

An audit of the quality of risk assessments being documented into the Clinical Summary Portal (CSP)

Dr George Coates, Specialist Registrar

Dr Jonathan Scott, Chief Clinical Information Officer, Consultant Psychiatrist

Emma Brown, Practice Development Clinician (Clinical Risk)

Dr Yena Cho, Psychiatry Core Trainee

Dr Sarah Cheng, Psychiatry Core Trainee

Aims and Hypothesis

This is a baseline audit to assess the quality and format of data entry into a new risk assessment tool, part of the Clinical Summary Portal (see other poster – [An evaluation of the roll out of a new documentation system, the Clinical Summary Portal]).

Background

The CSP risk assessment was introduced in September 2019 as an initial phase of the CSP roll out. It is a simplified tool for documentation which encourages a formulation approach with more meaningful understanding of the patients' risk profile, in line with NICE guidance based on reports of National Inquiries (1).

A succinct re-write of the previous risk assessment was required. Thereafter, editing only is required if there is significant change in the propensity to risk. The current situation is recorded in other parts of the CSP.

Methods

The Trust's policy "C27 Mental Health Clinical Risk Policy" (2) was used as a framework for our gold standard. Criteria for quality were assessed using a 5-point Likert scale (very poor (weighted score = 1) to excellent (weighted score = 5)). The assessors went through 2 cases together to review the gold standard and to crudely increase the inter-rater reliability.

The quality of transcription from old risk summary to new risk history was assessed. This assessed whether the historical events in the old risk summary were documented in the new risk history.

Results

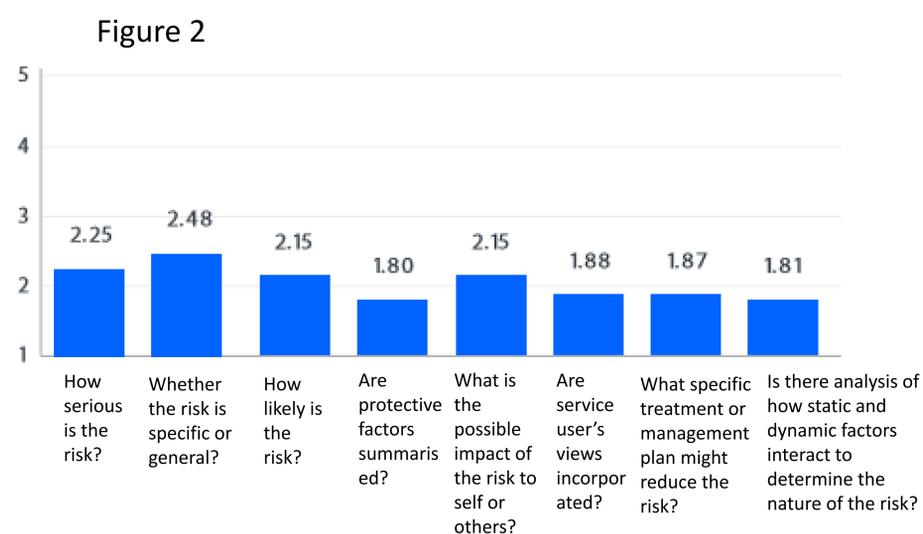
53 sets of notes were assessed from 5 teams.

Quality of transcription (figure 1) - mean score 2.24 (range 1-5, SD 1.14). The median was 2, suggesting that the quality is poor, or between poor and fair.

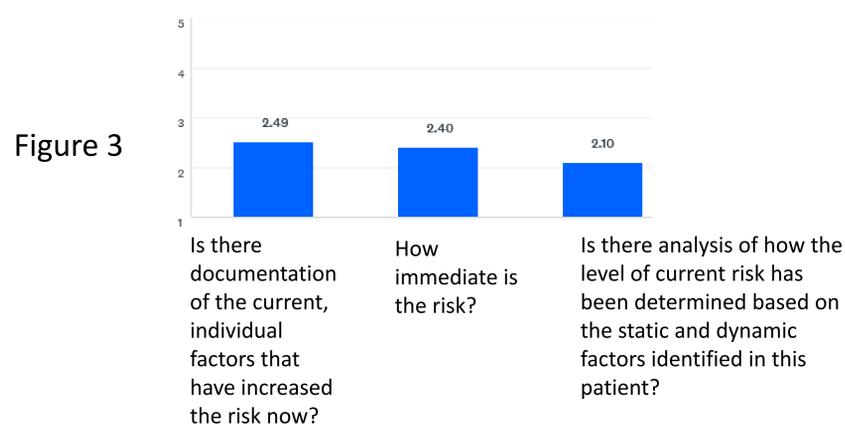


1. The assessment of clinical risk in mental health services. National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH). Manchester: The University of Manchester, 2018.
2. West London NHS Trust (2019), Policy: C27Mental Health Clinical Risk Policy, C27/08.3

Quality of the understanding of the nature of the risk (figure 2) – across 8 domains the mean scores ranged from 1.8-2.48. The median score was 2 (poor) for every domain.



Quality of the assessment of current risk (figure 3) – across 3 domains the mean scores ranged from 2.10-2.49, median of 2 (poor) for each domain, max SD 1.07.



Staff continue to enter their risk assessment in a timeline form (75%). Staff are not using a functionality called "Significant risk events", a section for the 'headline' risk events.

Conclusions

Staff are poorly transcribing the information from old to new risk summary, leading to poor quality of the new risk summaries. Despite an extensive training programme, the risk assessment remains a list of events.

Next Steps

Widespread discussion has taken place across the Trust from front line clinicians to Board members. The following conclusions have been drawn:

- Changing from listing risk events to detailing an understanding of risk propensity, linking static and dynamic factors, is a major cultural shift for many staff.
- Introducing change to risk before the rest of the CSP was confusing for staff.
- Training alone is insufficient to make these changes.
- Further developments will be part of the overall CSP roll out.