

Implementing practice change: A strategy and a toolkit to reduce sharps injuries in health care and medical services

Ann-Beth Antonsson, Lisa Schmidt, Gabriella Östlund
Swedish Environmental Research Institute



Five main sources of knowledge and how they are reflected in the project

- **Research knowledge**
 - What are the causes of sharps injuries
- **Practitioner knowledge**
 - What control measures are applicable
- **Policy community knowledge**
 - Legislation and rules for occupational health and safety but also patient safety, environment and hygiene
- **Organizational knowledge**
 - Who does what? Responsibilities, competence and power
- **User knowledge**
 - What are the incentives and impediments for and against change

Strategy according to Pawson et al (2003) Types and quality of knowledge in social care, London, Social Care Institute för Excellence



Our implementation philosophy

- National intervention
 - Integrate in education for health care professionals
 - Provide support through the web for professionals in health care and medical services
 - Cooperation with strategic allies - implementation through existing actors with high legitimacy
 - Alignment with other interests, e.g. patient safety and hygiene
- Support top and middle management. In order to make it easy for them to do the right thing
- Concrete advice on how to avoid sharps injuries on the workplace level. Good practice will reduce sharps injuries by more than 80 %
 - Need for awareness, and education
 - Need for managers to inform and follow-up
 - Need to convert to safety products (policy decision)





Phase 1 of the project

- Understand what factors contribute to sharps injuries
- Develop a strategy that handles the causes and reduces sharps injuries
- The strategy should effectively take into account and deal with the obstacles to preventing sharps injuries
- Report available (in Swedish, English summary)





Interviews with 80 injured (phase 1)

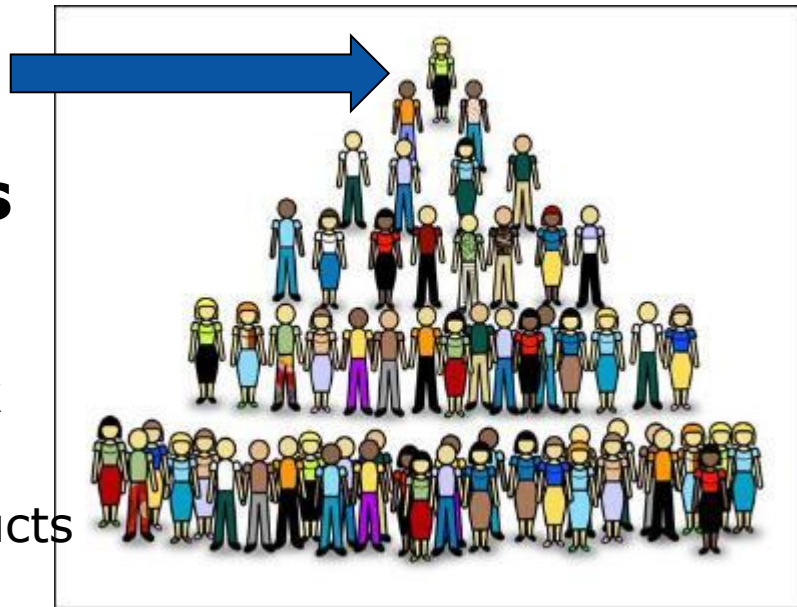
- **Behaviour, e.g.**
 - Poor awareness of recapping not being allowed
 - Handling of the sharps bin
- **Organisation, e.g.**
 - Poor (/lack of) preventive work to reduce sharps injuries
 - Poor follow-up of incidents
 - Not discussed by managers
 - No measures taken to reduce risks of similar incidents
- **Technology and behaviour, e.g.**
 - Unclear routines on safe working procedures
 - Safety products





Advice on how to reduce sharps injuries

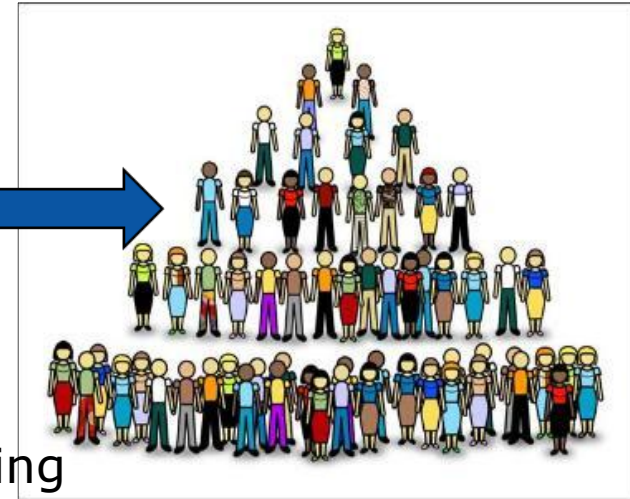
- The **policy level** and how the organization manages the risk of sharps injuries
 - **Policy** for use of safety products and safe working procedures
 - **Procurement** of safety products
 - Need to handle **economic arguments** “safety products too expensive”
 - **Communication** with managers and support for managers to implement safe working procedures





Advice on how to reduce sharps injuries

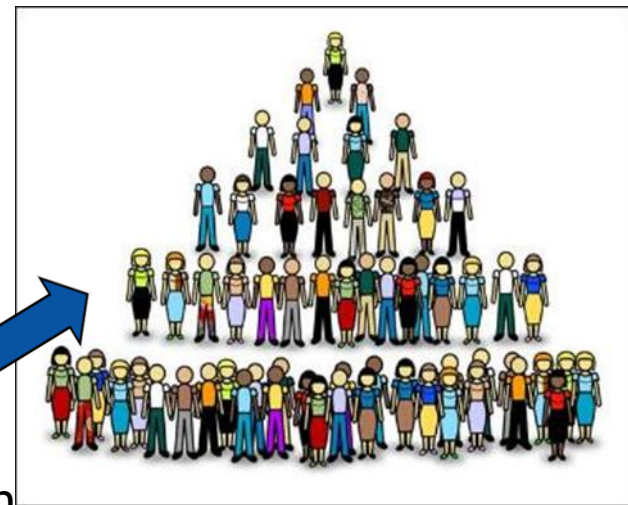
- The **organization** and how **managers** can support safe working procedure
 - Knowledge about and routines for
 - Selection of safety products and training in using new products
 - Implementing the policy, education in safe working procedures and ensuring that policy is implemented
 - How to analyze incidents and accidents
 - Work environment management incl. risk assessment
 - Routines for delegation (municipalities)
- The importance of staff health and safety (not only patients' health and wellbeing)





Advice on how to reduce sharps injuries

- How can the staff implement **safe working procedures** that reduce the risk of sharps injuries?
- Short **films** showing details of the safe working procedures, see [Allt om städ](#) and [Svetsa Rätt](#)
- Include safe work in **education** of health care professionals
 - “Vårdhandboken” – guidelines used both in education and daily work in health care
- **Education** (and tests) **for employees** in the health care sector





Conflicts that have to be handled

- Environment – safety products means more waste
- Hygiene – how to handle the sharps bin?
- Patient safety and wellbeing – safety products must also be good for the patients
- Economy - safety products are more expensive (*are they?*)
- Organizational responsibilities
 - Procurement, insulin users in municipality sector, equipment selected by doctor for private use, not safety products
 - Follow-up of accidents
 - Who will follow up that the prohibition against recapping is implemented?





Phase 2 (ongoing)

- Implement the strategy developed in phase 1
- Focus on supporting the workplaces, providing advice that can easily be adapted to different workplaces and conditions. Implementation needs to focus and support change of work practice at the workshop level
- Reach out through web-based information and strategic allies - the basis for a nation-wide implementation
- Started in December 2012, two year project





Web-based information –basis for implementing practice change

- Adapted to the target groups
 - Top management
 - Middle management and supervisors
 - Staff
 - Strategic allies
- Cooperation with and inclusion in existing/planned websites
- Clear and detailed advice on what to do
- Education that can easily be adapted to different contexts (hospitals, municipalities etc)
- **Adapted to the contexts needs and values**



Adapted to the needs and values of the context and the target groups

E.g.

- Not in conflict with patient safety
- Not too time-consuming
- Propose methods to overcome difficulties in implementing and adapting to new routines and work practices in the organization
- Discuss economy and costs for the recommended changes (top and middle management)





How can the website be disseminated and implemented?

- Part of existing website with a lot of information for the target group – important part of the strategy
- Need for cooperation with **strategic allies!**
 - Organisation for hygiene in health care
 - Medically responsible nurses in municipalities
 - Suppliers of safety products
 - Procurement departments in counties
 - Clinical training centers at hospitals
 - “Vårdhandboken” (guidelines for health care work)



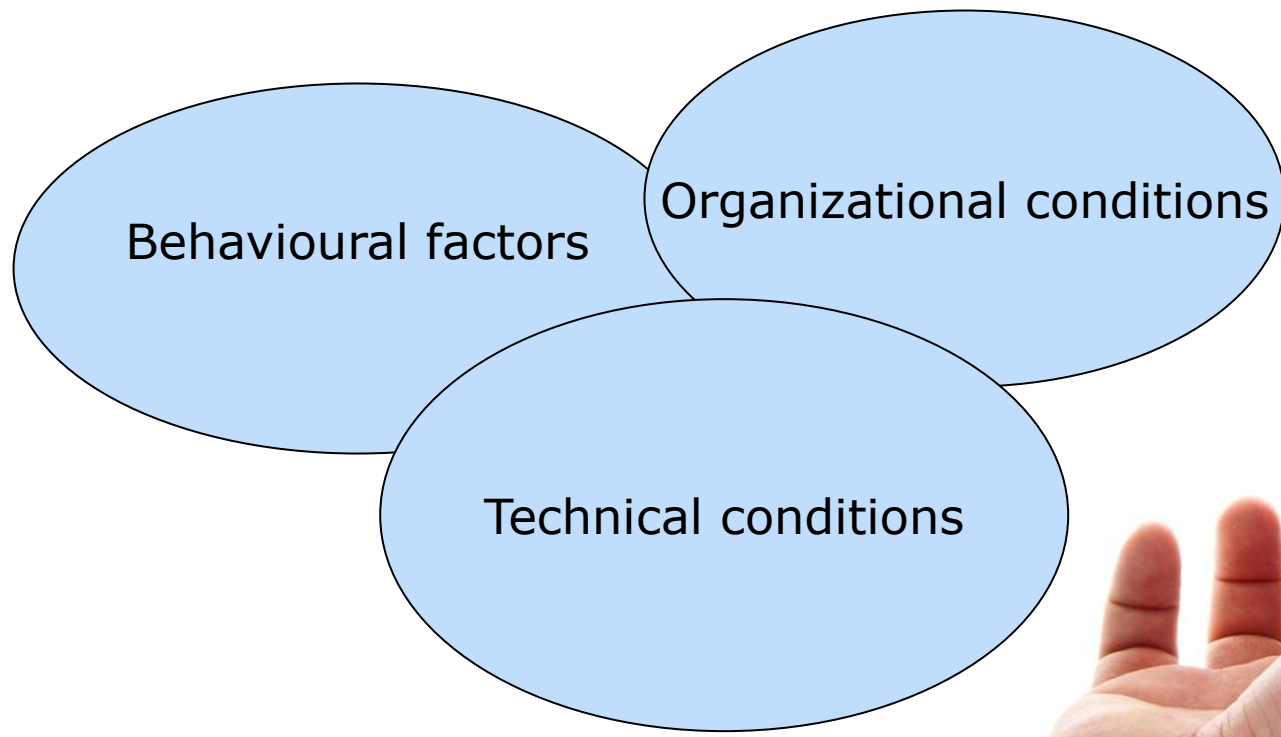
Cooperation between researchers and the social partners

- Sweden – strong social partners
 - Represents the target groups (workplaces incl. top management and the political level) and provide contacts with them
 - Provide contacts with strategic allies
- Cooperation contributes to the implementation process
 - Combines research knowledge with adaptation to context and target groups needs and conditions
 - Increase legitimacy of the intervention
 - Helps in understanding the context



Content of website reflecting factors contributing to sharps injuries

sharps injuries are caused by ...





To be published by the end of 2014



Contact information

- Ann-Beth Antonsson
- ann-beth.antonsson@ivl.se
- www.ivl.se

