



1. What is the DASA?

The DASA IV (Dynamic Appraisal of Situation Aggression – Inpatient Version) is a tool that was developed following extensive research in Australia in forensic settings. The tool which consists of seven items is scored on a daily basis and it allows nursing staff to rate patients in terms of support that may be required. Patients who score high on the DASA scale will require increased input over the next twenty four hours to reduce potential for serious incidents of violence.

2. Why is it important?

The DASA is extremely useful to use as a tool on wards because its predictive validity is higher than unaided clinical assessments made by senior clinicians. Moreover, the DASA which is undertaken on a daily basis is now incorporated into nursing handovers and this means staff have to discuss patients with the view to offering patient support especially when their scores are high on the rating scale.

The DASA also ensures that nursing staff now come onto a ward where they have an understanding of who among their patients are at increased risk of violence over the next twenty four hours and who they need to be providing increased support to.

The most important aspect of using the DASA is that it changes the culture on a mental health ward from being a reactive caring environment to one that proactively supports patients rather than waiting for incidents to take place.

3. What are the goals?

There are several goals intended to be achieved by the use of the DASA. It is hoped that nursing staff would use the predictive tools to manage all of the patients that are admitted and subsequently cared for within our mental health wards. The expectation is also that nursing staff utilise the scores that are obtained to engage in meaningful discussions about supportive systems that can be put in place to manage some of our most complex patients.

The expected outcome is that there will be a reduction of overall incidents as well as a significant reduction in the number of patients that have to be restrained. The hope is that once you can identify patients who might be unsettled, interventions that reduce the risk or likelihood of serious violence are put in place before an incident does take place. This will eventually lead to a reduction of patients being restrained and subsequently lead to less staff having to take time off work as a result of serious injury following restraints.

4. What do staff need to do?

Staff will have to undertake an hour long training session, which is imparted on the ward by qualified clinicians. They will have to have some understanding of risk assessment methodology and the impact that structured risk assessments have on predicting violence in the ultra-short (twenty four hour) period. Following the completion of training, nursing staff will be expected to assess and complete DASAs on patients in every twenty four hour period. These scores will then be collated and used as part of discussion during nursing handovers on a daily basis.

The tool itself will not take more than three or four minutes to complete but will have to be completed by qualified nurses who have an understanding of the patient's presentation over the previous twenty four hours.

5. What benefits will service users experience?

There are significant benefits which are expected to be achieved if there is an overall reduction in incidents. Individual service users who have complex needs and those that have predictable violent episodes will see an increase in the amount of support they receive which will lead to a reduction of serious violence and serious incidents.

This will also mean that individuals who have complex needs and are at imminent risk of violence will have increased input from nursing staff in order to reduce the likelihood of serious violence.

It is hoped that with reduced level of staff injuries and staff sickness there will be increased continuity of care. Overall, it is hoped that the service users will see a significant reduction in violence on the ward which will mean that wards will be safer for everybody.

6. How will change be measured on the ward?

As a measure of impact of the DASA, regular reviews of the incident data that is routinely collected will be undertaken. Data about staff sickness and wellbeing is already collected and this will be analysed further to help with understanding the impact of using predictive tool on the ward.

Restraint data will be regularly monitored to look at trends. It is expected that there will be a reduction of restraints.

7. How will progress be reviewed?

Ward handovers/reflective practice/Patient care team meetings.

As part of normal business serious incident reviews will continue to take place.

The organisation has weekly Surveillance meetings during which progress can be reviewed.

Feedback/outcomes will be discussed at clinical governance meetings and at Reducing Restrictive Practice meetings.