NHS Education for Scotland

Improving Nurse/Patient 1:1 Communication within an Inpatient Mental Health Ward
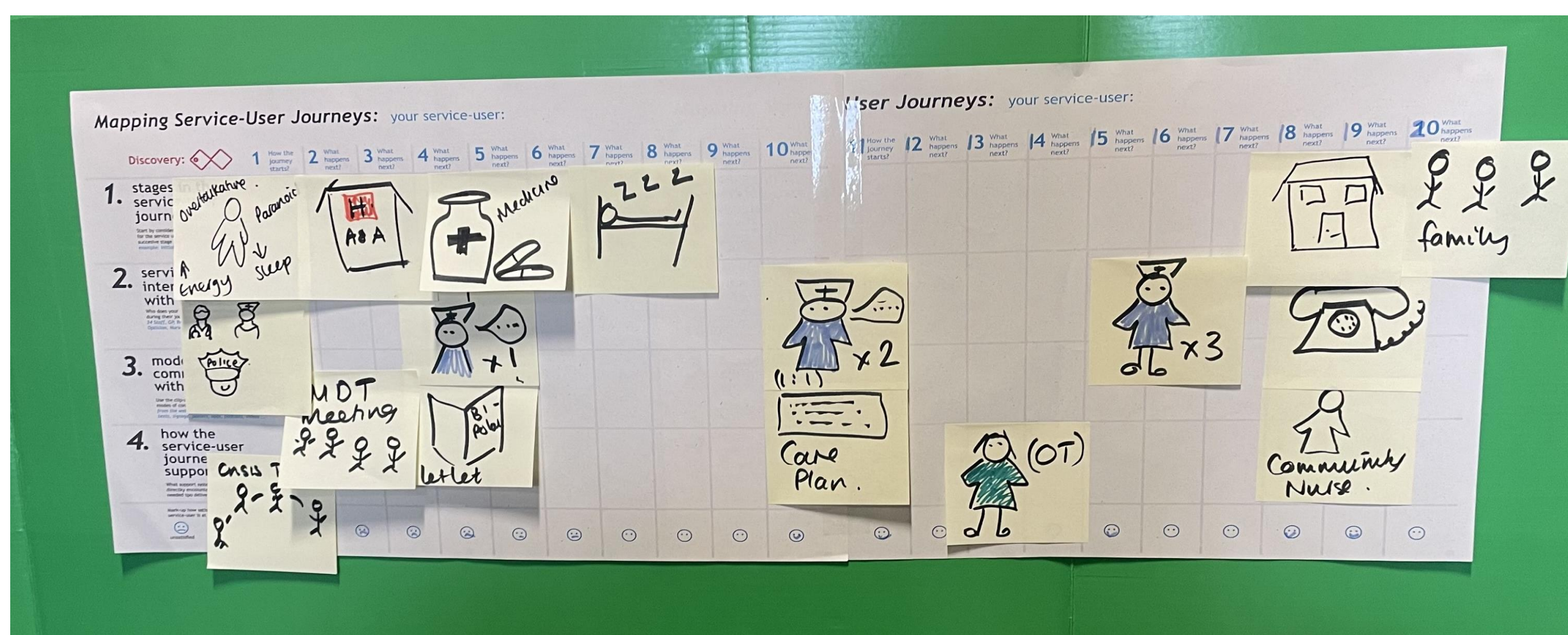
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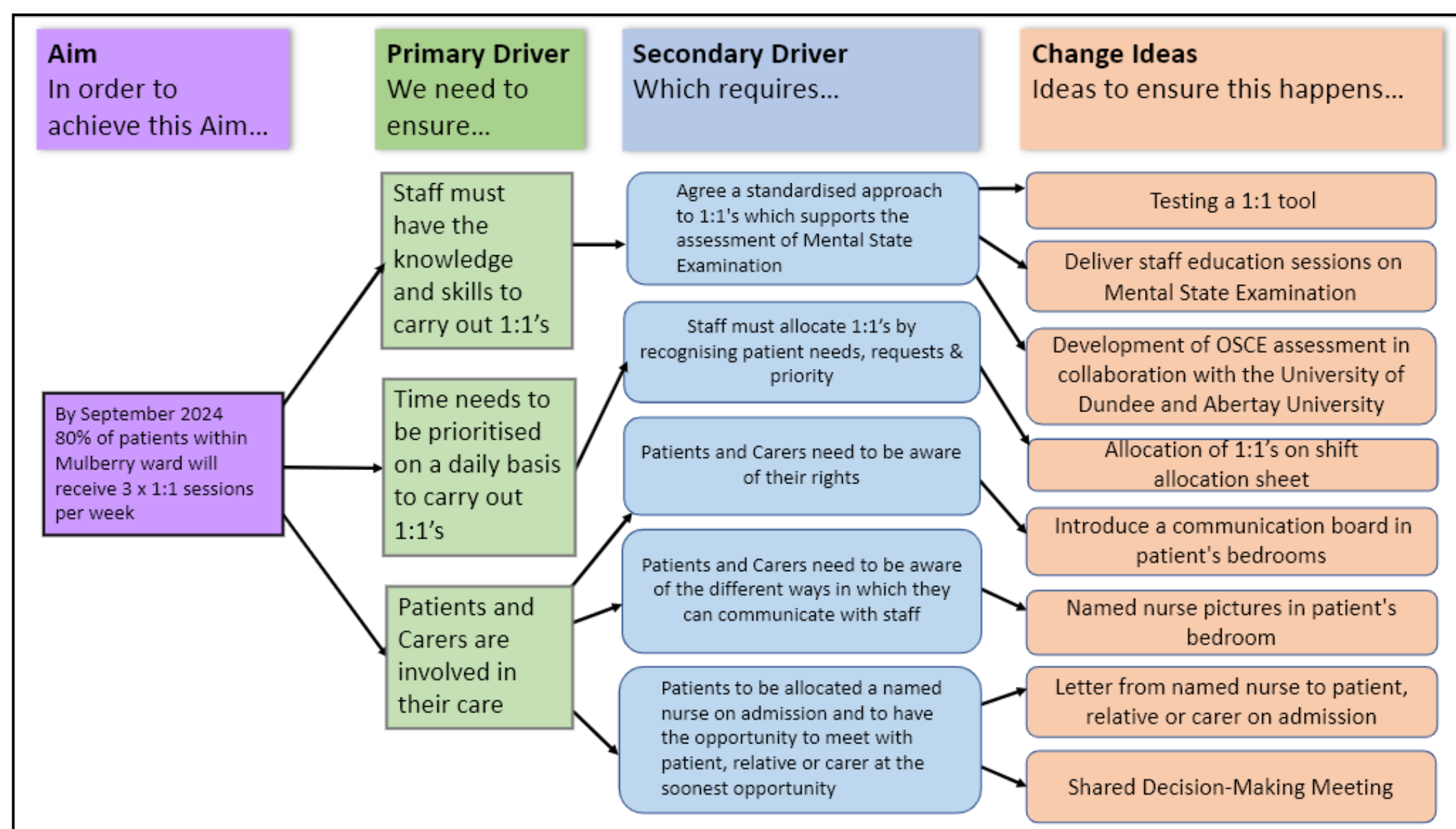
Background

Aim: By September 2024 80% of patients within Mulberry ward will have 3 x 1:1 sessions per week.
Effective communication between health professionals and patients is essential to support recovery. The Royal College of Psychiatrists recommends that inpatient mental health patients should meet with a designated health professional for 1 hour once a week. Local standards set by NHS Tayside's Care Planning Collaborative states that patients should have the opportunity to meet with nursing staff at least 3 x per week for a 1:1 session. Benchmarking evidences that this is not taking place with on average 5% of patients per week meeting this target. When we explored the 1:1's that were taking place the quality was variable with no structure or framework to the session. Patient feedback highlighted that many of them were unaware of who their named nurse was.

Method

•Stakeholder Engagement - **Patients** didn't feel involved in their care and only 30% knew who their named nurse was. **Carers** didn't feel involved in their relatives care and were unsure who they could speak to. Some **staff** were unsure of what a "good " 1:1 looked like and required education on how to carry out a Mental State Examination.
•Patient Journey Mapping - Highlighted lengthy admissions which were not always the best option for the patient or the service. It identified that 1:1's were not taking place on a regular basis and the quality of the assessment was poor and lacked structure. Using this tool was helpful in identifying change ideas and the need to improve nursing assessment.
•Understanding Data - The Leadership team highlighted high levels of harm data including restraint and self-harm.

Process Change

•Development of Driver Diagram.
•Testing of Mental State Examination Tool (MSE), using the visual aid memoire to provide structured and detailed assessment.
•Education sessions were identified as a need for some staff.
•Identified "Champions" to support others in the team.
•Some individual staff required support through management supervision to engage with core aspects of their role.

10 point guide to Mental State Examination
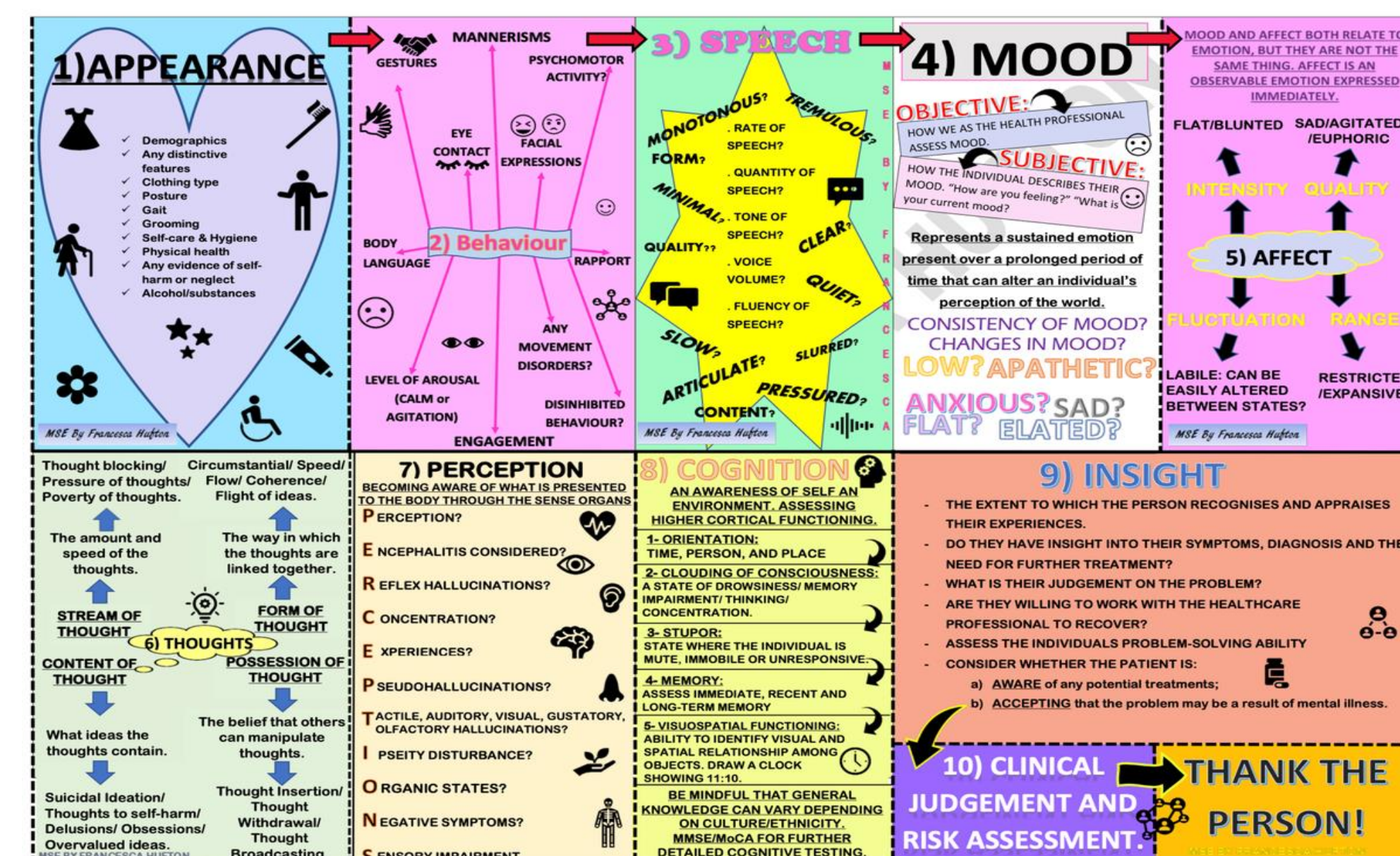
Results
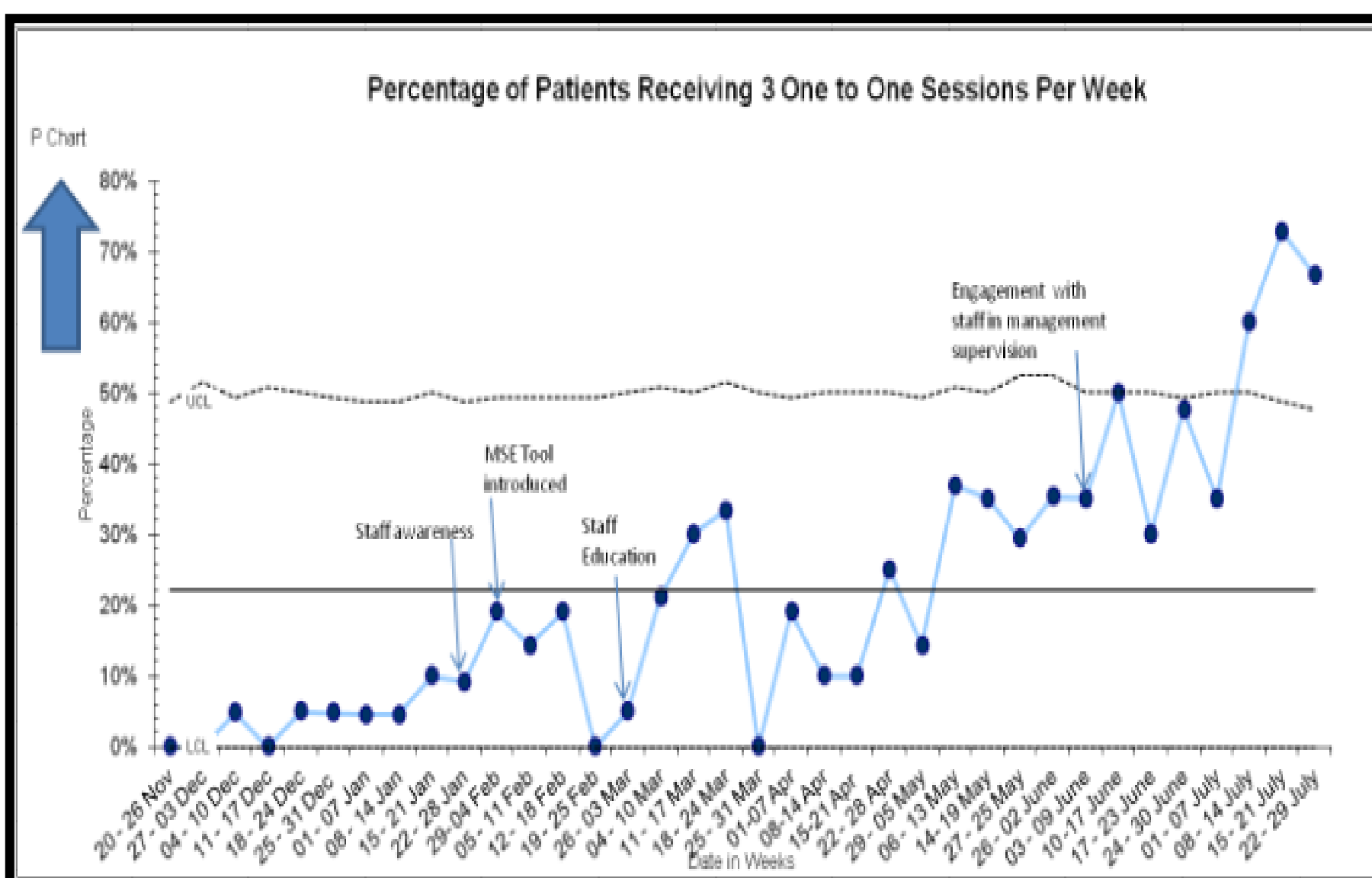
"It is great to see the impact the project is having on the quality of care within the ward" – Senior Charge Nurse.

• The percentage of patients receiving 3 x 1:1's per week has increased to 73% with the overall quality of the assessment much improved.
•Patient feedback received in July showed 83% of patients knew who their named nurse was and 67% had the opportunity to meet with them on a regular basis.
•Reduction in overall harm data since January 2024 including reduction in self harm and restraint.
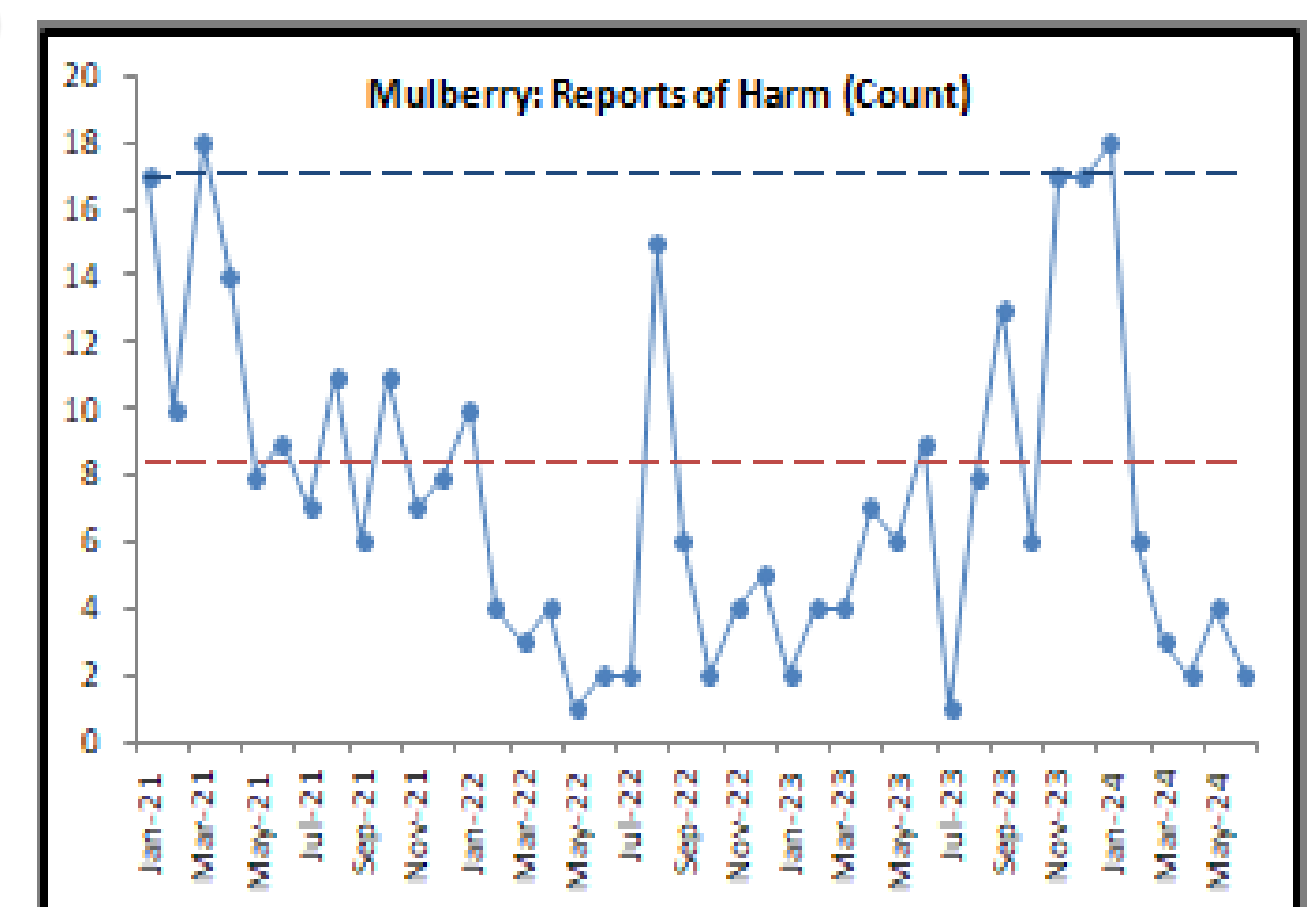
Conclusion and Next Steps

•Although we identified education as a key change idea it was apparent that a reminder of core roles and responsibilities of a Mental Health Nurse through management supervision was effective in improving the quality of the assessment and intervention.
•Strong leadership from both improvement team and clinical team were key for influencing change.
•Collaboration with University of Dundee and Abertay University to develop a objective structured clinical examination (OSCE).
•Introduction of MSE education into development programme for Newly Qualified Nurses
•Continue with change ideas not yet implemented. Improve patient nund carer involvement in care planning and patient journey.
10 point guide to Mental State Examination - https://psychscenehub.com/psychinsights/ten-point-guide-to-mental-state-examination-mse-in-psychiatry/

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