Documentation of risk factors in patients presenting to the Emergency Admissions Unit with self-harm

Audit project at Queen Elizabeth Hospital Gateshead, 2017-2018

Dr Caitlin Lambert, Dr Thomas Mayo (Supervisor: Dr Ruth Petch)

NHS Gateshead Health NHS Foundation Trust

QE Gateshead Quality and excellence in health

1. Background

- Self-harm is an increasingly common cause of presentation to emergency care units. There is a proven link between self-harm and suicidality (5% of patients presenting to hospital with self-harm commit suicide within 9 years).
- NICE guidelines state that risk assessment of patients presenting with self-harm should be performed by all members of staff, and repeated throughout admission to identify risk of further self-harm and/or suicide.

2. Aim

- The aim of the audit was to identify how frequently risk assessment criteria were documented by doctors assessing patients admitted to the hospital Emergency Admissions Unit (EAU) with self-harm, and subsequently perform an intervention which would demonstrably improve the quality of risk documentation of in such patients.

3. Standard

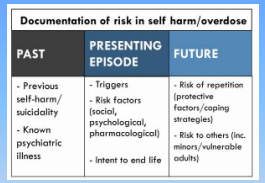
- The standard used was the NICE guideline on risk assessment in self-harm (CG133). This specifies 9 criteria to be screened for in patients presenting with self-harm:

1. Previous self-harm/suicide attempts
2. Suicidal intent
3. Psychiatric illness
4. Triggers
5. Risk factors
6. Protective factors
7. Coping strategies
8. Relationships
9. Risk to others

4. Method

- A retrospective, notes-based audit of documentation of the nine CG133 criteria was performed in September 2017, capturing the previous 33 patients assessed by doctors on EAU for self-harm. After intervention, repeat audit was carried out in December 2018, capturing 23 patients.

5. Intervention



Documentation of risk in self harm/overdose		
PAST	PRESENTING EPISODE	FUTURE
- Previous self-harm/ suicidality - Known psychiatric illness	- Triggers - Risk factors (social, psychological, pharmacological) - Intent to end life	- Risk of repetition (protective factors/coping strategies) - Risk to others (inc. minors/vulnerable adults)

- This took the form of education on NICE standards with different groups of doctors. In March 2018 we distributed laminated cards (reproduced above) summarising criteria to the incoming cohort of F1 doctors on EAU. We also gave a presentation at an EAU departmental meeting on 23 March 2018. This included showing a poster highlighting NICE criteria and emphasising the importance of clear documentation.

6. Results

Initial audit (pre-intervention) – September 2017

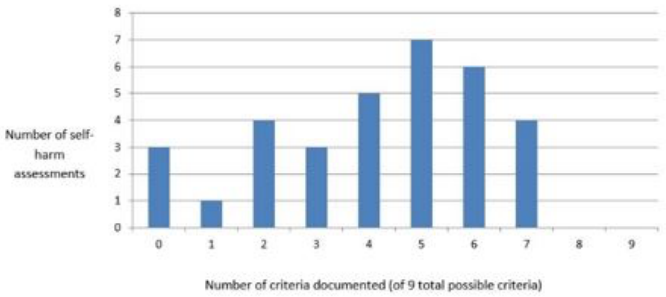


Figure 1: no. of criteria documented by self-harm assessments (pre-intervention)

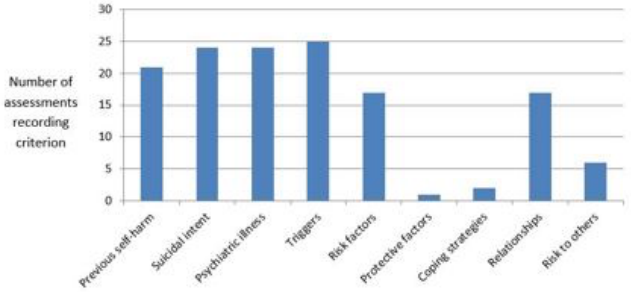


Figure 2: no. of assessments documenting individual criteria (pre-intervention)

Repeat audit (post-intervention) – December 2018

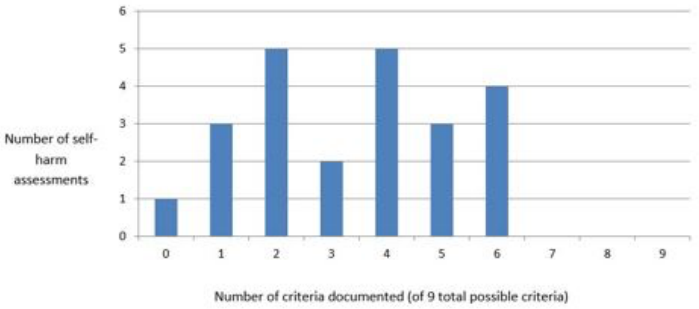


Figure 3: no. of criteria documented by self-harm assessments (post-intervention)

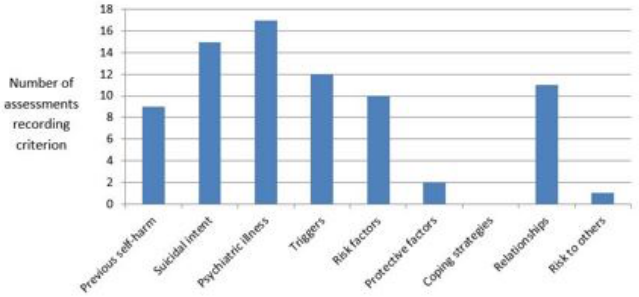


Figure 4: no. of assessments documenting individual criteria (post-intervention)

8. Discussion

- 3 of the 33 assessments in the pre-intervention group (9%) did not document any of the criteria at all, compared to 1 of the 23 (4%) in the post-intervention group.
- None of the pre-intervention assessments documented more than 7 of the 9 criteria; in the post-intervention group, none documented more than 6 criteria.
- In the pre-intervention group, 4 of the 9 criteria (previous self-harm, suicidal intent, known psychiatric illness, and triggers for the presenting episode) were documented in over 20 of the 33 assessments (60.6%). Conversely, protective factors, coping strategies, and risk to others were comparatively rarely documented, and only 6 of the 33 assessments (18.18%) contained evidence of assessment of risk to others (including safeguarding risk to minors or other vulnerable individuals in whose care patients were involved).
- Disappointingly, the post-intervention group showed no convincing evidence of quality improvement. There was no significant increase in the frequency of documentation of protective factors, coping strategies, or risk to others. Other criteria were more widely recorded, but the post-intervention group performed less well globally than the pre-intervention group, documenting 3.39 criteria per assessment on average, compared to 4.15 for the pre-intervention group.
- The observed gaps in documentation likely arise for a number of reasons, including challenges involved in engaging with patients, global time pressures on staff working on EAU, and limited awareness of some criteria. The results of this audit illustrate both the difficulty of improving the existing standard of documentation and the importance of providing junior doctors with further training and resources relating to self-harm, particularly in regard to stratifying patients in this population in terms of ongoing risk to themselves (presence of risk and protective factors) and identifying potential safeguarding issues involving other vulnerable people.