Devon Partnership NHS Trust

Royal Devon and Exeter NHS Foundation Trust

The "SAFEST" approach: improving standardisation of assessments and interdisciplinary communication in the Exeter CAMHS rapid risk assessment service (RAS) team

R.Bell [1], J.Price [2], P.Bowman [2], R.Conn [2, 3]

[1]University of Exeter Medical School, [2] Devon Partnership Trust [3] Royal Devon and Exeter NHS Foundation Trust

Background

- Miscommunication is a major threat to patient safety, particularly at transitions between healthcare settings (1).
- The 7-practitioner Exeter CAMHS RAS team assesses young people (YP) admitted to hospital due to concerns about their mental health/safety.
- Joint working and clear, timely communication between CAMHS, Paediatrics and Primary Care is essential to facilitate safe clinical management.
- The RAS team has recently experienced significant changes including a new Electronic Patient Records (EPR) system.
- This has highlighted the need for a standardised approach to documenting and communicating RAS assessments.

Safety plan
Assessment
FACE risk assessment
Entry in the paediatric notes (Epic)
Standardised GP letter (within 24 hours)
Transfer assessment to paediatric records

Figure 1. SAFEST acronym for RAS assessment documentation

Aims

- Our quality improvement project aimed to assess the degree of standardisation of RAS assessment documentation and communication, and to improve this through multiple plan-do-study-act (PDSA) cycles.
- We evaluated our method for standardisation of RAS assessment and documentation via reaudit in February and June of 2021.

Methods

- Established acronym SAFEST for elements of each RAS review requiring documentation and communication (Figure 1)
- Audit 1: RAS assessments for admissions between 10th October -10th November 2020 audited using SAFEST standards (n=17)
- Survey: Delphi-informed method to survey team members about barriers to implementing SAFEST, and potential solutions
- Audit 2: RAS assessments for admissions during February 2021 audited using SAFEST standards (n=27)
- Areas for changed discussed and interventions made; evaluated via Audit 3: RAS assessments for admissions during June 2021 (n=30)

Results

- Survey: 10 barriers and 13 potential solutions identified, n=7
- Greatest challenges identified; insufficient time, lack of IT training/accessibility following introduction of paediatric electronic patient records, lack of prompts/monitoring, frequent interruptions
- Areas for change identified (Figure 2) and acted upon: implementation of a visual prompt, standardised approach for submission to admin team and a shared drive containing the key documents
- Audit of all RAS assessments for admissions between 1st – 30th of June 2021 using SAFEST standards to assess the impact of our interventions
- Comparison of all three audits following implementation of changes showed improvement in completion rates across all SAFEST components over time apart from the standardised GP letter (Figure 3)

Figure 2. Areas for change

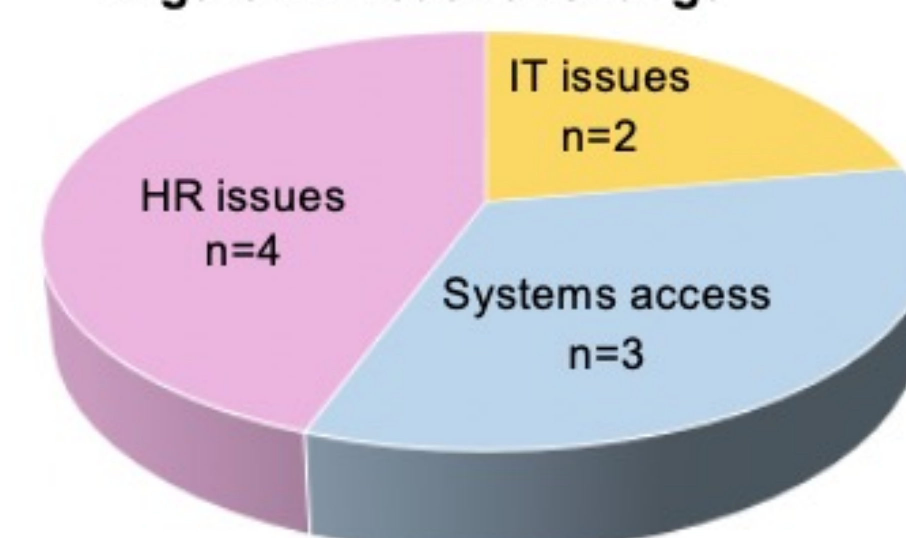
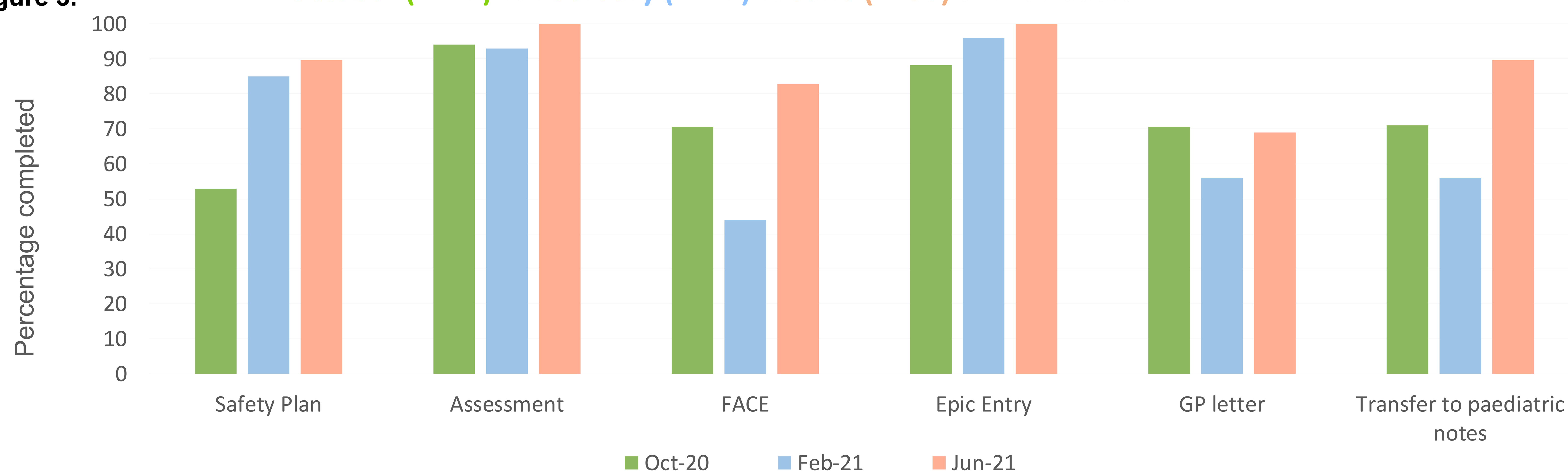


Figure 3.



Conclusions

There was improvement in completion rates across all SAFEST components over time, excluding the GP letter, suggesting that the approach has positively impacted standardisation of RAS assessments. Further work seeks to explore the difficulty in sending all GP letters within 24 hours, which appears to be a wider administrative matter.

References: 1. Royal College of Nursing 2019 - https://www.rcn.org.uk/clinical-topics/patient-safety-and-human-factors/professional-resources/communication