This document provides a summarised analysis of the posters produced during the Policy Workshop. In total, seven posters were produced by seven different groups, each with 5-6 participants. The workshop – facilitated by RIPEN team members – took place at the Royal College of Nursing on the 04th of October 2019.

The organisation of the data provides some quantifiable information on the results of the activities. It simultaneously allows for some insights to be surfaced. The scheme to the right provides an organised visualisation of the data from the posters. The guide below will assist in the reading and understanding of the visualisation.

#### Clusters of Priorities with Nurses' Primary Roles, Ideas and Recommendations from Policy Workshop

In light of the data from all seven groups, clusters have been proposed. The clustering starting point was the recognition of similarities and trends in the groups' choices of priorities. The four clusters were, then, named according to their focus, as follows:

Cluster 1: Embedding IPC and AMR work in routines of care;

Cluster 2: Technology to support nurses' care;

the row of dots.

Cluster 3: Agency and advocacy for nursing role developments; Cluster 4: Public voice and engagement of professionals and society.

The groups represented within each cluster are illustrated by the pink dots (groups' numbers) on top of the yellow boxes (chosen priorities). There is some overlapping – most groups are represented in more than one cluster – and the level of affinity the group has with a given cluster is represented by both the scale of the pink dots, as well as their order in

The yellow boxes display the chosen priorities that compose each cluster. Whenever groups took notes, edited or amended content describing the priority, these were included in black, script text, as close as possible to how they appear in the posters. Within Cluster 2, Technology to support nurses' care, for example, there are two priorities that were completely drafted by the participants themselves.

From there, nurses' roles could then be identified and paired with the priorities, based on the roles defined by the groups under each priorities' cluster, as well as based on the roles that better relate to the achievement or enactment of the priorities within each cluster.

Under the columns with the roles of nurses, are included the ideas either selected or proposed/amended – the groups defined to tackle the priorities they have chosen. Also within this section, are the **policy** focus and the final recommendations developed by each group. All of these are displayed in relation to the group responsible for the work, which is, again, identified by the pink dots.

## Clusters of Priorities with Nurses' Primary Roles, Ideas and Recommendations from Policy Workshop

## Embedding IPC and AMR Work in Routines of Care





+ Vaccination

IPC in routine care + Society care of midlines; safety; hand hygiene; personal and behavioural issues; uniform and equipment; record keeping

Integrating + embedding AMR in care Integrated care

primary + secondary; social care; mental health services; community, local, regional, national and international levels; data sharing

Empowerment, co-responsibility, participation and ownership of care

general public; patient and public involvement; healthcare staff; decision-makers; institutions; organisations; government

## Technology to Support Nurses' Care



Making it work for profs & patients & families - xxx? Technology

electronic prescribing; ; telemedicine; ABx record keeping; patient history; big data Major xxx? from big tech to develop tech

POC. Diagnostics

Need for a generic 'open' conceptual framework for health + social care

'One Health' (sources of Infx)

Designer/innovator

Creative potential

Ambassador

removing unnecessary stuff

# Agency and Advocacy for Nursing

# Role Developments



Information, awareness, advice and communication

sources; quality of information; messages (including education on

hydration); format and media; social media; public health campaigns







Empowering
Nurses' extended practices and roles beyond hospital care, and away from clinical delivery; as advisor, educator, spokesperson, mediator, designer, decision-maker, policymaker, community leader; conversations with patients

Nurses interaction with other HC professionals discussions with microbiologists; ABx monitoring by microbiology; challenging doctors' ABx prescribing;

Internal and external perceptions of nurses as a professional group/class

Patient-centred care

Education, training, and specialisation of nurses (and the general public)

### Confidence in dealing with risk

- Intermediary/mediator
- [Supporter]/Advocate
- Designer/innovator removing unnecessary stuff
- Ambassador
- Creative potential
- Decision-maker

7 1 4 5

- Intermediary/mediator
- Decision-maker
- Ambassador

Educator

- Facilitator
- Change-Agent

## Ideas (n.3), policy focus (n.4) and recommendations (n.5) per cluster, all groups

## (plus hand hygiene/vaccines)

and health technologies = strong leadership and communi

· Prescribing/Administration Pause (biomarkers diagnostics ;

- MyHealth App with expanded patient access

3. Improving knowledge and usage of AMR products

· Open, national conversation on the use of resources/leve

4. 'Scare people' - use social media to share the implications

MyHealth App (data sharing /standardisation)

of care/treatment = equality; outcome/benefit

(communication/marketina)

of mis-, overuse of ABx;

prompt system

Put AMR in nursing standards

Primary carer

Policymaker

Designer

in IPC

Educator

Leader

Activist

in hospital

Screening tools

evidence based

Communicator Across Professions

keep a human face combined with communication skills

healthcaer (e.g. micro tax in food, AMR products etc.)

5. International collaboration + Action Provision and availability of special ICP advice > nurses should lead the discussion Other policies beyond prescribing: specimen collection; >treatment monitoring; interpreting results; sharing info with other professionals Enhancing the effectiveness of prescribed ABX

3. Implementing a prescribng pause - What messages work 'Shock and awe' afeguarding drugs for the future Controlled consumption (humans & animals/agriculture) with data supporting for civil society

memory/loopping effect

Long term - 20 year vision into action = organisationa

3. PT-centred electronic records Standardisation of systems Global inspiration - extreme situations inspiration Highly intuitive design (minimal technological knowledge - Streamline information + an electronic prescribing and prompt system

4. 'Fostering R&D (development of new technology) Communication/Marketing (patient-held information)

Reducing the demand for antibiotics

\* comments on the appropriateness, use and limits of 'fiscal measures' and 'guidelines' 5. Mandatory training days per annum for nurses of courses of their choice to encourage future focus Embed AMR in all clinical practice Curriculum needs to feature more focus on AMR in all specialisms

(Mandate role at the hospital level) Creative engagement and staff, pts, communication to promote awareness of AMR/AMS (beyond surveillance) Creative organisations/networks helping to support the

message within hospitals 3. PT-centred electronic records

'MyHealth' App. Standardisation of systems - Global inspiration - extreme situations inspiration - Highly intuitive design (minimal technological knowledge - Streamline information + an electronic prescribing and prompt system

and creative networks Knowledge and Creativity Provision and availability of special information prevention Reducing the demand for antibiotics 4. 'Fostering R&D (development of new technology)

- PCN/AMT specific nurse and prescribing + engagemen

5. Agency and Stewardship

\* comments on the appropriateness, use and limits of 'fiscal measures' and 'quidelines' 5. Mandatory training days per annum for nurses of courses of their choice to encourage future focus Embed AMR in all clinical practice Curriculum needs to feature more focus on AMR in all

enabling consistency of practice Stakeholder engagement + patient groups Better prescribing data + surveillance Public engagement via:

Cost-benefit analysis - healthcare outcomes - patient well-being - financial burden campaigns regarding the roles of nurses in AMR International engagemen

- AMR nursing initiative

- Positive case studies

- New approaches

3. Improving Knowledge and usage of AMR products (plus hand hygiene/vaccines) 4. Including AMR into career progression pathway

5. 'Patient voice for the problem of AMR' Nurses as ambassadors - training in advocacy to keep a human face combined with communication skills)

National [ublic engagement campaigns

3. PT-centred electronic records 'MyHealth' App. - Standardisation of systems - Global inspiration - extreme situations inspiration Highly intuitive design (minimal technological knowledge - Streamline information + an electronic prescribing and

4. 'Fostering R&D (development of new technology) Communication/Marketing (patient-held information) \* comments on the appropriateness, use and limits of 'fiscal measures' and 'guidelines'

5. Mandatory training days per annum for nurses of courses of their choice to encourage future focus Embed AMR in all clinical practice Curriculum needs to feature more focus on AMR in all specialisms

3. IPCn & prescribing specialist /AMT nurse (within career

4. 'Fostering R&D - creative messages and networks pathway) - facilitate and empower other nurses in AMR/ (Mandate role at the hospital level) Creative engagement 5. Agency and Stewardship and staff, pts, communication to promote awareness of - PCN/AMT specific nurse and prescribing + engagement AMR/AMS (beyond surveillance) and creative networks Creative organisations/networks helping to support the - Knowledge and Creativity message within hospitals Provision and availability of special information prevention

3. Embedding communication > through behaviour change and health technologies = strong leadership and community - MyHealth App with expanded patient access - Prescribina/Administration Pause (biomarkers diagnostics ; *'golden hour' is wrong)* 

> 3. A standardised national approach to antibiotic prescribing enabling consistency of practice - IT systems - Prof. roles + responsibilities Stakeholder engagement + patient groups local engagement workshops w/ patients, service users Better prescribing data + surveillance Public engagement via: - social media - campaigns regarding the roles of nurses in AMR

5. Education - historically contextualised - What messages work? - 'Shock and awe' > Curriculum + life-long learning Safeguarding drugs for the future with data supporting for civil society ong term - 20 year vision into action = organisationa

3. Implementing a prescribng pause

5. (Funded) Research + understand nurses' prescribing behaviours before issuing guidelines; Embedding AMR in cross-governmental sectors, beyond healthcaer (e.g. micro tax in food, AMR products etc.)

5. National integrated IT systems National [ublic engagement campaigns: Positive case studies · New approaches Cost-benefit analysis healthcare outcomes patient well-being - financial burden International engagement Network - AMR nursing initiative

with data supporting for civil society Simultaneous policy - Long term - 20 year vision into action = organisational memory/loopping effect

3. Implementing a prescribng pause

Safeguarding drugs for the future

- What messages work?

5. Education - historically contextualised

- 'Shock and awe' > Curriculum + life-long learning

Controlled consumption (humans & animals/agriculture)

and staff, pts, communication to promote awareness of AMR/AMS (beyond surveillance) Creative organisations/networks helping to support th message within hospitals

3. IPCn & prescribing specialist /AMT nurse (within career 4. 'Fostering R&D - creative messages and networks pathway) - facilitate and empower other nurses in AMR/ (Mandate role at the hospital level) Creative engagement

. Agency and Stewardship - PCN/AMT specific nurse and prescribing + engagement and creative networks - Knowledge and Creativity Provision and availability of special information prevention *Reducing the demand for antibiotics* 

Strengthen nurses' knowledge around AMR/IPC through education, training, research and national/international collaboration and action;

Tighten relationships between professionals and the public through better communication, highlighting both individual and collective responsibilities.

Streamline and control Abx use based on a long term shared-vision and on standardised good practice;

Enable best practices and information sharing through technology and networks that are connected, seamless, intuitive and democratic.

Explore and nurture nurses' creativity, acknowledging their priviledged position within the health system, to facilitate transformative action within and beyond health institutions.

Foster public engagement and empowerment by making use of positive messages with high impact and far reach;

Facilitate a nurses-led open conversation about AMR, inviting the wider society to take action.

Finally, summarised recommendations are described at the very bottom of each cluster (in italic, maroon letters). Rather than repeating verbatim content from the posters, these recommendations result from the analysis process, and they try to synthesise an aggregated interpretation of the combined works of the groups within each cluster.