



PIXI-VERSION

**Health professionals  
must be**

# Ready to Talk

Website:  
[patientsikkerhed.dk/klartilsamtalen](http://patientsikkerhed.dk/klartilsamtalen)

## The participators experiences

The experiences from the 3 municipalities and 9 hospitals in the project are presented at the website.

Here you will find the story about the work of the participators, and also their:

- politics
- guidelines
- folders, pamphlets, pocket cards
- conversation guides
- education methods

The material is only presented in danish, but it still could be useful in your own work on getting 'Ready to Talk'. On the website you will also find other material of relevance like comments on the danish legal aspects, 'Ready to Talk' during Covid-19 etc.

## The project is supported by the organizations

The projects follow-up group included:

- Danish Regions
- Local Government Denmark (KL)
- Trade Union for Social and Health Care Workers (FOA)
- Danish Medical Association
- Danish Nurses Organization
- The Danish Organization of General Practitioners
- Danish Patient Safety Authority

**Further explanation about the recommendations, and a wealth of relevant material on the website:**

[patientsikkerhed.dk/klartilsamtalen](http://patientsikkerhed.dk/klartilsamtalen)

## Ready to Talk Project

Here are recommendations for how nursing staff and doctors get better at holding clarifying conversations with the elderly and the very ill about what wishes they have in the last period of their lives.

The recommendations come from the 'Ready to Talk' project, which is aimed at the whole health and social care sector. The project is based on tangible experiences from a number of municipalities and hospitals, where talks during the terminal phase of life are initiated.

In this booklet we briefly present the 'Ready to Talk' recommendations. The recommendations hopefully support that more projects are started in municipalities and in hospitals in order to become 'Ready to Talk'. On the website (only danish) you will find further explanation about the recommendations, and a wealth of relevant material that participating municipalities and hospitals have made available..

*See more on the projects homepage: [patientsikkerhed.dk/klartilsamtalen](http://patientsikkerhed.dk/klartilsamtalen)*

## Six general recommendations

### 1. Start where the energy is

The energy to start the project can be found in many different places in an organization. The probability for success is greatest if you start where the enthusiasts are.

### 2. Management must support

It's only the management that can secure support from the whole organization to back the project. Therefore, the management must be involved from the start.

### 3. There must be at least one local energy center

No matter how the project is started, there should be a place 'on the floor', where the project can be initiated.

### 4. Create common values and spread the culture

Focus on the values and culture that needs to be advanced and make it understandable in the organization.

### 5. Strengthen interdisciplinary effort

One professional group may be more 'Ready to Talk' than others. But all professional groups must be active in the change of culture - otherwise it won't work.

### 6. Provide legal framework

Clarity needs to be established for the legal framework. So that all feel safe that what they are doing is within the framework of the law.

## ...and 13 recommendations for everyday life

### A. Provide good general guidelines

The efforts of the health professionals must be backed by clear guidelines in the municipality or at the hospital.

### B. Clarify who to talk to

Decide which residents and patients to talk to, it's most likely not all.

### C. Clarify who should lead the conversation

Decide which health professionals can and should lead the talks. Perhaps certain professionals always need to be involved.

### D. Present ideas for how it can be done

It's a good idea to support employee conversations with suggestions for introductory phases, conversation guidelines and the like.

### E. Find methods for training and supporting the employees

Support the employees with training and supervision before the conversations - and maybe a debriefing afterwards.

### F. Involve next of kin

Relatives must be made into active players, so involve them from the start. And support them when they most need it.

### G. Make sure that decisions are journalized and followed through - also across sectors

Decisions on opt-out of life extension treatment should be recorded, so they are visible for those who need them. And so they are legally valid.

### H. Collect data, in order to see if it is working

Think about collecting data from the start of your project. Thus enabling you to see if it is working.

### I. Strengthen cooperation between care centers and doctors

Agree routines for cooperation between the practitioners and the care centers. It facilitates both parties - and not least for residents and relatives.

### J. Have control of the acute opt-out of resuscitative efforts

Support nursing staff by making agreements about emergency medical contact upon discovery of lifeless individuals, where there is no prior opt-out of resuscitation.

### K. Ensure good cooperation across the sectors

Cooperation between hospital and municipality must work. It requires common access by the health professionals across the sectors.

### L. Communicate with the staff - and to residents and patients

Explain about your efforts for being 'Ready to Talk'. Make sure all staff know about it. And relay it also to residents, patients and their relatives.

### M. Promote the good routines at the hospital and in the municipality

Good examples are contagious. When it goes well with the conversations at the nursing home or at the hospital, these good experiences must be shared with the rest of the organization.