NHS Tayside

AUDIT REPORT ON LEAVE AND OBSERVATION DOCUMENTATION IN ADMISSION PLANS FOR OUT-OF-HOURS ADMISSIONS

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Background

Time pressures during Out-of-Hours psychiatry shifts often cause trainees to omit critical risk documentation—such as MHA status, leave permissions, and observation levels—creating significant patient safety gaps that fall short of the Mental Health (Care and Treatment) (Scotland) Act 2003.

Objective

The goal of this audit was to evaluate baseline risk documentation and implement structured visual posters that prompt trainees to create robust admission plans, transforming a box-ticking exercise into a practical tool that empowers nurses to safely adjust patient care.
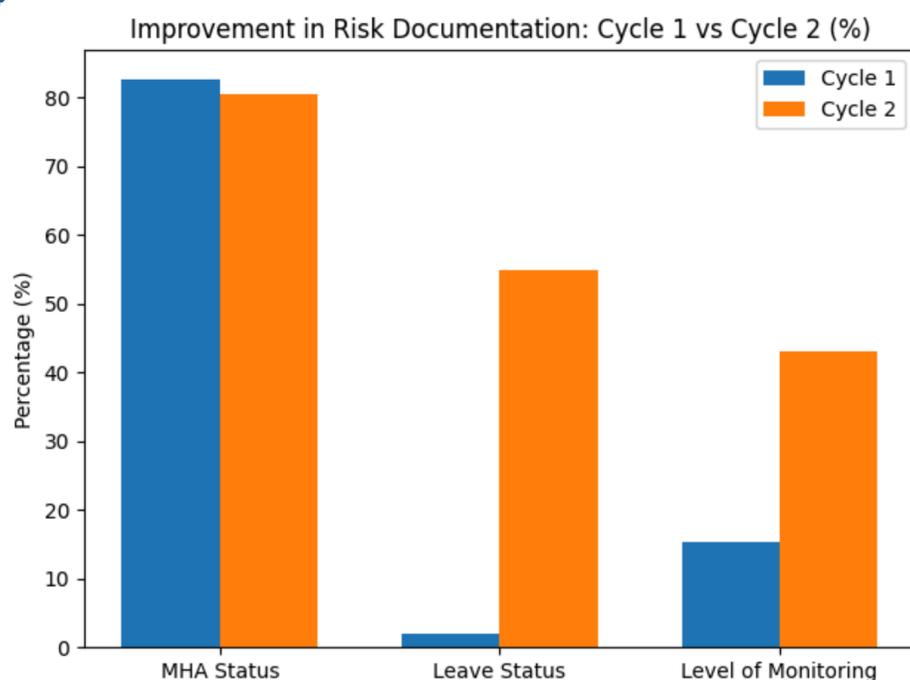
Methodology

- **Design:** Retrospective audit and re-audit
- **Data source:** Out-of-Hours (OOH) admission notes
- **Sample:** Cycle 1 (n=52); Cycle 2 (n=51)
- **Baseline gap:** Only 15.4% recorded observations; 13.5% omitted leave
- **Intervention:** Visual reminder posters in resident doctor workspaces
- **Follow-up:** Re-audit 1 month post-intervention

Results

- **Observation levels:** Increased from 15.4% → 43.1%
- **Leave status:** Significant jump from 1.9% → 54.9%
- **MHA status:** Remained consistently high (82.7% vs 80.4%)
- **Key Impact:** Visual prompts successfully shifted practice from relying on "implied" safety to engaging in active, explicit risk assessment.

Key Insights

Improvement in Risk Documentation: Cycle 1 vs Cycle 2 (%)

Conclusion

Simple visual prompts successfully transformed risk assessment from an administrative afterthought into an active clinical culture, ensuring safer handovers and better support for nursing staff.