

QUALITY & PATIENT SAFETY AUDIT FINAL AUDIT REPORT – EXECUTIVE SUMMARY

Audit Title:	Risk Assessment for Violence and Aggression in Acute Mental Health Units		
Audit Number:	QPSA0132011		
Audit Requester:	Gerry O'Dwyer, Regional Director of Operations for HSE Dublin-Mid Leinster		
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Audit Sponsor:	Ms. Edwina Dunne – Director of Quality & Patient Safety Audit		
Source of Evidence	Type	Location	Date
	Questionnaire	All 34 Acute Mental Health Units	25 May 2011
	Site visit to 4 units – one unit in each HSE Area selected randomly	Cork University Hospital (South Lee Mental Health Unit) – 28 June 2011 Glencree Unit Greystones – 29 June 2011 Galway University Hospital (Acute Psychiatric Unit) – 01 July 2011 Mater Hospital (St. Aloysius Ward) – 05 July 2011	
Date of Issue of Final Report:	29/09/2011		

1. AUDIT BACKGROUND/RATIONALE

“A Vision for Change” (2006), the Report of the Expert Group on Mental Health Policy, sets out the strategic direction for the provision of modern mental health care in Ireland. There is a commitment from the Health Service Executive (HSE) to develop this model within the constrained resource base, and to achieve compliance with statutory responsibilities arising from the Mental Health Act, 2001. The National Service Plan 2011 strives to continue to implement elements of “A Vision for Change”. Priorities for 2011 include the reconfiguration of the community mental health teams, development of clinical pathways and progressing the capital infrastructure. The reconfiguration involves the change in current services from a model of care which is based on hospital inpatient provision to a community based recovery model.

In 2011, a budget of €694 million has been allocated to statutory provision of mental health services, with the voluntary services being allocated €14 million giving a total budget of €708 million. The 2011 budget reflects a reduction from the 2010 budget; this is in line with the overall HSE budget reduction, with savings to be achieved through measures including cost containment initiatives, overhead reductions, and service reconfiguration to increase efficiencies and decrease costs.

The Mental Health Commission has outlined in the Mental Health Act (2001) the requirement for a Risk Assessment to be carried out in approved centres - Regulations, S.I. No551 (2006). A Risk Assessment

for Violence and Aggression is a critical process to be completed by the Acute Mental Health Units (AMHU's). This process should be carried out on all patients upon referral for admission to an AMHU and reviewed on a regular basis during the period of admission. It is not clear if this process is being carried out in the AMHU's.

In 2008 the number of clinical incidents reported to the Clinical Indemnity Scheme (CIS) from the public Mental Health Services was 7,812. The highest incident event type reported at 2,723 (35.5%) was for violence, harassment and aggression. This has been a cause of concern to the HSE and to the Health & Safety Authority.

This audit was requested by Gerry O'Dwyer, the Regional Director for Operations (RDO) in the Dublin Mid-Leinster region with support from the National Office for Mental Health Services. To date, no national audit has been completed in this area. This audit will establish the level of risk assessment for violence and aggression being completed in the AMHU's. This audit will also provide baseline information for the HSE.

2. AUDIT OBJECTIVES

The objectives of this audit are five fold as follows:

1. Determine the extent to which risk assessments for violence & aggression are being completed in the AMHU's
2. The extent to which the above assessments have been reviewed by staff
3. The current Standards/Best Practice Guidelines (BPG) being used for risk assessment
4. Baseline information for future audits
5. Identify areas of Best Practice in the risk assessment of violence & aggression

The scope of this audit included all AMHU's in each of the four HSE administrative areas providing a service to those aged 18 years and over. Outside the scope were non-acute units (rehabilitation) and those units providing service to under 18 years of age (Children & Adolescents).

3. SIGNIFICANT FINDINGS

- It is clear that, while the vast majority of AMHUs have a safety statement, less than half of the AMHUs have issued the statement to each staff member. The majority have reviewed their safety statement, and have a policy / procedure on violence and aggression.
- A majority of sites complete a risk assessment for violence and aggression on admission to the AMHU. However the risk assessment is sometimes completed before the patient is admitted to the AMHU.
- More than half of the AMHU's surveyed do not use the high / medium / low risk assessment categorisation.
- Of those who complete the risk assessment after admission, the majority (47%) do so within 24 hours of admission.

4. RECOMMENDATIONS

Four Site Visits:

South Lee (Cork):

- It is recommended that the Sainsbury Centre risk assessment tool for violence and aggression, which has been used to complete assessments since the 16th May 2011 in the South Lee AMHU, should be piloted over a six month period. There should then be a review of the usefulness/validity and reliability of the tool by the mental health team. If it is found to be a useful, valid and reliable tool, it should be implemented for use on all patients admitted to the AMHU.
- An audit should be conducted on an annual basis to review the implementation of new procedures/introduction of new risk assessment tool.

Glencree (Wicklow):

- It is recommended that the DRAF tool which has been used to complete risk assessments since

June 2011 in the Glenree AMHU should be piloted over a six month period. There should then be a review of the usefulness/validity and reliability of the tool by the mental health team. If it is found to be a useful, valid and reliable tool, it should be implemented for use on all patients admitted to the AMHU.

- It is recommended that the weekly review for violence and aggression by the MDT is recorded in the patients file.
- An audit should be conducted on an annual basis to review the implementation of new procedures/introduction of new risk assessment tool.
- It is recommended that Glenree AMHU commence inputting incidents and near misses to the StarsWeb system.
- It is recommended that a review of the patient files commence immediately to improve the current format and structure of the files.

Acute Psychiatric Unit, Galway:

- It is recommended that a review of the patient files commence immediately to improve the current format and structure of the files.
- The tool for initial risk assessment needs to be used for every patient on admission.
- The FACE and HCR 2O tools need to be used in line with clinical policy.
- A system for documented review of risk assessments needs to be established immediately.

St Aloysius Ward (Mater Hospital):

- It is recommended that St Aloysius Ward develop a specific Safety Statement for the Ward and ensure that each member of staff signs this safety statement.
- It is recommended that St Aloysius Ward develop a specific policy for the Risk Assessment for Violence and Aggression.

5. CONCLUSION

This audit was conducted using Survey Monkey questionnaire and site visits. A total of 32 of the 34 AMHU's took part in this audit with one site visit in each of the four administrative areas.

The audit team found that both the findings from the information provided by the AMHU's and subsequent analysis and the site visit have provided a clear picture of the level of risk assessments being completed and reviewed.

This audit also provides baseline information in relation to the variation of risk assessment tools, methodologies and training programmes currently being used in the AMHU's. This information will assist the HSE in the planning and development in the Mental Health services and will provide baseline information on which future audits might build on.

6. ACKNOWLEDGEMENT

The audit team wish to acknowledge the cooperation and goodwill afforded them by all persons who participated in the audit.