

Increasing staff and patient engagement with the Limehouse Ward community meeting

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Staff and patient engagement with the community meeting increases... more than expected

Aim

To improve both staff and patient engagement with the Limehouse Ward community meeting by 25% by August 2018

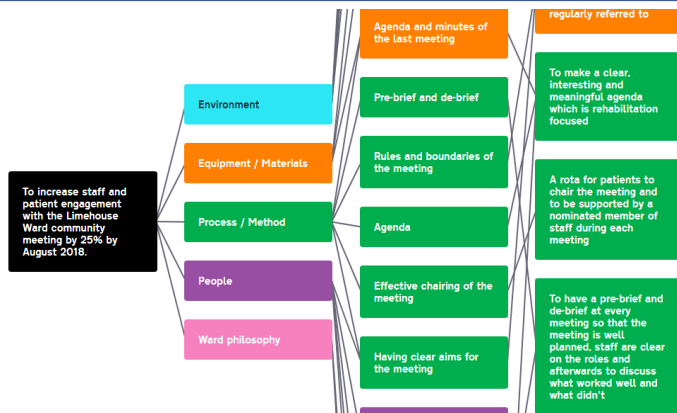
Why is this important to service users and carers?

This QI project aimed to resolve poor engagement with the community meeting, making it a more engaging space for both staff and patients to come together and ultimately promote and facilitate a more effective rehabilitation and recovery process.

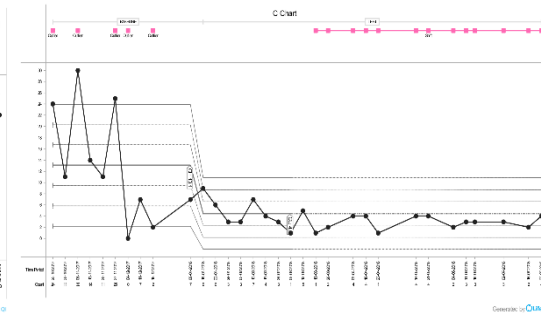
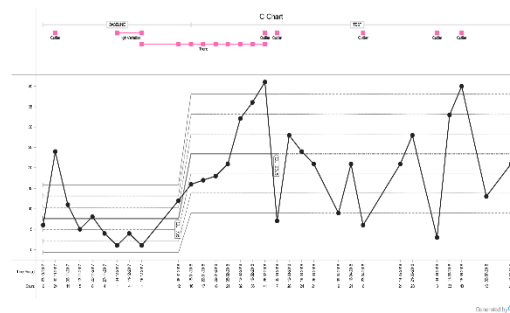
Tests of Change

- Seating rearranged to that everyone can see and hear each other
- Staff have a brief and de-brief before and after every meeting
- Feedback simplified into bitesize chunks
- Disruptions minimised

Driver diagram



Data



Learning and what next?

We noticed that when the meeting is planned (with briefings and de-briefs) it can be made more engaging and meaningful. We have seen a better than expected improvement; there was more engagement from both patients and staff, and much fewer disruptions. Although not measured we noticed that the changes facilitated more patient to patient interactions. The community meeting became a more useful and effective space to discuss various issues, and the changes became embedded in the ward culture.



Tell us your story in a nutshell

We achieved far better engagement with the Limehouse Ward community meeting from both staff and patients. Before the QI project started it was hard to hear and see everyone due to the layout of the meeting and numerous background disruptions, making conversations difficult, leading to people losing interest, and even drifting off to sleep. Patients fed back that they didn't really understand what the meeting was for and some staff didn't see the value in the meeting, despite it taking up 1 hour of their day. We have now promoted better engagement with the community meeting among staff on the ward and have given teaching at the away day on how community meetings can be helpful. We have made changes to the meeting, including holding a brief and de-brief before and after every meeting so that interesting and important topics of discussion can be discussed and planned. We have minimised disruptions to the meeting and reorganised the layout so that everyone can hear and see each other clearly, making an environment more conducive to holding conversations. This has led to a 66% reduction in disruptions. We have also simplified feedback so it is easier for patients to understand. This has all helped to increase the engagement from both staff and patients – there has been an average increase in patient contributions of 209%.