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Background

It has been demonstrated that people with a mental disorder have an increased somatic mortality. In average psychiatric patients die 15 – 20 years earlier than the general population - an excess mortality rate, which is largely due to somatic disorders, especially chronic diseases such as diabetes, chronic obstructive pulmonary disease, cardio vascular diseases and other lifestyle related diseases.

Method

The idea came from a "New Aalborg University Hospital" fellow project with medical anchorage in psychiatry and support from The Danish Patient Safety Authority. Previous psychiatric patients were involved via Peerboard and asked to submit their proposals regarding content and form of a possible future interaction between the psychiatric and the somatic areas.

At an information meeting with exchange of ideas and dialogue between the department chairmen and the units senior nurses, the somatic area was subsequently involved in order to establish a meaningful collaboration.

The framework of leadership was creating shared direction, alignment and commitment (DAC). With

<u>Aim</u>

The aim of the project has been to establish a strong health cooperation between two sectors – the psychiatric sector and the somatic sector, so that somatic symptoms in psychiatric hospitalized patients—also could have enhanced attention, be examined, diagnosed and - to a certain extent - treated in collaboration with the patient.

clinicians and directors as major drivers from the psychiatric and somatic areas, a Steering Committee was established to prepare an overall plan, a timeframe and a "playbook" for the collaboration. The "PDSA circle: Plan – Do – Study - Act" formed the basis for the mode of operation.

Several cooperation meetings were arranged before start-up, multiple tests were conducted from March to April 2017, and subsequently evaluation and adjustment meetings were held.

The financial and cooperation agreements were successfully completed in August 2017.

Results

The project became operational by September 2017 and four medical specialities / teams from the somatic area were represented – each team consisting of a physician and a nurse. Departments of Endocrinology, Infectious Diseases, Nephrology and Pulmonary Diseases worked alternately in close collaboration with the psychiatric teams every Tuesday throughout the year.

About 330 psychiatric patients referred from psychiatry are now attended to, examined and somatically treated with very good results.

The collaboration is currently being developed – professionally and culturally, and the psychiatric patients have welcomed the somatic involvement within psychiatry.