HEADSSS up or HEADSSS down?

Completing HEADSSS assessments in children and young people

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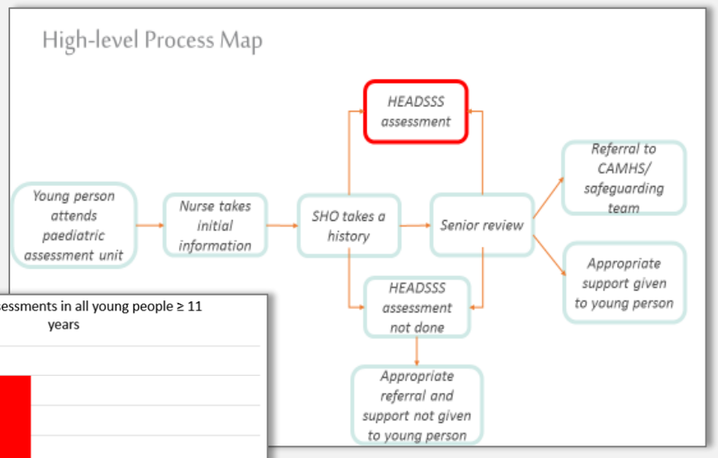
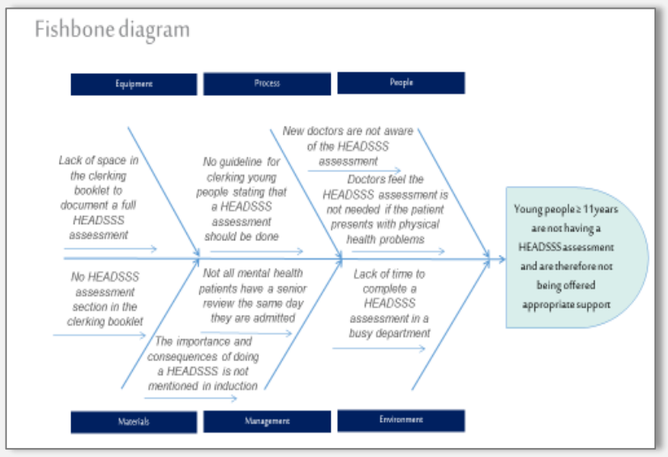
PROBLEM
Not every young person presenting to the paediatric department has a HEADSSS assessment. This leads to incomplete assessment of their social, emotional and risk -taking behaviours and appropriate support not being given. This means the child suffers.

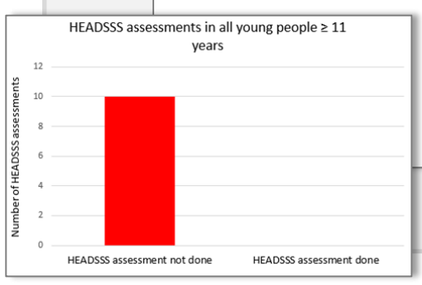
BACKGROUND

Every young person who comes to Hospital should have a HEADSSS assessment. When I started working in this paediatric department, I quickly noticed that doctors were not completing the HEADSSS assessment.

DIAGNOSTICS







AIM & MEASUREMENT DEFINITION

Aim
Increase the number HEADSSS assessments being done for children and young people ≥ 11 years old with mental health issues in the paediatric assessment unit and paediatric ward from 0 out of 10 (baseline) in May 2024 to 5 out of 10 by September 2024.

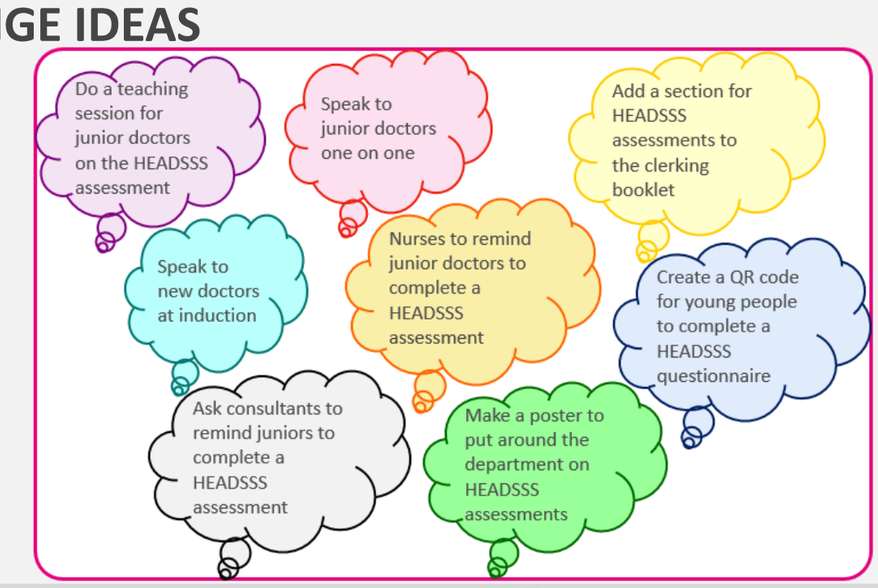
Chosen measure
To measure if a HEADSSS assessment is being done
0- No HEADSSS assessment
1- HEADSSS assessment partially done
2- HEADSSS assessment fully done

Inclusions
All young people **≥** 11 years old or older who attend the paediatric assessment unit or the paediatric ward with a mental health issue

Exclusions
Children <11 years old
Children presenting with physical health problems, not related to their mental health

Sampling method and frequency: Review the patient notes on a weekly basis

CHANGE IDEAS

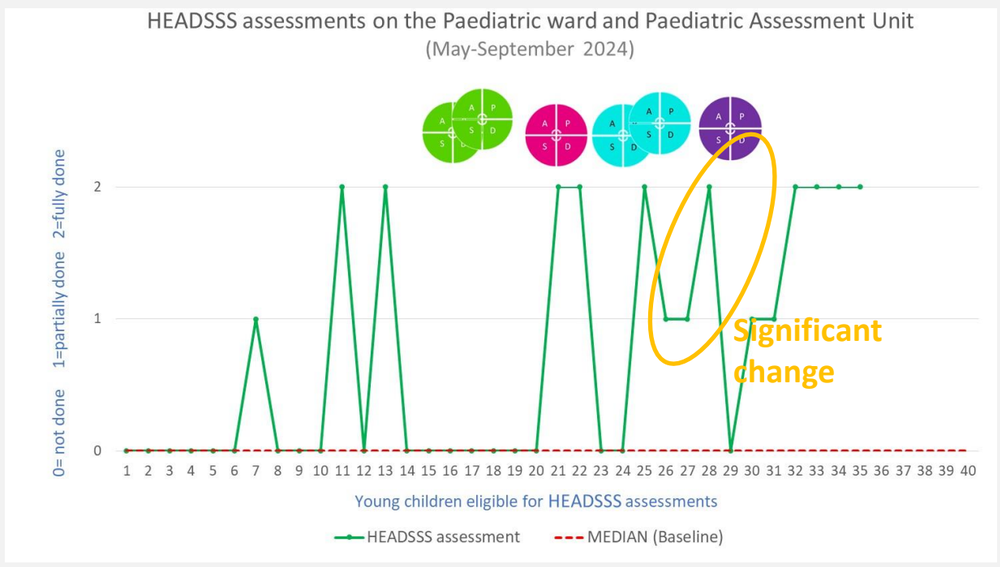


PDSA cycles

PDSA Test #	PLAN	Do	STUDY	ACT
1.1	Speak to a junior doctor one on one about doing a HEADSSS assessment	I spoke to an FY2.	They did the HEADSSS assessment on a patient and it was documented in the patient notes.	**Again**- Inform more junior doctors about doing the HEADSSS assessment.
1.2	Speak to another junior doctor about doing a HEADSSS assessment	I spoke to a GPST1. The patient they saw kept quiet and did not answer all of the questions in the assessment.	The child did not want to interact with the doctor, it was on a night shift so the young person wanted to sleep. It was difficult to establish rapport in this situation.	**Extend**- Continue to inform junior doctors. **Adapt**- Do a teaching session next, advising how to ask more sensitive questions and recommending handing over to the day team any parts of the HEADSSS assessment not completed, if the patient is admitted overnight.
2	Do a teaching session for junior doctors on the HEADSSS assessment	After the morning handover I did a teaching session for 12 people which included a consultant, junior doctors and medical students.	Nearly half of the doctors present had never heard of a HEADSSS assessment.	**Extend**- Do another teaching session at a later date for different junior doctors who were not present. **Add** the HEADSSS assessment to the paediatric clerking booklet.

PDSA Test #	PLAN	Do	STUDY	ACT
3.1	Ask the nurses to remind junior doctors to complete a HEADSSS assessment	I spoke to four senior nurses.	The nurses were willing to inform the junior doctors	**Add-** Ask the nurses to complete the HEADSSS assessment.
3.2	Discuss the HEADSSS assessment with nurses	I spoke to four senior nurses. They had not heard of the HEADSSS assessment, so I explained it to them.	Three of the nurses asked if they could complete the assessment and I welcomed this.	**Extend**-Inform more nursing staff and also ask them to complete the HEADSSS assessment. **Add** the HEADSSS assessment to the paediatric clerking booklet.
4	Add the HEADSSS assessment to the paediatric clerking booklet	The HEADSSS assessment was added to the paediatric clerking booklets for doctors and nurses to start using.	The number of HEADSSS assessments completed was initially variable. However, there has now been a sustained increase.	**Extend**-Keep the HEADSSS assessment in the clerking booklet. This will help to sustain a change.

RUN CHART



REFLECTIONS & LEARNING

CONCLUSION & LEARNING

- I achieved my aim. 5 out of 10 patients had a fully completed HEADSSS assessment since I began testing ideas using Plan-Do-Study-Act (PDSA).
- My run chart showed a run of 6 data points following an upward trend after introducing the HEADSSS assessment to the clerking booklet. This shows that my change ideas brought a statistically significant increase in the number of HEADSSS assessments done.

REFLECTIONS

- I learnt that you don't need to start with big changes to bring about a change and small changes can be just as significant. Also, I learnt that by speaking to different people in each PDSA cycle, you can get a lot of information and new ideas.
- I found implementing my change ideas was easier than I thought it would be, but making a sustained change in my absence was the challenge. Initially when I was not present, the number of HEADSSS assessments done were low. My latest change idea of adding the HEADSSS assessment to the clerking booklet, has shown an increasing trend in assessments done even in my absence, which is exciting.

Acknowledgements:
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