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Using **behavioural insights** to strengthen your change theory

Practical applications for improvement



Bispebjerg og Frederiksberg
Hospital

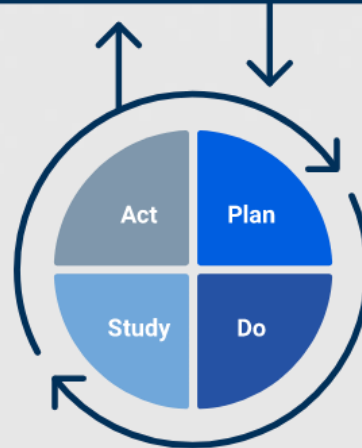
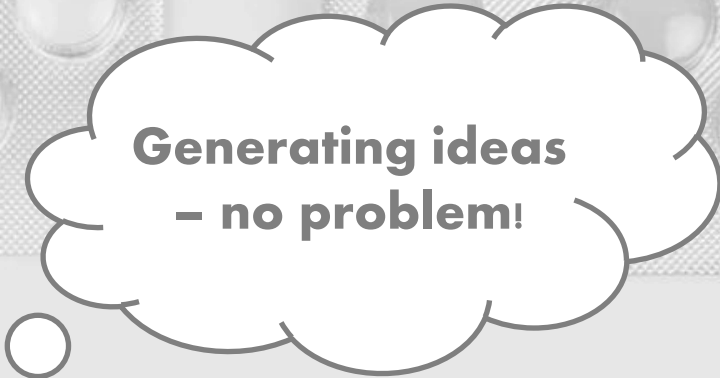
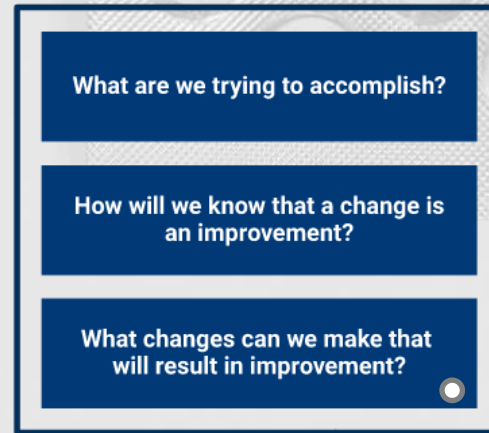
Nothing to declare.

Dansk Selskab for
PatientSikkerhed **PS!**

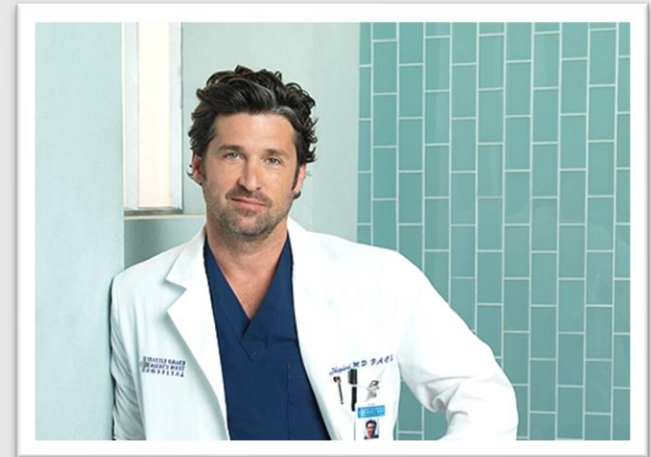
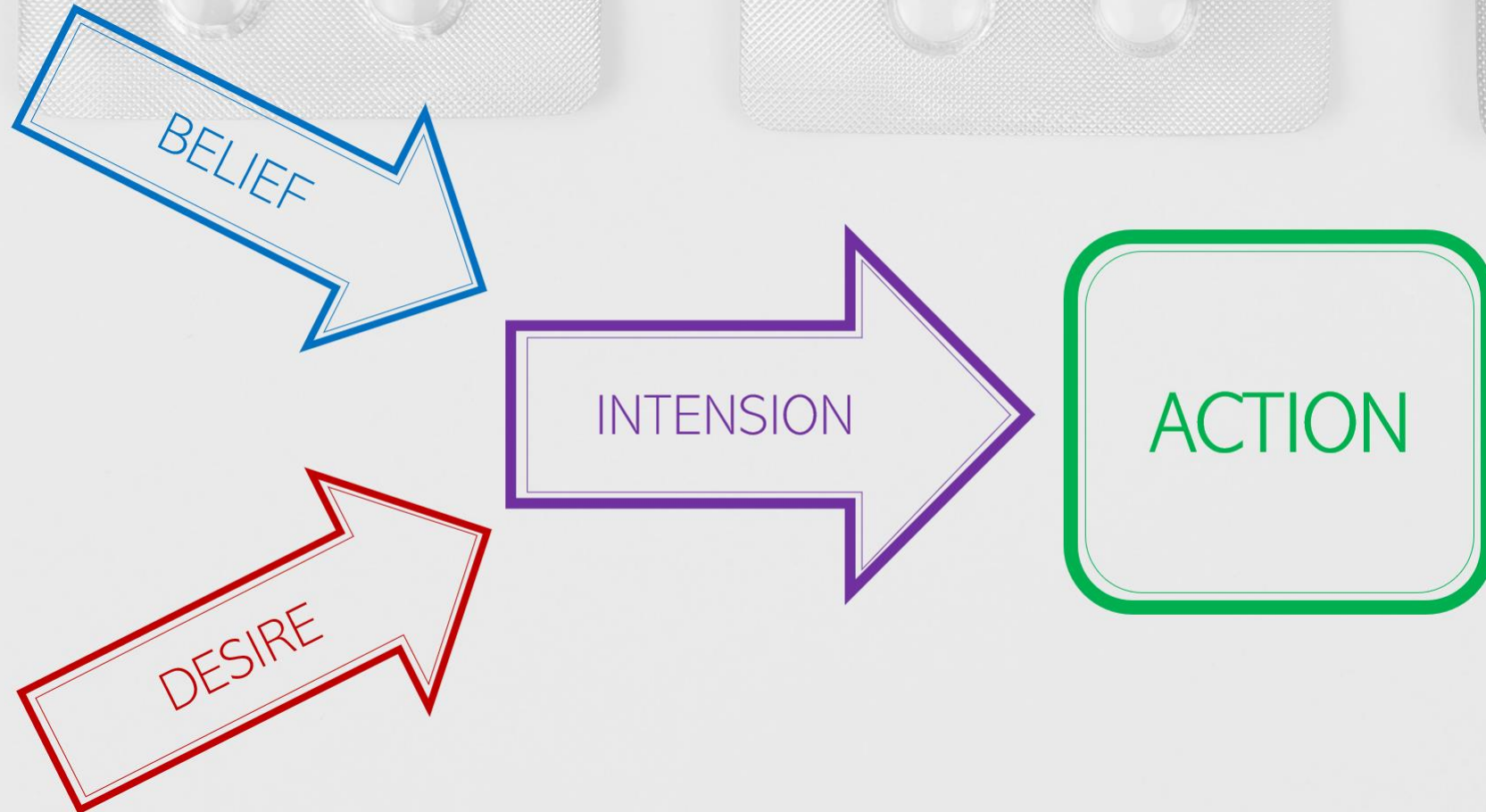
Workshop **overview**...

- **Problem** - Change (in healthcare) is **HARD**.
- **Solution** - Improvement Science (provides a systematic approach to testing & implementing change)
- **Problem** - Improvement Science has limitations (exploring & understanding the psychological mechanisms of change)
- **Solution** - Behavioural Insights (Understanding of how we think, which helps us to understand how we **behave**)
- **Practical example** - Increasing use of oral over I/V antibiotic use

The **problem - solution - problem** situation...



Folk psychology: Belief - Desire - Intension Model of Agency



Folk psychology: Incentivisation

Greater levels of intervention

Eliminate choice: Regulate

Negative incentives: Cost / resource implications

Positive incentives: Financial / rewards

Persuasion: Communication

Information: Communication

Folk psychology: Belief - Desire - Intension Model of Agency



A model to guide our understanding of **behaviour**

System 1

'First reaction'

**Fast, automatic,
impulsive, associative,
emotional and
unconscious**

LIMBIC

System 2

'Thoughtful'

**Slow, deliberate,
reflexive, intentional,
analytical, rational and
logical**

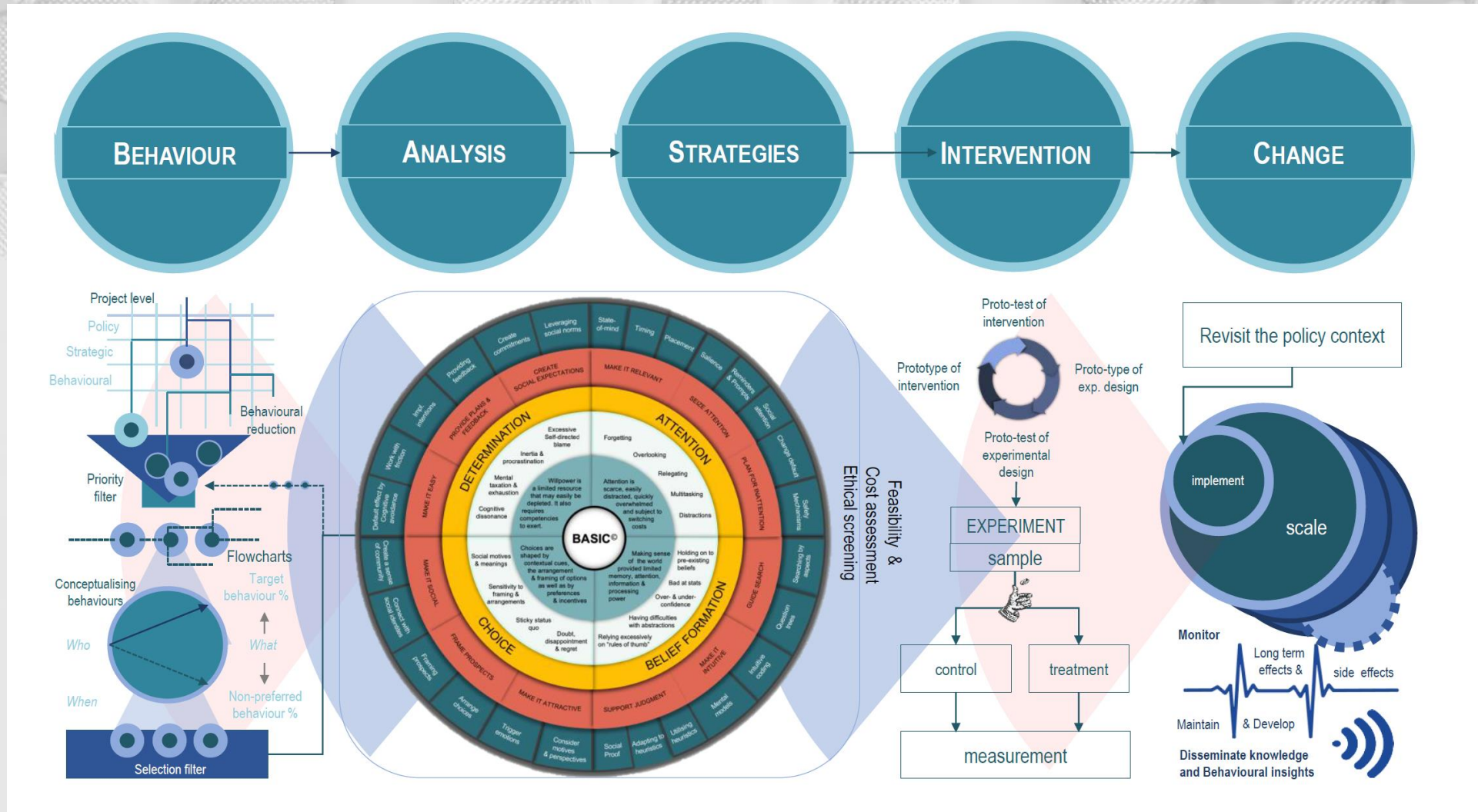
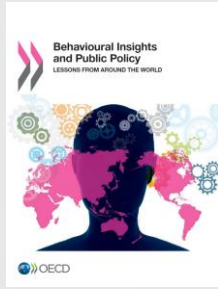
NEOCORTEX

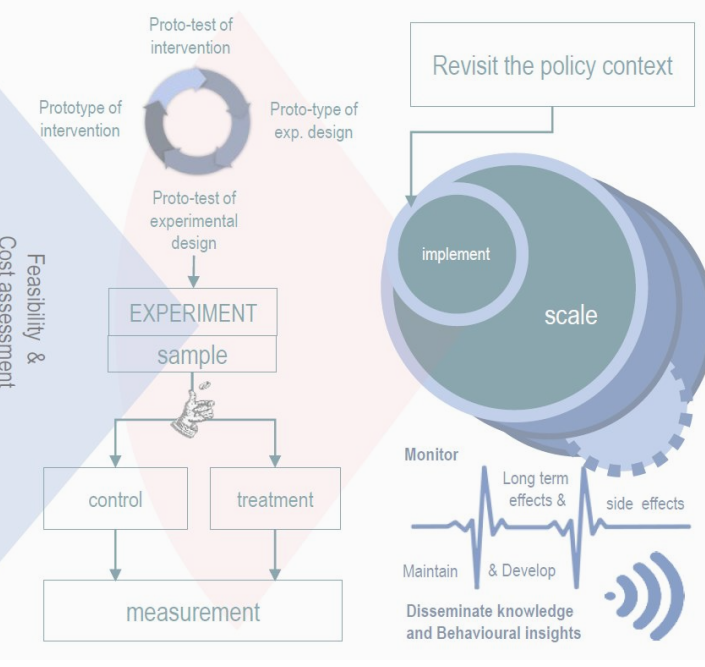


What is 'Behavioural Insights'?

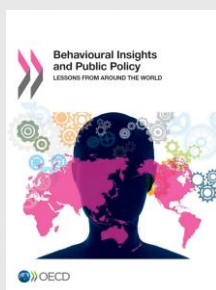
Behavioural insights (BI) is an inductive approach to policy making that combines insights from psychology, cognitive science, and social science with empirically-tested results to discover **how humans actually make choices.**

The BASIC model of behavioural insights



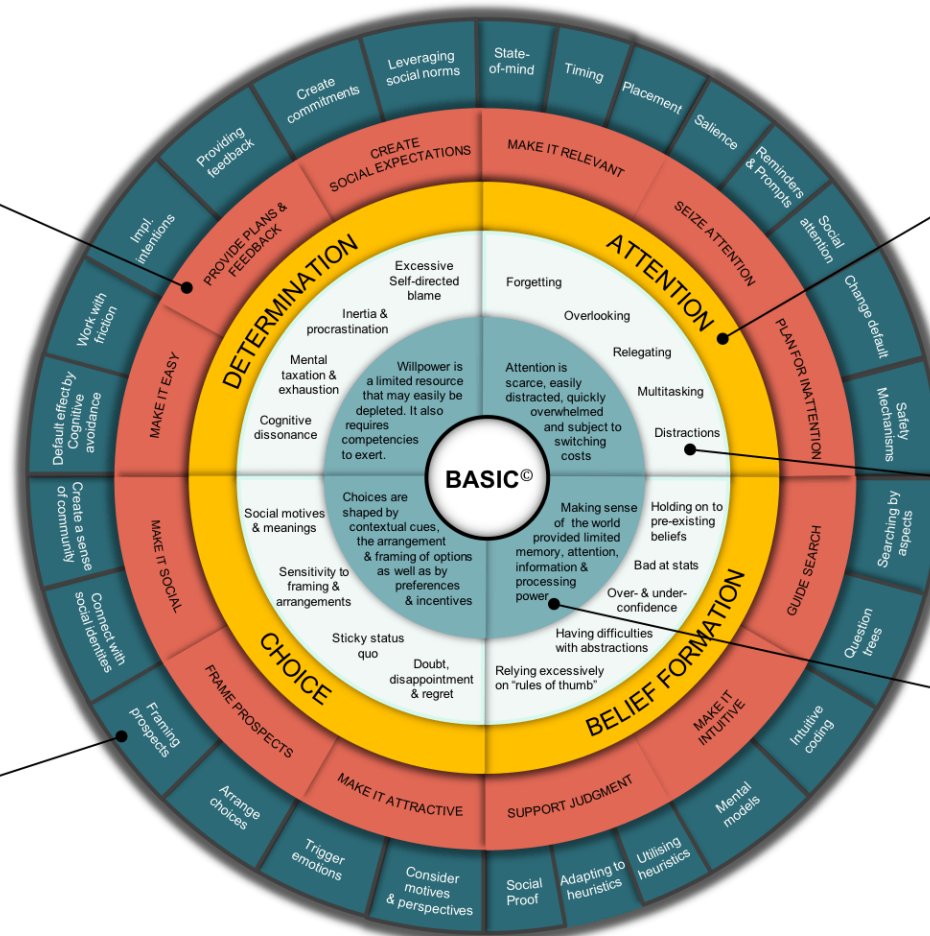


The **ABCD** diagnostic tool



Categories of Behavioural Insights strategies: For practical convenience behavioural insights strategies are sorted in to broad categories that function as easily identifiable keys to more specific behavioural insights strategies.

Behavioural Insights strategies: In the outermost ring one finds examples of behavioural insights strategies that contains specific behavioural insights that may be used to understand as well as influence target behaviours.



Project: Setting

Bispebjerg Hospital,
Copenhagen

2021/22

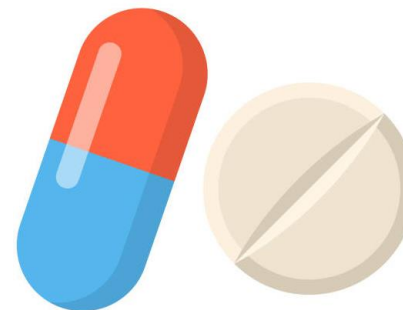
Pre-work for a larger
Improvement Project



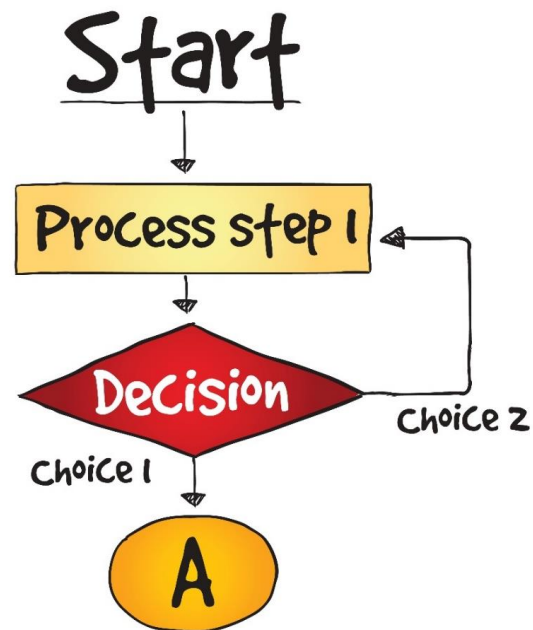
Project: Aim



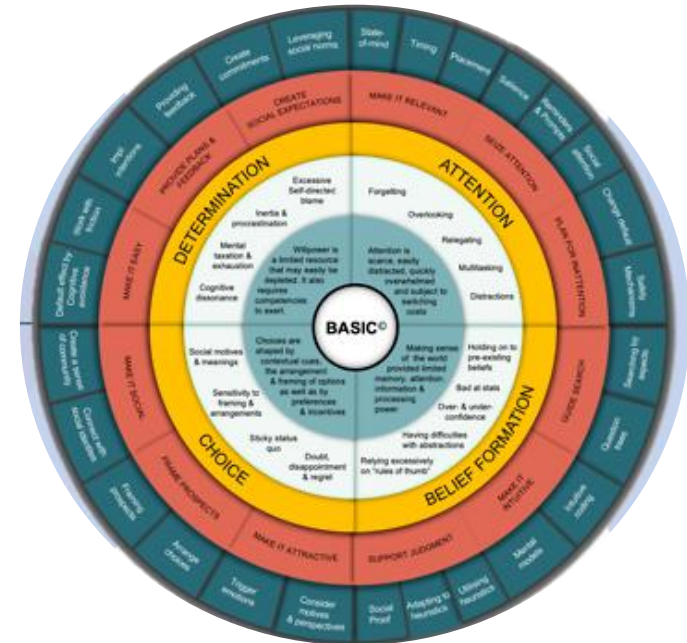
Reduce the average number of days a patient is treated with IV antibiotics by 10%



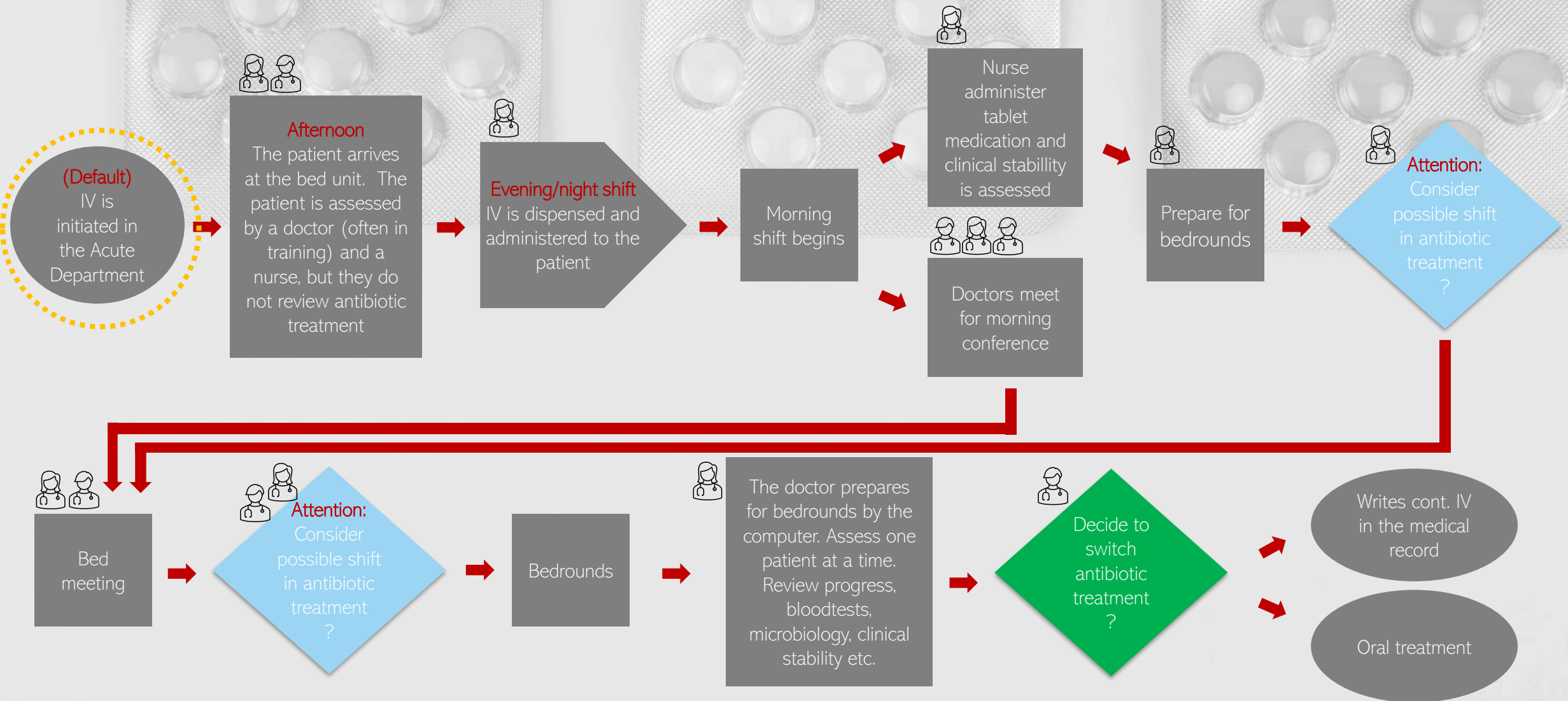
Project: Change ideas



What influences the doctor's decision to switch, and how can we affect that decision?



Project: Behavioural Flowchart



Project: Identifying strategies (Using the ABCD wheel)



Inattention

Nothing in the process brings attention to the patients who are ready to switch

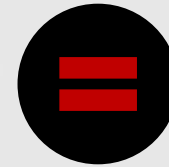
The Default

Patient has already started IV upon arrival at the bed unit



High complexity (mental taxation)

Doctors assess a large amount of information (clinical progress, C-reactive protein, blood tests, microbiology etc.)



Risk of default bias

The tendency to stick with the default choice due to inattention or cognitive avoidance

Project: Identifying strategies (Using the ABCD wheel)



Seize attention

- Social attention
- Use reminders and Prompts
- Make it salient

The Default

Patient has already started IV upon arrival at the bed unit



Make it easy

(reduce mental taxation)

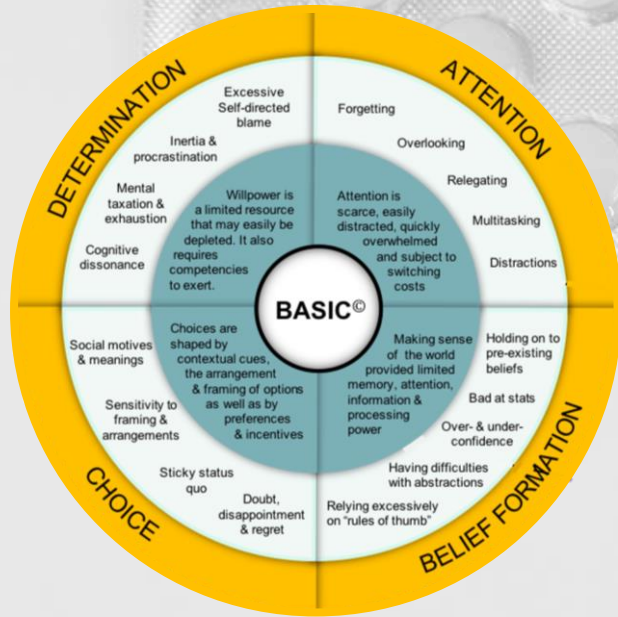
- Reduce (cognitive) friction
- Guide decisions



Risk of default bias

The tendency to stick with the default choice due to inattention or cognitive avoidance

Exercise: Use ABCD wheel to give each quote a 'theme'



DETERMINATION

Inertia & procrastination

It is Friday, I'll wait until Monday

If I switch, the patient will be discharged

Do I know the oral substitute?

I'll just write "Cont. IV" in the patient record

Maybe I should wait to see the effect?

I don't want to risk the health of the patient

I have previous experienced that the patient got worse

IV is better than oral tablets

Project: Driver diagram

Aim

Primary Drivers

Secondary Drivers

Change ideas

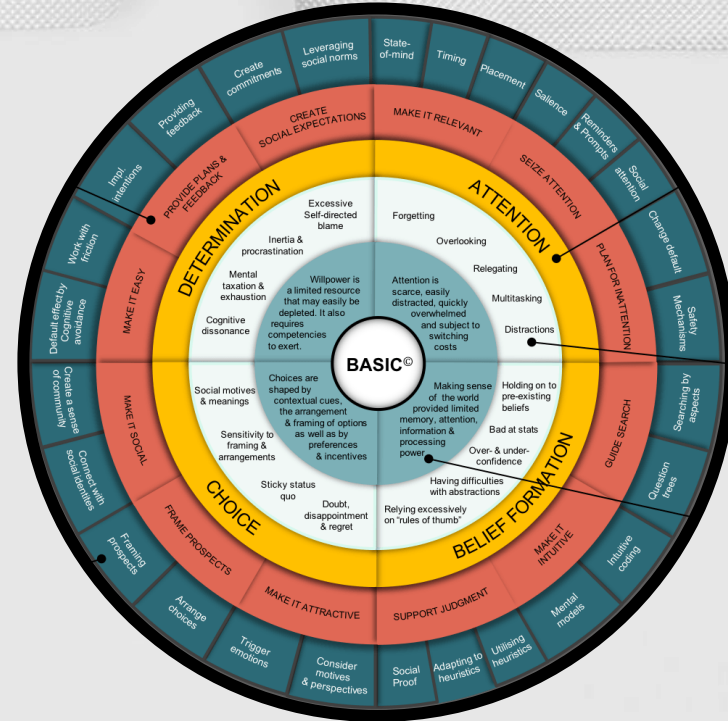
Reduce the average number of days a patient is treated with IV antibiotics by 10%

Seize attention

Reduce cognitive friction

Work with belief formation

Reduce risk aversion



Take home message

To know what works, we need to know why it works!

It is possible to use tools and knowledge from BI to supplement the Mfl, to increase our understanding of what change ideas are most relevant and effectful.

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