”

Hansen, PG (2016) The definition of nudge and libertarian paternalism: Does the hand fit the glove? The European Journal of Risk Regulation
The Behavioral Insights Team, 2010

The Behavioral Insights Team, 2014
Days since last accident
Consequences

Action A

Determination

Choice

Preferences

Consequences

Action B

Beliefs

Information

Attention

Attention

What do we know?
• Rationality – boundless and focused on most important (Spidisense)
• Scarce
• Easily distracted
• Quickly overwhelmed
• Subject to “switching costs”

What does it look like?
• Forgetting
• Overlooking
• Multitasking
• Distractions
Belief Formation

What do we know?
• Rationality – carefully search and critique information, then update beliefs
• Constant creating a coherent “good enough” view

What does it look like?
• Ignore relevant information
• Erroneous sampling
• Confusion
• Under or overestimation
• Relying of ‘rules of thumb’
Choices

What do we know?
• Rationality – based on preferences; expected utility of outcome
• Constructed on the spot
• Influenced by a long list of biases

What does it look like?
• Doubt, regret
• Status quo
• Sensitive to frames
• Social motives, meanings and norms
Determination

**What do we know?**
- Rationality – people stick to long-term goals
- Influenced by
  - Mental taxation
  - Learned strategies to deal with temptation
  - Situational factors (context)

**What does it look like?**
- Cognitive dissonance
- Easily distracted by interruptions
- Avoidance of task
- Self blame
Analysis

Observe the behavior close-up

Know when the problem is not behavioral
Hvis du tøber et stykke papir på gulvet den hjørne, hører du det så rigtig ikke ligge?

Gør dine kolleger og kæmpestort omkring, personale gør ved at læne og efter dig!

Bare bruger fra hygiejnehiller!
Localization of the Solution
Consequences A

Action A

Consequences B

Action B

Make it relevant
Seize attention
Plan for inattention

Determination

Attention

Choice

Values

Beliefs

Information

A Patient Story
Consequences A
  Action A

Consequences B
  Action B

Determination
  Choice
    Values

Attention
  Beliefs
    Information

Make it relevant
  Seize attention
  Plan for inattention

Make it attractive
  Frame the message
  Make is social

Consequences A

Action A

Consequences B

Action B

Determination

Attention

Choice

Values

Beliefs

Information

Work with friction
Provide plans and feedback
Create commitments

Make it relevant
Seize attention
Plan for inattention

Make it attractive
Frame the message
Make it social

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<table>
<thead>
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<td>1,000mg ~ 2500mg tablets</td>
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<td>Pain Score Global</td>
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<td>Pain Scale Used</td>
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<td>total 125mcg</td>
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<tr>
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</tbody>
</table>
HAND HYGIENE
I DO THIS
BECAUSE...
I want to protect
my patients from
Germs!

HAND HYGIENE
I DO THIS
BECAUSE...
It would break
my heart if
I made YOU sick!
Consequences A

Action A

Consequences B

Action B

Determination

Choice

Values

Attention

Beliefs

Information

Make it relevant

Size attention

Plan for inattention

Make it attractive

Frame the message

Make it social

Make it

attractive

Frame the
message

Support judgement

Make inferences

intuitive

Guide searches

Work with friction

Provide plans and feedback

Create commitments

ALLERGIES

BEFORE ENTERING
CHECK WITH STAFF
Water-Saving Dual-Function Handle

UP for #1 (liquid waste)

DOWN for #2 (solid waste)

Coated to protect against germs

By installing this water-saving handle with dual-function flush, this facility has demonstrated its commitment to protect and preserve the environment. For the system to work, we need your help. Please take a look at the diagram above and push the handle in the direction which best suits your needs. With your assistance, we can do our part to conserve this precious resource.
GOD KNOWS WHEN YOU DON'T TIP
How do you see using this in your work?
Theoretical Domain Framework (TDF)

- 14 domains within

  - Capability
  - Opportunity
  - Motivation

- These may be barriers or facilitators to desired practices
- Identifies areas to change in designing interventions
Theoretical domains framework

- **Knowledge**
  - Aware of guidelines and evidence?

- **Skills**
  - Sufficient training in techniques required?

- **Social/professional role and identity**
  - Is the action part of what the actor sees as ‘typical’ of their profession?

- **Beliefs about capabilities**
  - Confident in capacity to do the behaviour?
    - What makes it easier or difficult?

- **Optimism**
  - Is the actor generally optimistic that doing the behaviour will make a difference in the grand scheme of things?

- **Beliefs about consequences**
  - What the the benefits and negative aspects of doing the behaviour?

- **Reinforcement**
  - Does the behaviour lead to any personal or external reward when it is performed?

- **Intentions**
  - How motivated is the actor to do this?

- **Goals**
  - How much of a priority is this action compared to other competing demands?

- **Memory, attention and decision processes**
  - Does the actor ever forget? Are there reminders in place?

- **Environmental context and resources**
  - Are there sufficient resources to do the behaviour? If not, what is missing?

- **Social influences**
  - Who influences the decision to perform the behaviour?

- **Emotion**
  - Is performing the behaviour stressful?

- **Behavioural regulation**
  - What does the actor personally do to ensure that they perform the behaviour?
From Fixer to Facilitator

ABCDEF Bundle
Implementation Sprints

Cycles of Learning

Solution:
Localization: Content, Delivery, Outcomes

<table>
<thead>
<tr>
<th>Solution Pilot</th>
<th>Responsible Person</th>
<th>When to be done</th>
<th>Where to be done</th>
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<td>1.</td>
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PLAN

List the tasks needed to set up this solution

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Performance Feedback Loops

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<thead>
<tr>
<th>Performance Feedback Loops</th>
<th>Measurements to determine if solution fails or succeeds</th>
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<tbody>
<tr>
<td>Outcome</td>
<td>If &lt; 1% improvement by (date) then shut off the solution</td>
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Describe what actually happened when you implemented the solution

Describe the measured results and decide if the solution meets criteria of success

If a failed solution, describe the specific barriers and describe what modifications to the plan will be made for the next cycle from what you learned
Random Things that Influenced My Thinking

at work and at home
Dan Pink

https://youtu.be/mduvOrZ6B_U
• Build Safety
• Share Vulnerability
• Establish Purpose
• Resulting
• Your tribe
• Life isn’t a game of chess, it’s more like poker
• The three great untruths
1. What doesn’t kill you makes you weaker
2. Always trust your feelings
3. Life is a battle between good people and bad people
Habits are the compound interest of self-improvement.

If you want better results, then forget about setting goals. Focus on your system instead.

The most effective way to change your habits is to focus not on what you want to achieve, but on who you wish to become.

The Four Laws of Behavior Change are a simple set of rules we can use to build better habits. They are (1) make it obvious, (2) make it attractive, (3) make it easy, and (4) make it satisfying.

Environment is the invisible hand that shapes human behavior.