**BARRIERS AND ENABLERS – Individual interviews & Focus Groups**

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| **BARRIERS** | **ENABLERS** |
| * **‘People matter’** (leadership, relationships, buy-in, continuity, ability to interact at personal level)
 |
| Lack of AMT Leadership Lack of AMT engagement from certain groups of medics, senior cliniciansLack of senior management engagementLack of engagement with specific groups: nursesLack of nursing involvementLack of communication (including documentation) between departments, between prescribers and those administering and between senior consultants and juniorsLack of ward rounds/MDT meetings (lack of face-to-face engagement | Senior support, AMT engagement and leadershipGood relationships/ working with enthusiastic, interested peopleEngagement activities: ward rounds, Face to face interactionEngagement and links with specific people e.g. IPC team, microbiology, ID, clinical pharmacists, medical staff and specialities, nursesGood relationships/team workingGood engagement with pharmacistsGood engagement with nursesActive multi-disciplinary AMTWard rounds/patient reviews/presence on the ward (all face to face measures) |
| * **‘Environmental context, time and resources matter’; at all levels**
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| Lack of time and resources: AMT resource, AM nurse, time for nurses to attend education, pharmacist time, microbiology resource, staff shortagesLack of junior doctor continuityLack of clinical pharmacist engagement – no time for AMSOrganisational Structure – challenges of multiple sites, single rooms, large organisation, small organisation, not enough IPC link, geography, lack of coordination and communication i.e. difficult to disseminate guidanceResource issues –people and timeLack of doctor continuity/working patterns | Smaller health board, more day-to-day access to clinical colleaguesDrug shortages/restricted prescribing |
| * **‘Knowledge, experience & confidence matters’** (awareness, education, knowledge, experience; esp for Junior Drs & nurses);
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| Lack of knowledge, experience, confidence, lack of clear evidenceLack of engagement with specific groups: nursesLack of knowledge/confidence/awarenessIndividual prescribing/ not adhering to guidelines (senior staff, surgical specialities) | Junior Dr inductionEducation/teaching e.g. short presentations on the ward, involve nursesInnovative education/engagement strategies (on the ward) |
| * **‘Technology matters’** (methods of accessing information & communicating; presence or absence of meaningful data)
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| IT/technology issues -signal coverage, app issues, intranet, HEPMA, no electronic prescribing, no prompts, lack of technology systems and do not link up with national systemsIT issues: difficulties with HEPMA, intranet, no electronic prescribingGuidelines not updated/completedPoor documentation or lack of documentationPractice issues e.g. lack of review, missed doses, misuse of AB alert forms, drug shortages, more complex patients | Accessible, updated guidelines IT/technology e.g. Electronic prescribing, Electronic alerts, Electronic guidanceGood IT systems e.g. app, triageNational surveillance programmeAccessible, easy-to-follow, up-to-date guidelinesGood documentation/prompt sheets/stickers |
| * **‘Feedback matters’**
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| Lack of audit feedback to clinical teamsLack of feedback/audit | Audit and feedback -real time point of care feedback to prescribers |
| * **‘Prioritisation matters’**
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| Lack of commitment to AMS outside of core AMTCompeting priorities / Not seen as priorityBeliefs regarding AMR (patient need versus greater good), tension between AMR and sepsisCompeting prioritiesSepsis six | External support from ASAP, SAPG, AM nurses group |