CLINICAL AUDIT POSTER

ENHANCING PATIENT SAFETY: A CLINICAL AUDIT ON INITIAL RISK ASSESSMENT IN INPATIENTS PSYCHIATRIC FACILITY

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INTRODUCTION

- Clinical risk assessment in mental healthcare is challenging but essential for ensuring patient safety, recovery, and wellbeing.
- Risks vary based on individual factors (risk of self-harm, suicide, violence, self neglect or substance use) and often necessitate inpatient care for risk containment, highlighting the importance of thorough evaluation.
- This audit reflects the facility's commitment to improving patient care, fostering a culture of continuous improvement, and aligning practices with established guidelines.

OBJECTIVES

- Evaluate current practices regarding risk assessment and management and adherence to local SOPs.
- Identify potential gaps in risk assessment
- Improve adherence to written communication regarding risks

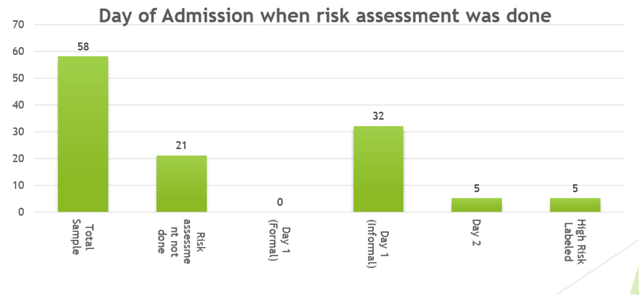
STANDARDS & METHODOLOGY

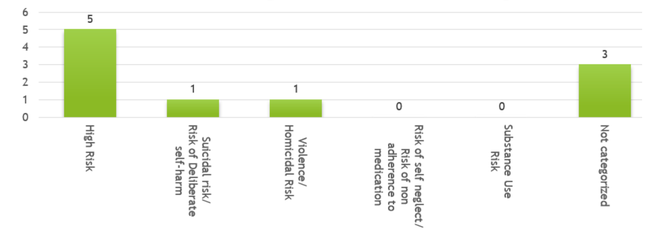
- Risk assessment standards and a designated proforma was devised using local departmental SOPs, NICE recommendations and RCPsych Good Practice Guide on risk assessment:
  1. Risk assessment is to be conducted on the day of admission.
  2. Risk assessment should be documented in the designated proforma.
  3. Risks assessments should be categorized into suicidal risk, risk of deliberate self harm, homicidal or violence risk, risk of self neglect, non adherence to medications and substance use.
  4. High risk patients are to be tagged on the file cover.
- Retrospective data was collected from hospital records for 1 month to identify shortcomings before applying the standards and then after a year, 1 month data was collected again for reaudit to check adherence to the standards and results were compared afterwards.

RESULTS

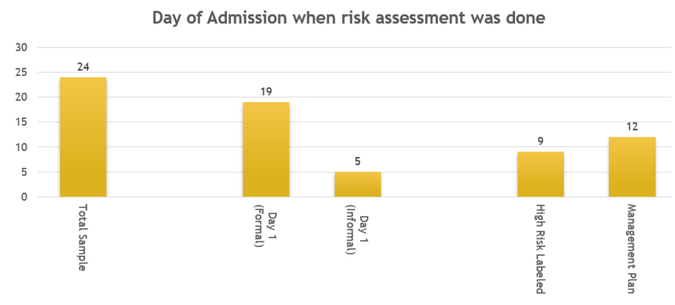
The first audit cycle revealed significant gaps in risk assessment practices, with no formal assessments conducted on the day of admission and 53 out of 58 charts lacking documentation. Informal assessments were noted but inconsistently documented. Following training sessions and the introduction of a standardized risk assessment proforma, the second audit cycle showed a marked improvement, with 19 out of 24 charts having formal risk assessments completed on the day of admission, achieving an 80% adherence rate. Clinicians generally found the proforma effective, though some highlighted challenges in completing it during busy shifts.

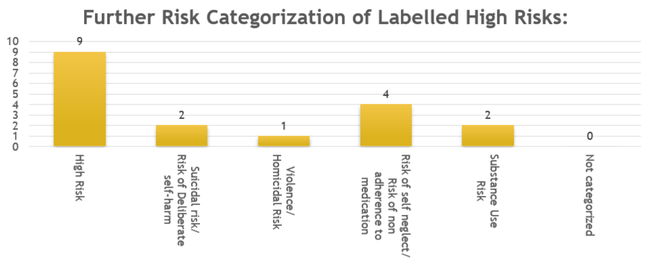
Audit 1st Cycle Results

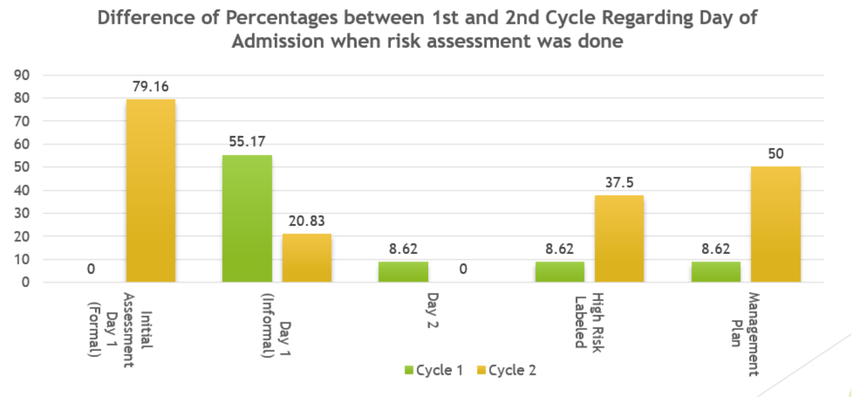




Audit 2nd Cycle Results







DISCUSSION

During the interval between first and second cycle of audit, we performed training and prompting of on duty doctors and staff on regular basis and sensitized them to complete initial risk assessment proformas. It has been evident from the results that:

- There is marked improvement in documentation of risks.
- Risk assessment proforma was used maximally that resulted in better tagging of high risk patients.
- Hospital staff also got trained in checking and attaching proformas in patient's files.
- We also took feedback from our clinicians regarding risk assessment protocols that highlighted several key insights into their usability and efficiency.
- Most clinicians reported that they were generally comfortable in following the protocols, with a majority stating that it took them less than 10 minutes to complete these protocols.
- However, a minority expressed difficulties, primarily related to the length of the documentation and the need to fill out certain fields during busy clinical shifts.
- Overall, clinicians expressed satisfaction with the risk assessment protocols for patient evaluation, acknowledging that it helped systematize risk assessment, enhance documentation practices, and improve patient safety outcomes.

CONCLUSION & RECOMMENDATIONS

Based on the results, it can be concluded that the interventions done for improvement of initial risk assessment in in-patients resulted in increased adherence from 0% to 80%. However current adherence does not meet target standards i.e. 100%. The feedback from clinicians indicates that the risk assessment protocols have been well-received, with the majority finding it easy to use and effective for evaluating patient risk. There are some shortcomings that can be made better by following recommendations:

·More targeted training of duty doctors and staff.
·Increasing oversight at shorter intervals i.e. on weekly basis.
·Continue defined practices.
·Review and amend risk protocols if required after taking feedback from clinicians.
·Re-audit in 1 year.