

Staff co-creation of research and intervention in the Lovisenberg Open-door policy RCT (LOADS)

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Today: How did we support implementation?

(Read about what was implemented, Lovisenberg Open-door policy):

Access our Authors' manuscript version of our Lancet Psychiatry article at <http://hdl.handle.net/10852/110648> or scan this QR link



IMPLEMENTATION SUCCESS – DETERMINANTS

Per Nilsen's synthetic model of implementation

Based on:

Diffusion Theory (Rogers, 2003)

PARIHS (Kitson *et al.*, 1998)

Fixsen *et al.* (2005)

Greenhalgh *et al.* (2005)

Grol *et al.* (2005)

Nutley *et al.* (2007)

Durlak & DuPre (2008)

CFIR (Damschroder *et al.*, 2009)

Implementation object
(i.e. the practice being implemented)

The Lovisenberg Open-door policy

Outcomes

TODAY'S TALK:

Strategies to support the implementation

Context
(collective level)

***Staff, managers,
MDs etc:***

***Resources, user
population ward
culture, workflow***

Adopters/users/practitioners
(individual level)



Department of Psychiatry @ Center for mental health & addiction

- Approximately 880 patients with 1150 acute admissions per year
- Of which 250 patients / 400 admissions served by Admissions ward 5-36 hr stays
- Five regular 'hybrid general acute wards' with 7 regular beds + 3 'skjerming' / int. care, Staffing factor: 2. Occupancy 2021: 100%
- Patients on these wards in 2020:
 - $\frac{3}{4}$ admitted involuntarily
 - $\frac{3}{4}$ psychotic disorder (F2x., F30.x, F31.x)
- 1 High resource ward for high-risk patients with known history of violence ('forensic')
 - 8 beds, staffing factor 2.1

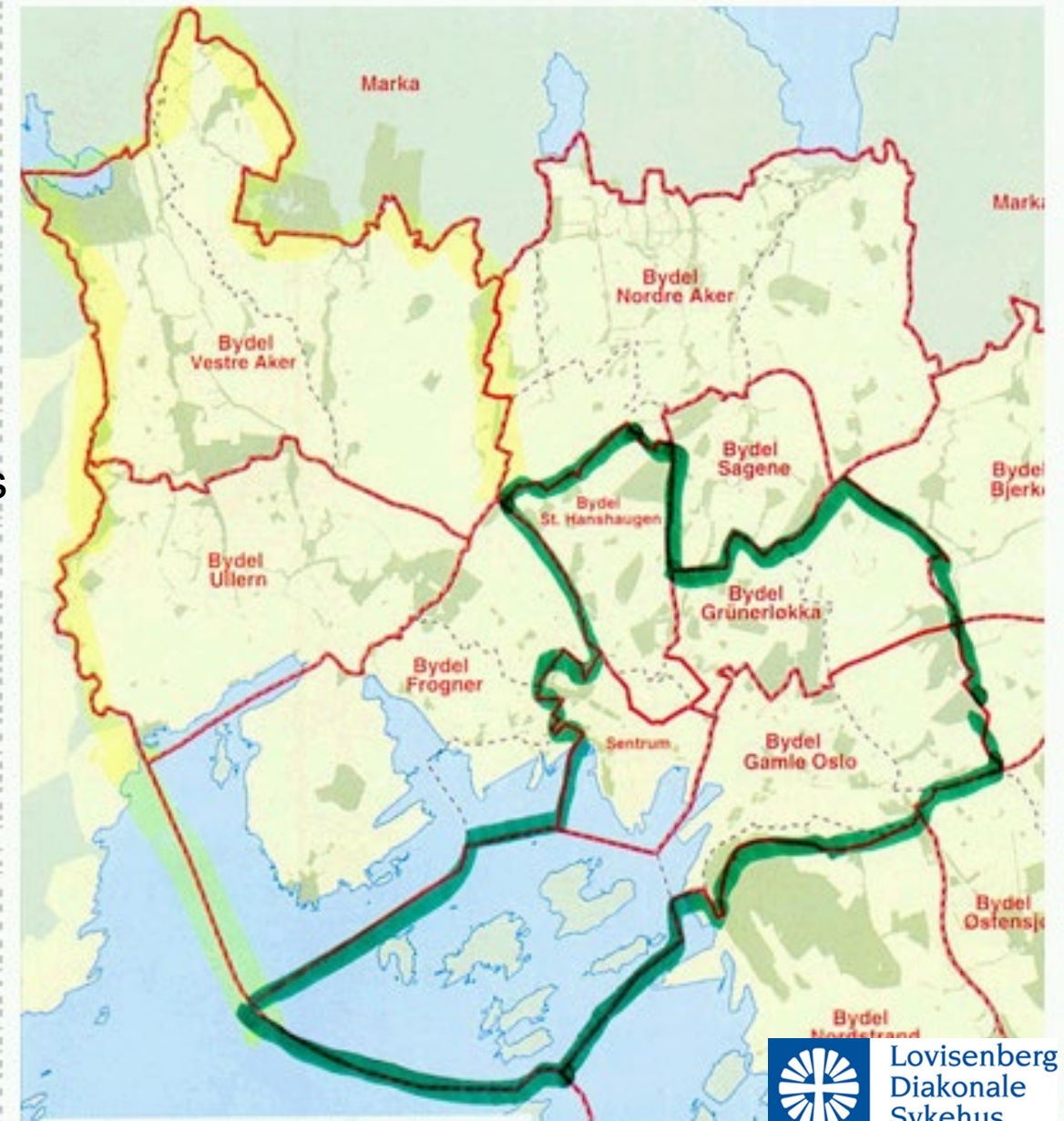


Lovisenberg catchment area in the City of Oslo

- Norway's (5,2M people) largest urban area with 2M people, 720K citizens in city borders
- 'Forensic class' patients integrated in same treatment- & legal system (except in prison)
- Lovisenberg catchment area acute psychiatry:
 - comprises 160 000 citizens in 3 inner-city boroughs (green) + 140 000 from 2 western boroughs (yellow)
 - Includes main open drug scenes, main railway & metro hubs, club - & restaurant district
 - No 1 on citizen mobility, poverty, migratory health challenges, criminal activity
- = Lovisenberg is #1 in Norway on coercive measures, judicial sentences to psychiatric treatment per 100 000 citizens



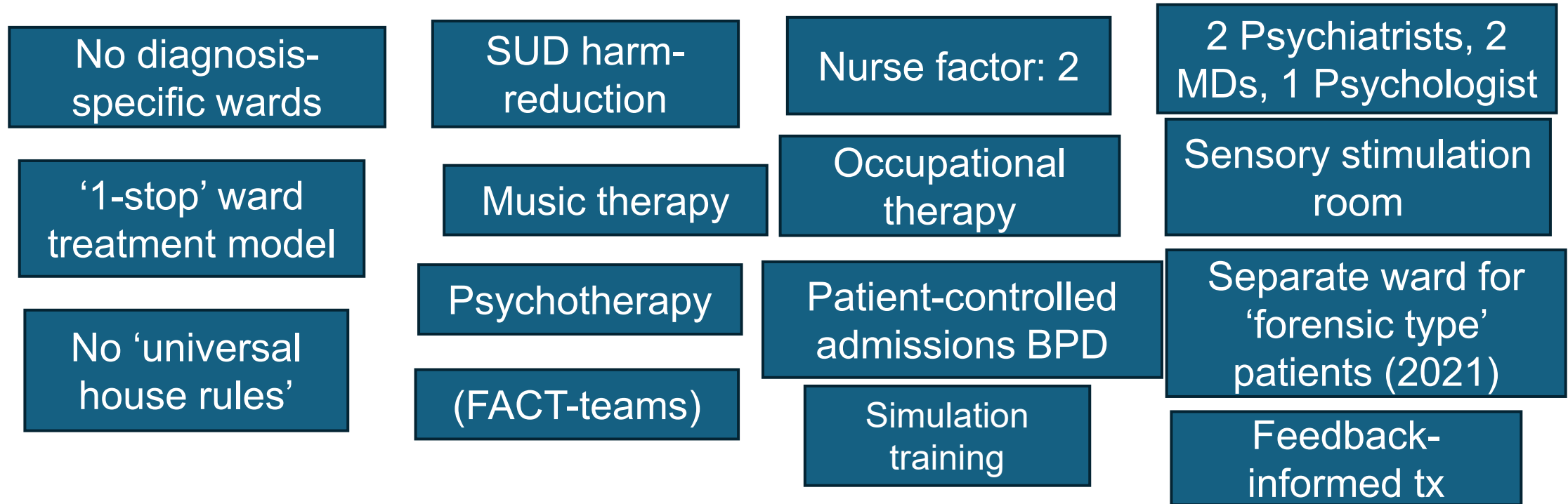
Opptaksområdet til Lovisenberg Diakonale Sykehus



Opptaksområdet for indremedisin er merket med grønt. Gult er allmennpsykiatri



Usual ward treatment @Lovisenberg around 2020

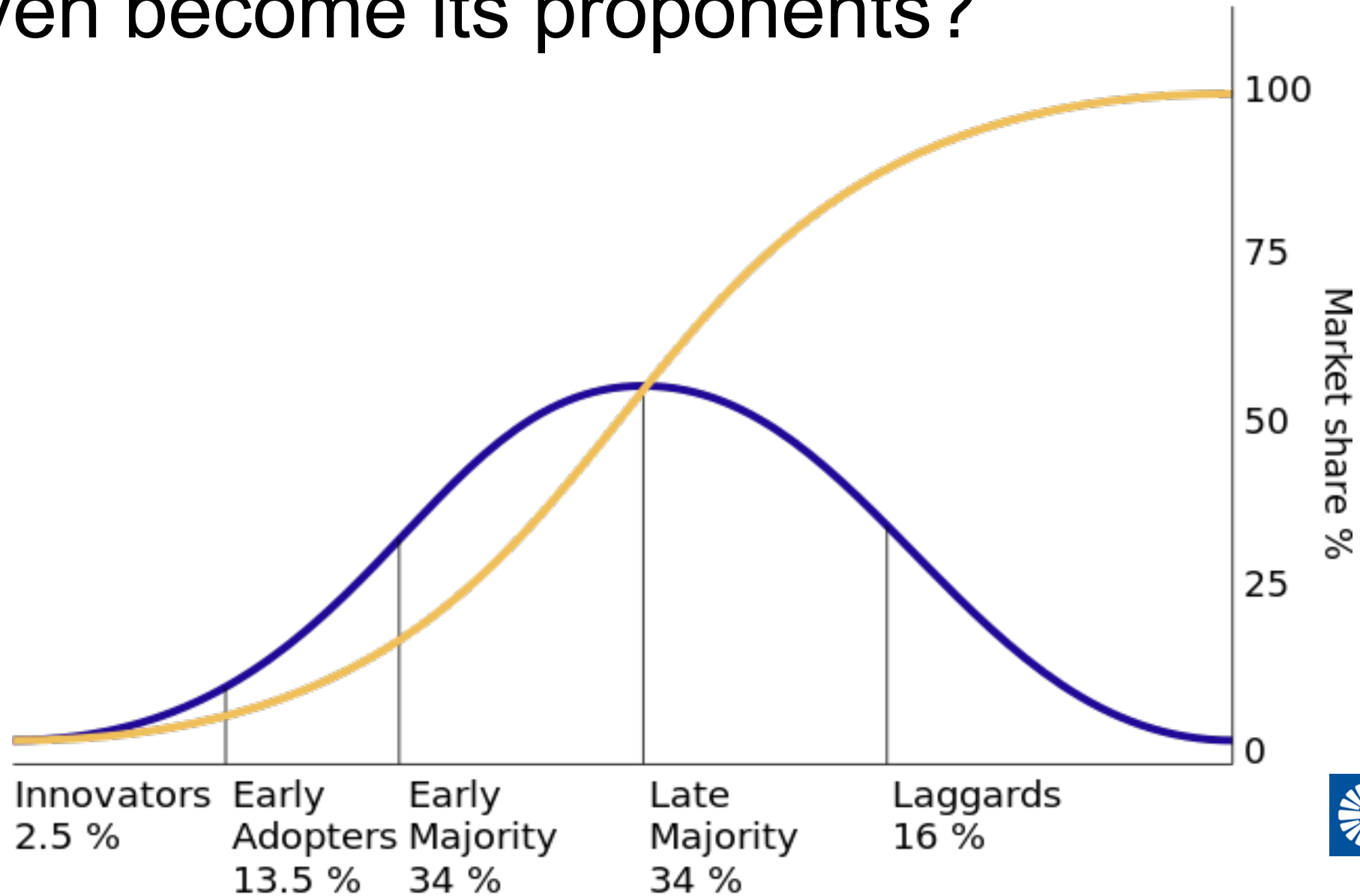


CREATING AN ENVIRONMENT TO SUPPORT IMPLEMENTATION OF COLLABORATIVE PRACTICES THROUGH DIALOGUE, INVOLVEMENT & CO-CREATION

In Lovisenberg Open-door policy



What do staff need to work more collaboratively? Or even become its proponents?



SUPPORT IMPLEMENTATION VIA INVOLVEMENT & CO-CREATION

SUPPORTING OPEN-DOOR POLICY IMPLEMENTATION

Generate awareness & support for implementation → co-responsibility

Communicate commitment, 'seeing is believing' Decide, clarify roles

Safe environment for pros & cons 'Willing to try..'

Assist staff & user co-creation & plan implementation

EXTERNAL STAKEHOLDERS

- GOVERNMENT / HEALTH DEPT
- HEALTH DIRECTORATE
- CIVIL OMBUDSMAN
- COUNCIL OF MENTAL HEALTH
- USER ORGANISATIONS
- PEER ORGANISATIONS
- OSLO CITY POLICE
- OSLO MUNICIPALITY
- CITY BOROUGHS

HOSPITAL STAKEHOLDERS

- BOARD OF USER REPRESENTATIVES
- DIRECTOR & DEPT DIRECTORS
- RESEARCH DEPT
- FACT & OUTPATIENT TEAMS
- IN-HOUSE STAFF & DOCTORS' MEETINGS

'GO / NO' DECISION: WARD- & OTHER MANAGERS

- BASEL visit (small group)
- BERLIN visit (full group)
- PROCESS OBJECTIONS & POSITIVES THOROUGHLY
- DECISION: 'GO'
- SET A TIMELINE

WARD STAFF & - DOCTORS/PSYCH

- EXPLAIN DECISION
- EXPLAIN SHARED CHALLENGE
- NON-CONFRONTING LISTENING
- Co-create RESEARCH
- LOTTERY DRAW

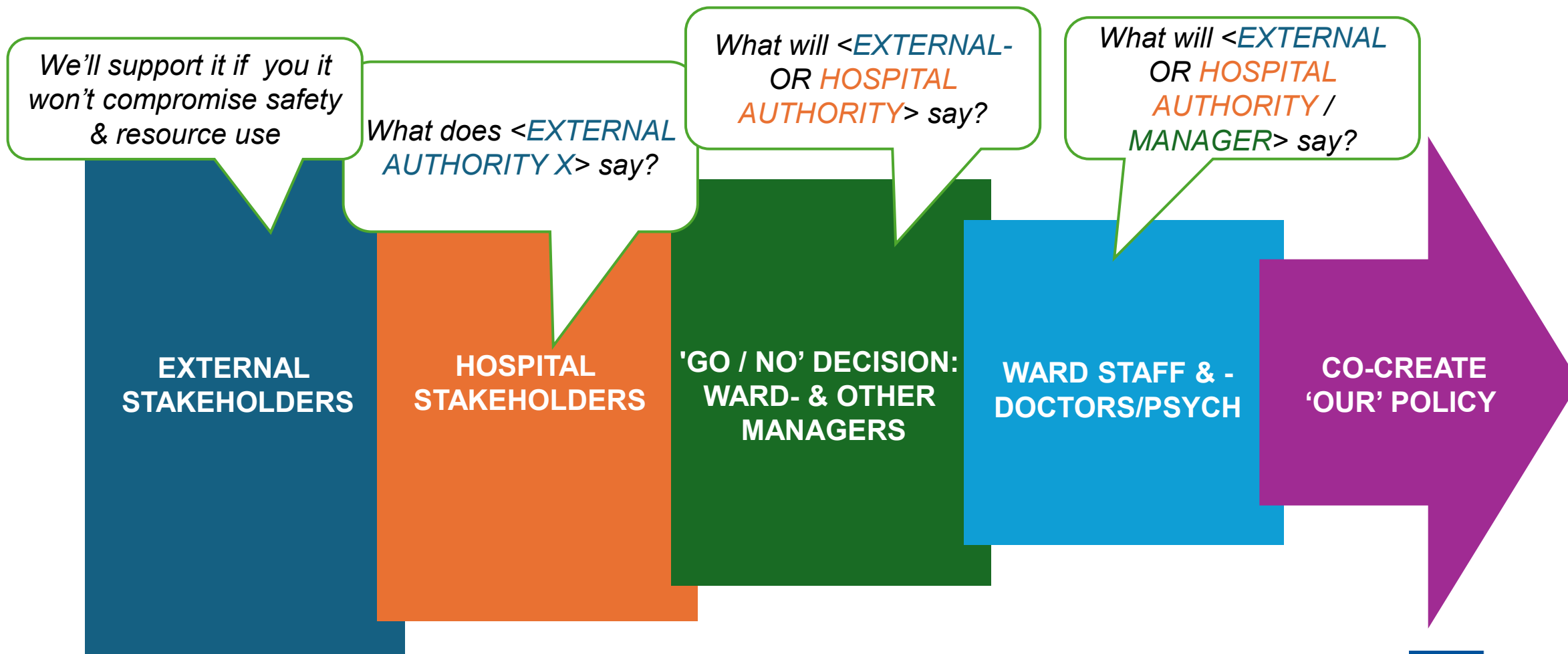
CO-CREATE INTERVENTION

- STAFF WORKSHOPS
- WRITE PROCEDURES
- EMPLOY PEER EXPERTS
- TRAINING



Lovisenberg
Diakonale
Sykehus

SAFETY MANDATE: 'Who has my back if something happens?'



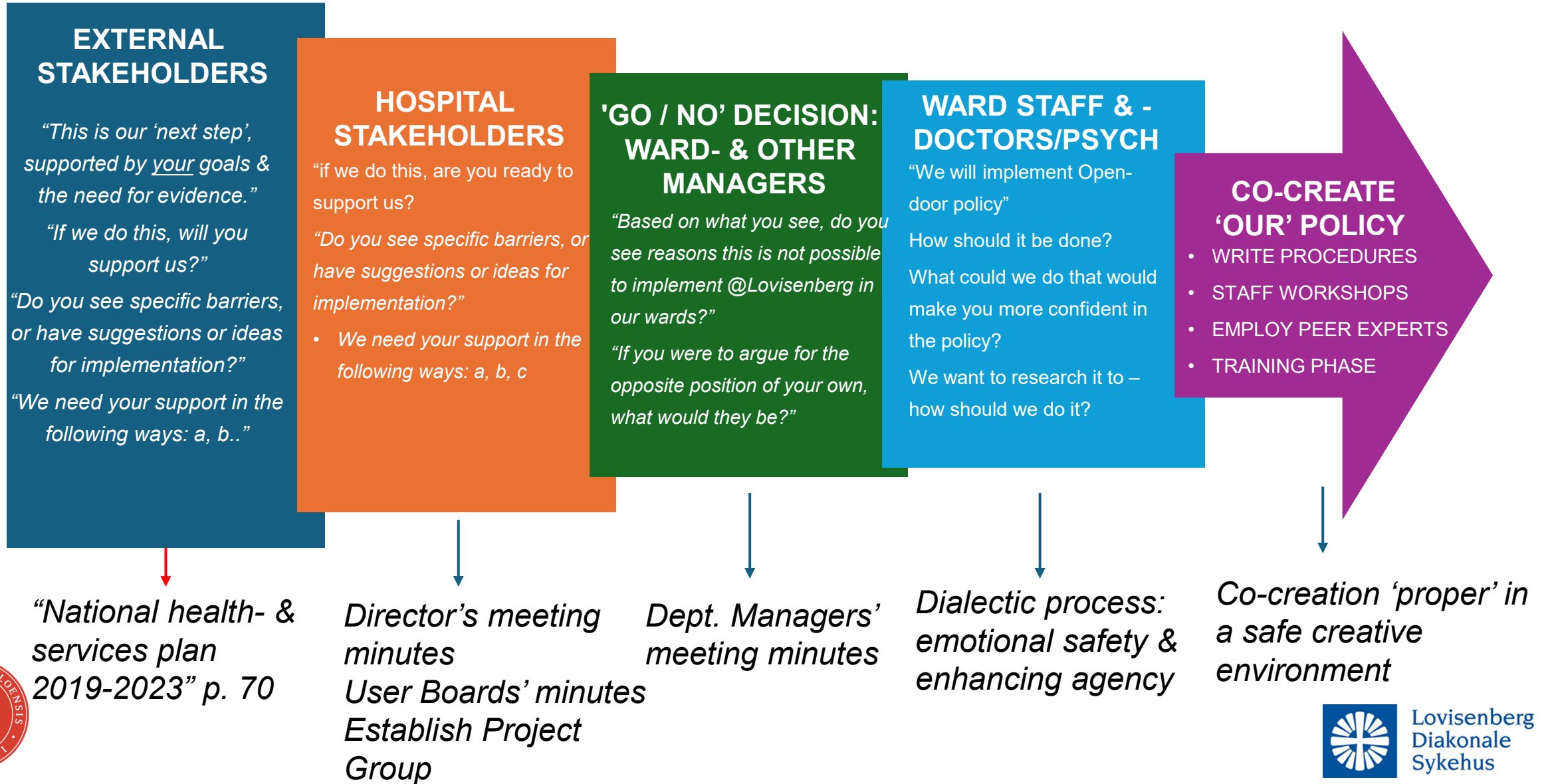
Management 'onboarding' & decision

- 'Seeing is believing'
- (2018: 1-day trip to UPK Basel)
- 2019: 3-day trip to Berlin Open-door policy wards (e.g. Lang et al. 2011)
- Director + ward managers, & researcher, user representative
- Open sharing of positives ('pros') & frank discussion on concerns
- Decision seminar & time-line



TYPICAL INVOLVEMENT & CO-CREATION QUESTIONS

SUPPORTING OPEN-DOOR POLICY IMPLEMENTATION

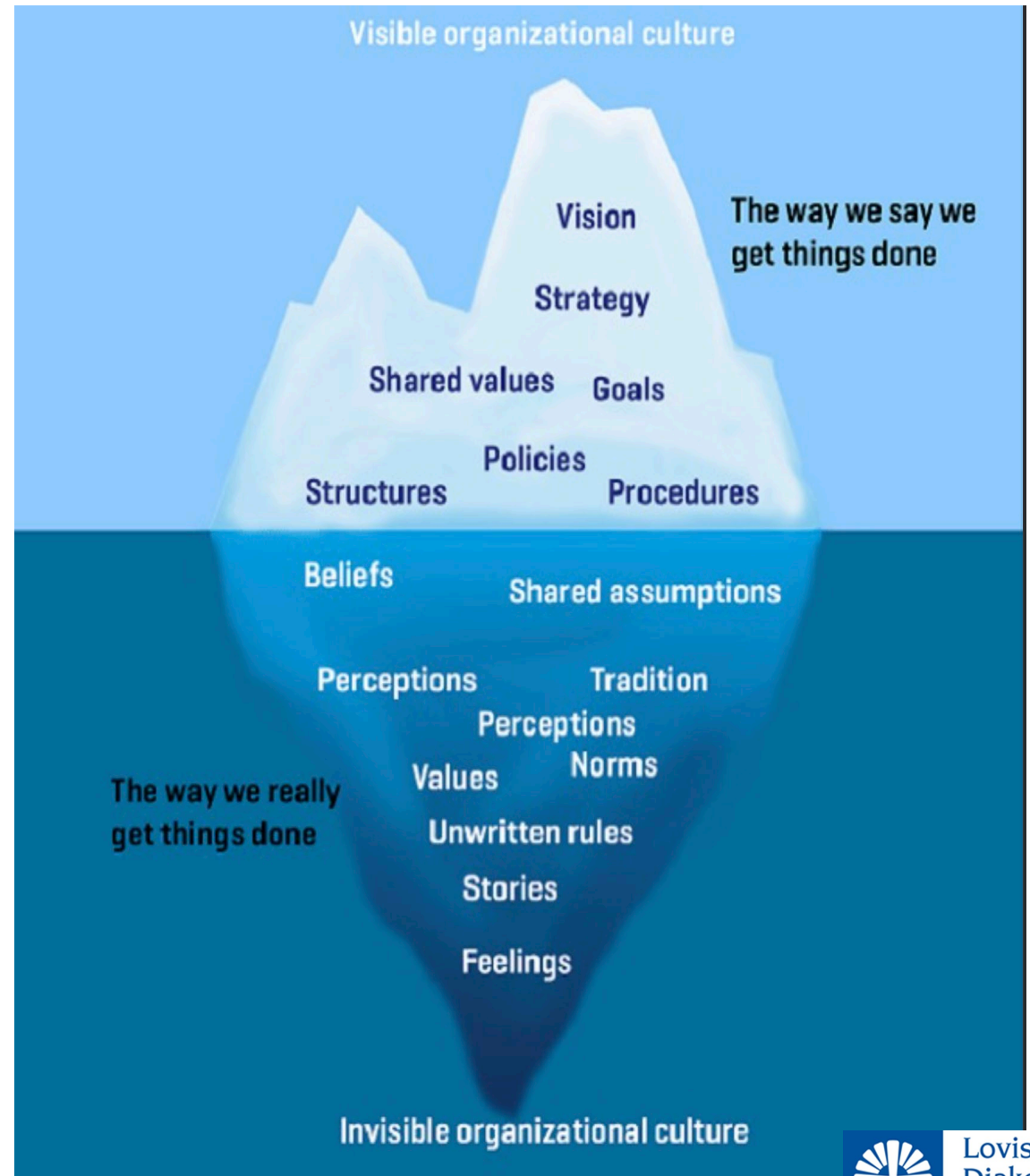


Supportive dialogue with staff on introducing Open-door policy

- The words 'Open-door policy' can trigger
 - Memories of acutely ill patients absconding, & sometimes being harmed or causing harm
 - 'Improvement talk' = Feeling criticised for present practice
 - Confusion with 'laissez faire' open door practice

HANDLED WITH:

- Recognition and respect for the competence of clinical staff
- Active listening
- Open-door policy - a natural 'next step' in goal to increase user focus
- Experiences from Berlin & Basel
- Emphasis on testing through research
- Relating Open-door policy to existing goals and values



Staff workshops (2020) to co-create Lovisenberg's Open-door policy

- Building on existing culture & previous projects
- What collaborative practices did they want to implement in their ward?
- What barriers did they see?
- How could disadvantages be compensated in the ward?
- Work continued in local work-groups until 2021



Lovisenberg Open-door policy

Door unlocked
9-21

1 Peer expert
(50%) in ward team

Collaborative
practices

Teamwork – risk
assessment

No diagnosis-
specific wards

SUD harm-
reduction

Nurse factor: 2

2 Psychiatrists, 2
MDs, 1 Psychologist

'1-stop' ward
treatment model

Music therapy

Occupational
therapy

Sensory stimulation
room

No 'universal
house rules'

Psychotherapy

Patient-controlled
admissions BPD

Separate ward for
'forensic type'
patients

(FACT-teams)

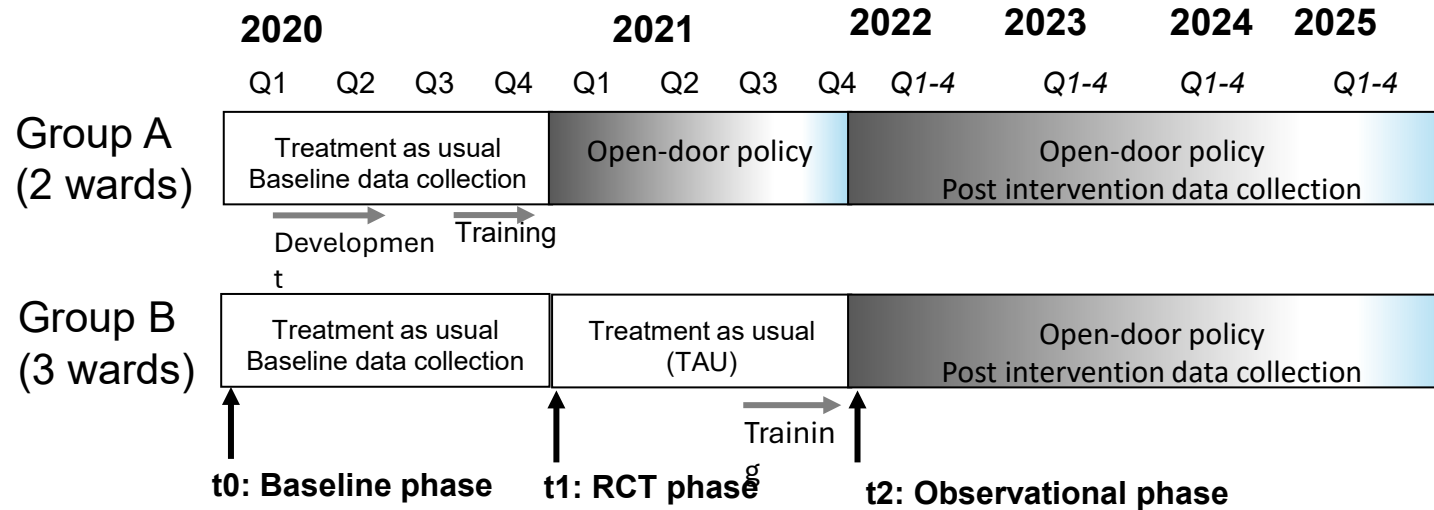
Simulation
training

Feedback-
informed tx

Usual ward treatment @Lovisenberg



LOADS as a co-created RCT



Kunøe, Nussle & Indregard, 2022



Open-door policy @ Lovisenberg

- some quotes on implementation (translated)

'When you emphasise trust and

collaboration, you can get that
'One patient said this increases her responsibility for
'Lives are at risk - we have had a few that think rights' Open-door
treatment. That reduces their sense of being coerced
doors locked for a reason' thing might work anyway'
in meetings with services

Leading nurse in

Senior ward doctor

ODP ward

Senior ward doctor 1

'ODP is about more than just the door being

opened. The door being open is a dialogue with a

meeting w/ R&D

behaved like treatment personnel or a

prison guard,

and did that meet the needs of the

'Collaboration is the cake' key. The most resource-

intensive patient stays are the ones

where we fail to achieve any kind of

collaboration'

user'

Senior psychiatrist on ODP

Leading nurse on ODP ward



Early implementation reports (Norwegian):

<https://doi.org/10.4220/Sykepleiens.2022.89585>

<https://psykologtidsskriftet.no/node/24740>



Lovisenberg
Diakonale
Sykehus

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Oslo



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TVANGS **FORSK**

akuttnettverket

