Community Forensic Grab Packs

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Introduction and Aims:

- The aim of this Quality Improvement Project was to design a standardised digital 'grab pack' for community forensic patients in Lewisham containing essential clinical, legal, and risk information.
- Within community forensic services, there are occasions whereby a concise summary of key patient information needs to be shared urgently, for example, if a patient is arrested or reported missing.
- At present, patient information is stored in various locations within an individual's electronic patient records. Consequently, locating and collating necessary information to share with professionals at short notice can be time consuming and inefficient, potentially delaying clinical decision making.
- We hypothesised that creating a single, structured, and easily updatable document would streamline the process of sharing key patient information between services and external agencies when required at short notice.

Methods:

PDSA 1

- We proposed the introduction of a standardised 'digital grab pack '. We predicted that a single, structured document would improve the accessibility, clarity, and consistency of essential clinical, legal, and risk information during urgent information requests.
- We gathered multidisciplinary input from the Lewisham Community Forensic Team (LCFT) to inform the design of an initial template. A survey was distributed across the LCFT exploring staff experiences of accessing and sharing patient information at short notice. Our survey response rate was 71%.
- Survey findings demonstrated strong support for the grab pack concept and guided template development. The draft grab pack was then presented to the LCFT to obtain structured feedback. Measures included survey responses and verbal team feedback on useability and content. Our feedback response rate at this meeting was 64%.
- These findings were reviewed to identify areas for improvement and adjustments were made to the template before progressing to further testing in subsequent PDSA cycles.

PDSA 2

- The second PDSA cycle assessed the feasibility of completing the grab pack and the time required to populate it using existing electronic patient records (EPJS). As a group, completion of a grab pack took approximately 1.5 hours or more, though this included time taken to familiarise ourselves with EPJS.
- These findings informed expectations around implementation and highlighted the need for training and role allocation in future cycles.

Figure 1: Opinions on grab pack at baseline survey

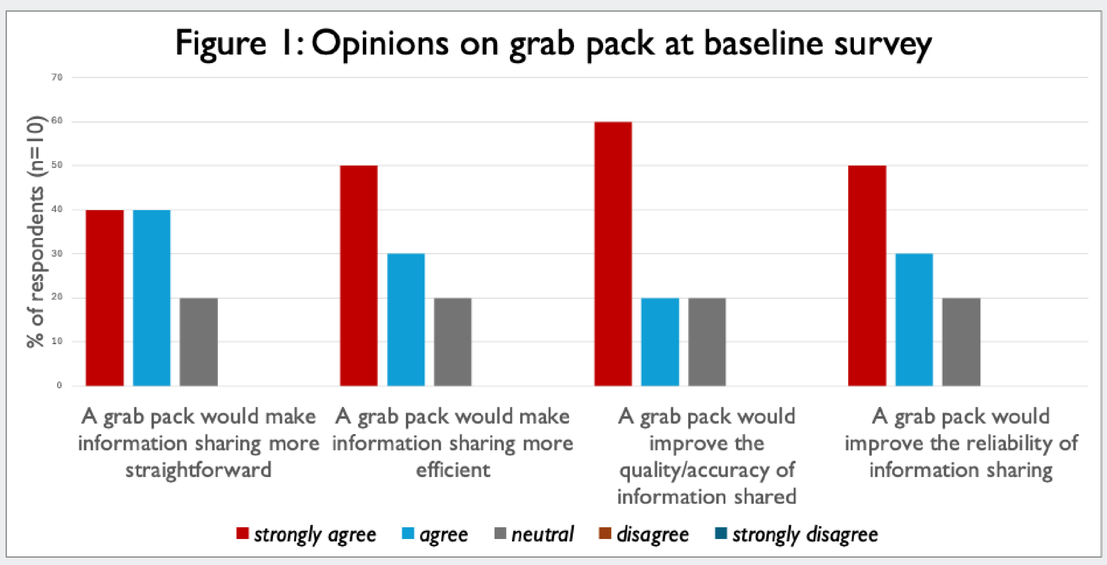
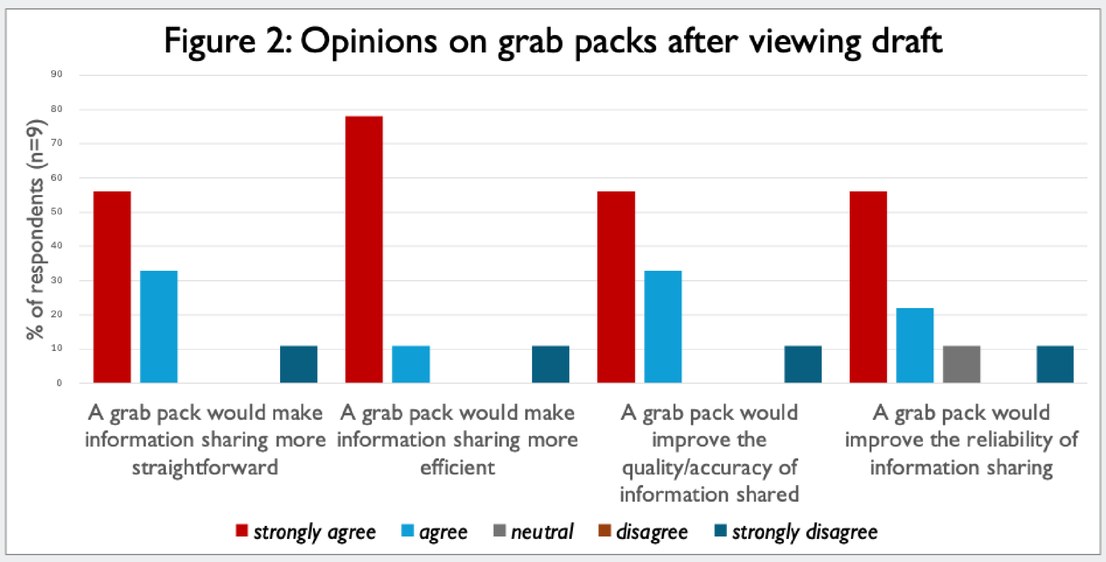


Figure 2: Opinions on grab packs after viewing draft



Results:

PDSA Cycle 1:

- When we introduced the idea of the Grab Pack, 80% (n=10) of respondents said "agree" or "strongly agree" when asked if they thought the Grab Pack would improve information sharing straightforwardness, efficiency, quality, and reliability (Figure 1)
- After we presented the draft Grab Pack this increased to 89% (n=9) for efficiency, straightforwardness, and quality, falling to 78% for reliability (Figure 2)
- Qualitative feedback mentioned that more information on social variables was needed, and raised concerns about the time required to fill out the grab packs

PDSA Cycle 2:

- In response to PDSA Cycle 1 feedback we added an additional section on social domains. We also investigated the time needed to complete the grab pack.
- Completing the Grab Pack took between 1-1.5 hours per patient when done by a medical student
- We estimated that an experienced team member with more knowledge of patients and the EPJS system could therefore complete the Pack in <1 hour per patient

Discussion & Conclusion

- Survey responses indicated strong agreement that consolidating key patient information into a single, easily accessible document would save time and reduce cognitive load during high-pressure clinical situations. Clinicians highlighted that navigating multiple systems, particularly during urgent requests from external agencies, was inefficient and increased the risk of delays or omissions. The digital grab pack template developed through this project directly reflects these priorities by centralising essential information in a structured, standardised format.

- During completion of the grab packs, it was noted that initial creation took approximately one hour per patient. However, efficiency and speed improved as familiarity with the electronic patient record system increased. This suggests that the time burden is front-loaded and likely to decrease with routine use. We concluded that grab packs could be feasibly reviewed and updated on an annual basis, for example during CPA or routine care planning reviews, with additional updates made on a case-by-case basis when significant clinical or legal changes occur.

- At present, results regarding measurable improvements in workflow efficiency and information sharing are pending, as the project is in the early stages of rollout across LCFT. Following initial piloting with a small cohort of patients, the grab pack will be incorporated into routine clinical practice to assess usability and identify areas for refinement.

- Once a reliable process for maintaining and updating grab packs is established, the project will be formally evaluated to determine its impact on information sharing with external agencies at short notice. These findings will inform decisions regarding wider implementation and guide the next cycle of quality improvement.