Modifying eDASA + APP violence risk assessment and management protocol to psychiatric care with co-design approach

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Background

Violence is a significant challenge in geropsychiatric inpatient care. Patients in geropsychiatric care experience psychiatric disorders or symptoms alongside their cognitive decline. The risk of violence in geropsychiatric care is heightened. Effectively averting violence in geropsychiatric care requires identifying patients at risk followed be suitable management strategies.

eDASA + APP is an electronic system for clinical decision making. It comprises of structured short-term risk assessment tool (DASA) (Maguire et al. 2019). Using DASA, the risk of violence is estimated on a risk level from low, moderate to high in a 24-hour duration. APP complements DASA by suggesting suitable nursing interventions to manage risk of violence based on the DASA risk levels. The e in eDASA + APP refers to that the system for clinical decision making built into the electronic patient record.

Aim

Describe co-design approach in modifying eDASA + APP to Finnish geropsychiatric care

Methods

Co-designing the eDASA + APP were conducted using workshops. The participants of the workshops are described in table 1. The focus in the workshops were to modify the eDASA + APP to geropsychiatric context. Detailed description of the workshop goals are presented in Table 2.

Table 1: Participants of co-design workshops
• Nurse manager (n = 1)
• Registered nurse (n = 2)
• Mental Health nurse (n = 4)
• Expert-by-experience (n = 1)
• Researcher (n = 3)

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Table 2: Focus on co-design workshops
• Discuss utilization of eDASA + APP
• Explore benefits and challenges for assessing risk of violence in geropsychiatric care using DASA
• Modify and align the interventions in APP to geropsychiatric context
• Present suitable interventions to DASA risk levels
• Discuss the optimisation, functions and layot of the eDASA + APP in the integration to electronic patient information system

Results

In the co-design workshops participants presented their views, perspectives and suggestions on how to modify eDASA + APP to geropsychiatric context. Based on the workshops a modified model of eDASA + APP was generated (figure 1.). The version contains nursing interventions to manage patient risk of violence according to the DASA levels. The nursing interventions are those that have been recognised to be effective in practice of geropsychiatric care.

Conclusions

eDASA + APP was modified to Finnish geropsychiatric context using co-design workshops. The participants experienced that they were heard, and their views respected in the workshops. The participation of expert-by-experience enriched the workshops. Co-Desing workshops are a suitable approach to modify eDASA + APP to fit to specific contexts.
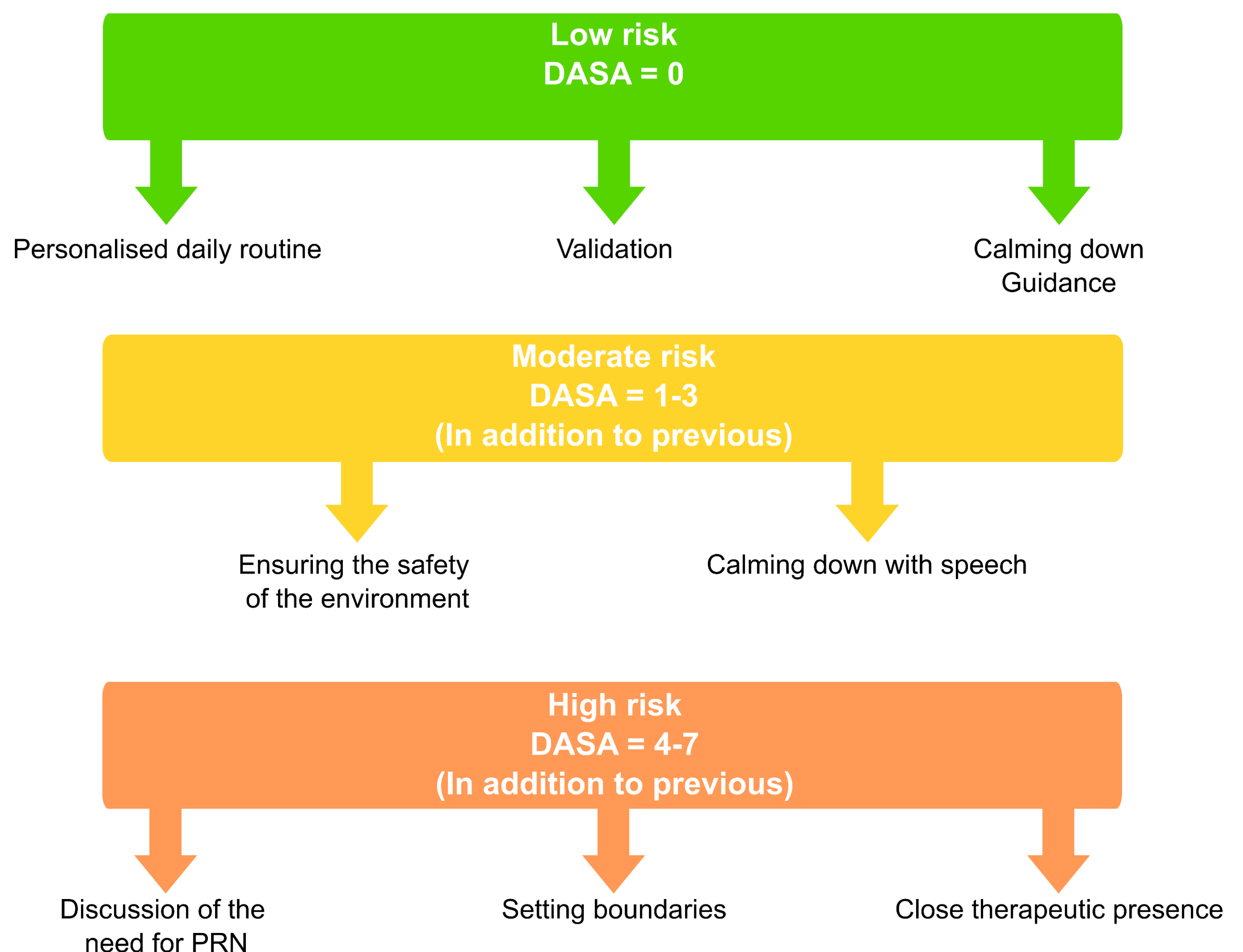

Low risk
DASA = 0

Personalised daily routine

Validation

Calming down Guidance

Moderate risk
DASA = 1-3
(In addition to previous)

Ensuring the safety of the environment

Calming down with speech

High risk
DASA = 4-7
(In addition to previous)

Discussion of the need for PRN

Setting boundaries

Close therapeutic presence

Figure 1. eDASA + APP modified in Finnish

References

Maguire, T., Daffern, M., Bowe, S. & McKenna, B. 2019. Evaluating the impact of an electronic application of the Dynamic Appraisal of Situational Aggression with an embedded Aggression Prevention Protocol on aggression and restrictive interventions on a forensic mental health unit. *International Journal of Mental Health Nursing, 28*(5), 1186-1197.