

Daily Talks

Background

North Stockholm Psychiatry (NSP) is part of the Stockholm County healthcare system (SLSO), which is a county healthcare provider. We offer specialist psychiatric out- and inpatient care for Stockholm County residents age 18+ (service area: 350.000). Inpatient care contains of nine closed wards (139 beds), with both voluntary and involuntary detentions. Outpatient care contains of 13 local clinics. NSP employs approx. 920 people.

The User Involvement Coordinator¹ (UIC) initiated *Daily Talks* (DT). The project started in spring 2017 at ward 25 (inpatient ward aimed towards patients with affective disorders).

Problem

DT started due to complaints from psychiatric patients all over Stockholm County concerning lack of structure and equality around contact with staff at inpatient wards, and lack of involvement. Our aim:

1. To offer a more consistent and equal structure for daily talks between patient and nurses, and
2. To see if DT could increase the patients experienced involvement.

Assessment of problem and analysis of its causes

The inpatient wards at SLSO uses a structure for user involvement called *Patient forums* (PF). PF is a weekly meeting lead by the UIC, where patients can suggest how to improve the ward. Patients has brought up the stated problems at PF since it started in 2009.

Intervention

The model for DT:

- A daily offer to talk with a nurse from the patients care team.
- Takes place at a predestined time during the day
- Lasts 0-30 min
- The patient decides the agenda

Strategy for change

We used a PDSA-model:

1. **Plan:** Staff got information and opportunity to give feedback. Hopes was to create better alliances with patients, worries was how to cope if all patients wanted to talk full 30 min every day.
2. **Do:** Ward 25 has two teams of nurses. We started in one of the teams (4 weeks).

¹ An employee with lived experience of psychiatric care set to develop and support structures around user involvement, on organizational level. NSP has two full time UICs.

3. **Study:** We analyzed the collected data and met with staff for feedback and adjustments.
4. **Act:** Then started a new test period including both teams (7 weeks).

Measurement of improvement

Questions	How do we find the answer?
1. What do patients think about DT?	<ul style="list-style-type: none"> • Poll to all patients when discharged from the ward. • Ask patients every week at PF.
2. Do staff offer DT? 3. How many patients accept the offer?	Notes in the patient records.

Effects of changes

Results from the patient poll:

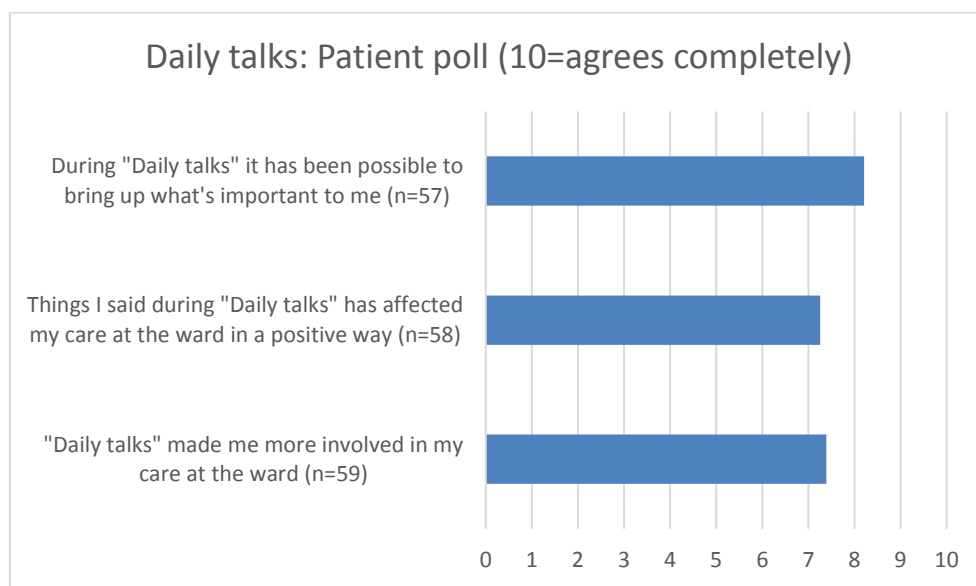


Diagram 1.

The patients gave positive feedback concerning how they perceived DT (*Diagram 1*).

The staff manage to offer DT to a high quota of patients. Approx. 1/3-1/2 of the patients accept the talks when asked (*Diagram 2*), with an avg of four preformed talks a day. The talks lasted in avg 15 min.

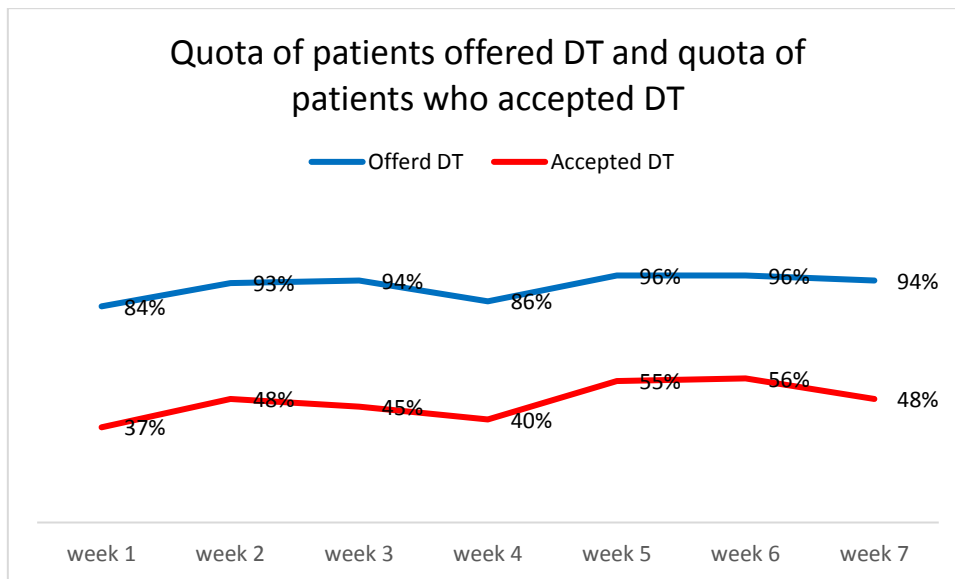


Diagram 2.

The staff stated that they wanted to keep on using DT. NSP is now spreading DT to other wards around SLSO.

Benefits of DT

1. Simplicity: free of cost and needs no extra education.
2. Time: It's not very time consuming.
3. Patient value: high valued by the patients.
4. Generalizability: could be used on most health care wards

Problems

1. We don't know how DT will work in the long run.
2. Our data gives us a good indication, but doesn't reach scientific standards.

Lessons learnt

- Offering every patient DT wasn't as time consuming as we thought it would be.
 - a. The majority of patients doesn't want to talk every day when offered this.
 - b. The majority of the talks doesn't endure the full 30 min.
- Giving DT a name and structure helps staff to make room for it.

Messages for others

- Offering patients DT is less time consuming than you think.
- If you don't bring daily conversations with patients into a structure, the risk is that it won't survive in an environment where most other things are put into structures.
- Involvement doesn't have to be expensive, complicated and time consuming.

How we involved patients

- The project was led by the UCI (employee with lived experience of mental health problems).
- Patients were consulted on weekly basis during PF.
- Requests from the patients initiated the project.