

DASA

Summary

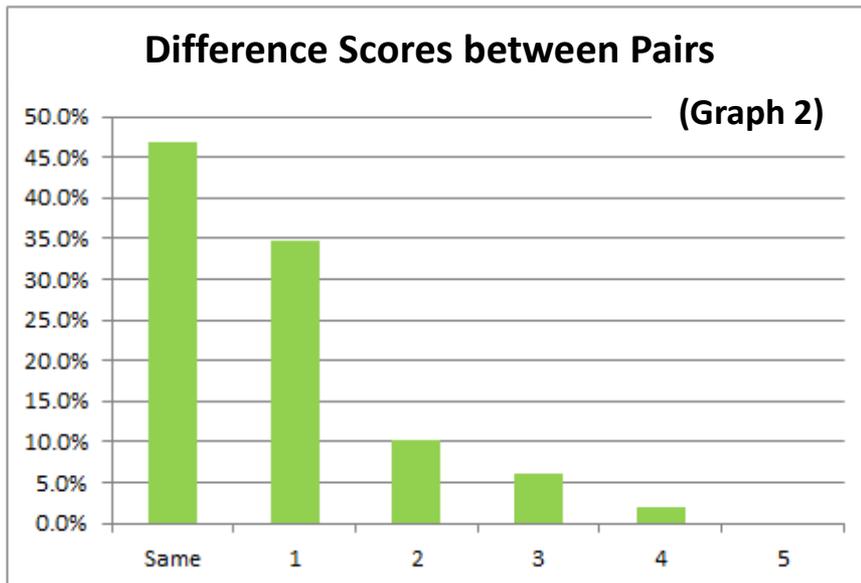
- The author of the Dynamic Appraisal for Situational Aggression (DASA) recommends that qualified staff should complete the tool. We understood the reasons for this, but then looked at potential barriers with regard to its feasibility and sustainability at ward levels.
- Wards tend to have a higher ratio of unqualified to qualified staff on wards. For this reason we looked at how unqualified staff could complete the DASA assessment, but demonstrate similar outcomes as qualified staff. The thinking behind this had come from the DASA program lead (CfPC) and his experiences at ward level. Following his time working as a nursing assistant, he was always asked for his feedback by the qualified/charge nurse in relation to how the patients presented on a daily basis for handover. So the question was, why couldn't we test the inter-rater reliability around this? You don't have to be clinically educated to understand the DASA. If we could identify high consistency between qualified/un qualified staff then this would free up time for the qualified staff and enable the unqualified staff to become more involved in our patient care, possibly improving patient safety.
- A second phase of training was set up, which incorporated the testing of inter-rater reliability and consistency between the qualified and unqualified staff. Consistency was high in all qualified/unqualified training groups paired analysis of those groups that were combined (unqualified/qualified group). DASA is part of Reducing Restrictive Practice Guide.



Overall Inter-Rater Reliability

Pairs of staff that have graded the DASA during 49 training sessions

Risk analysis: There was a **91.8%** inter-rater reliability; the same risk level would be recorded by both staff members (qualified and unqualified)



Graph 2 - Pairs scoring examined

46.9% of the teams came to the **Same Score** (out of a possible score of 7)

Despite there being a 1 or 2 score difference, staff pairs are still arriving at the same risk level (low/moderate/high)

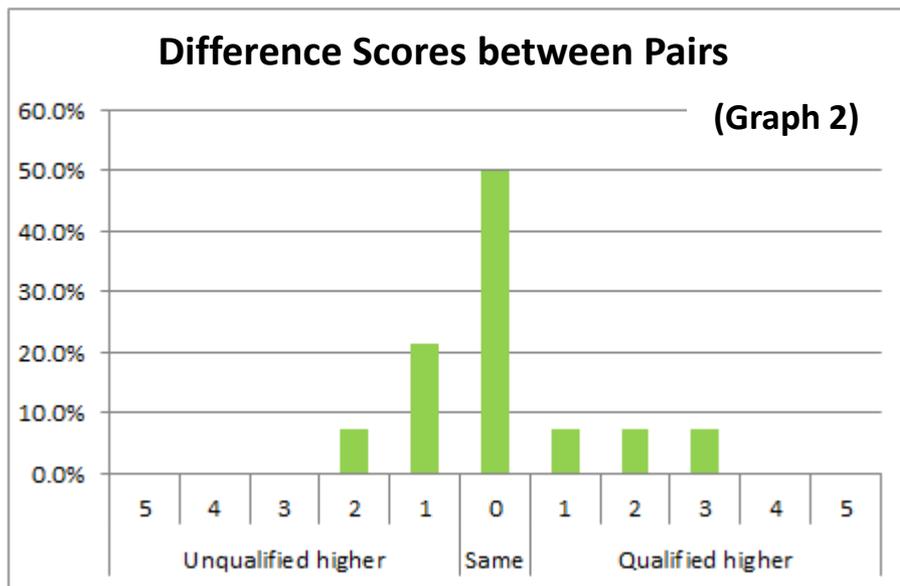
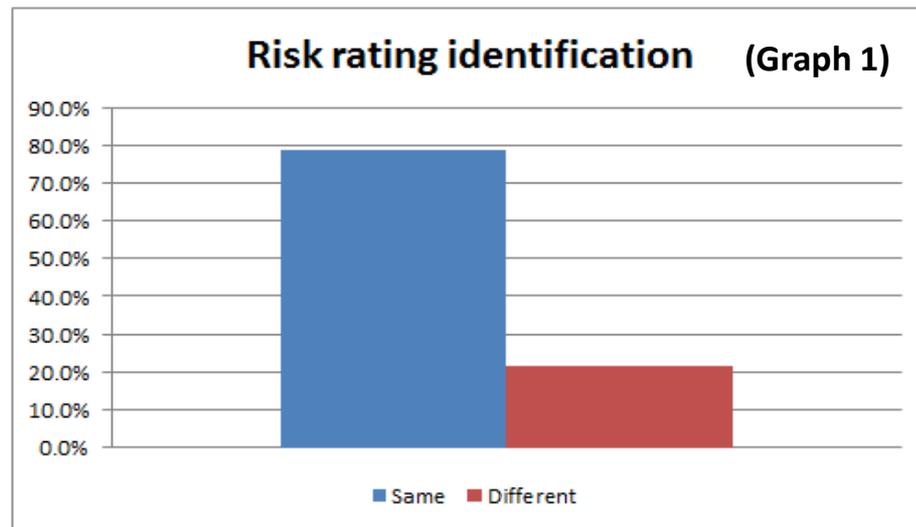
Rating the DASA on a Low to High (0-1 is low, 2 – 3 moderate, 3+ - 7 high)



Qualified and Unqualified Staff Pairs

There were 14 pairs made up of one Qualified and one Unqualified staff

These pairs showed an inter-rater reliability of risk rating of 78.6%



Graph 2 - 50% of the pairs scored the DASA the same

21.4% of unqualified staff, scored the DASA 1 point higher than the Qualified, were 7.1% of qualified staff scored it higher

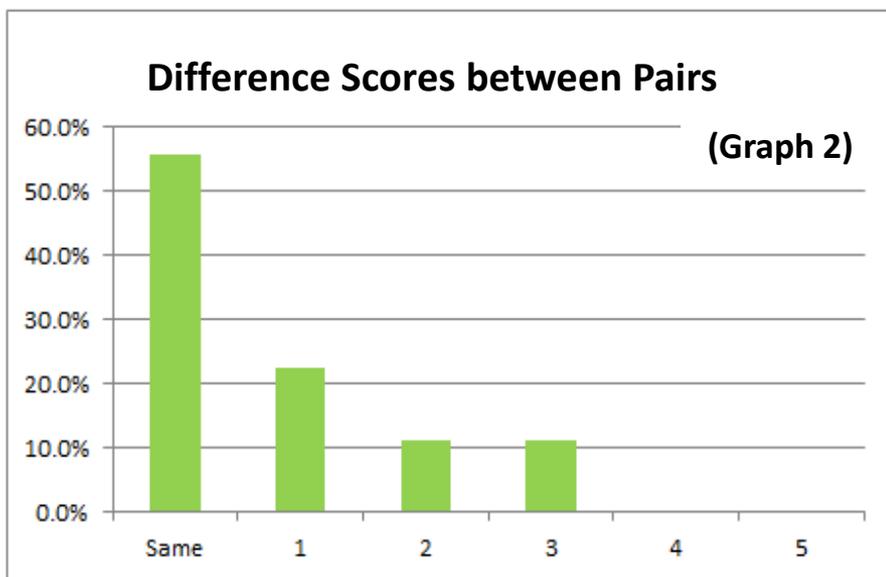
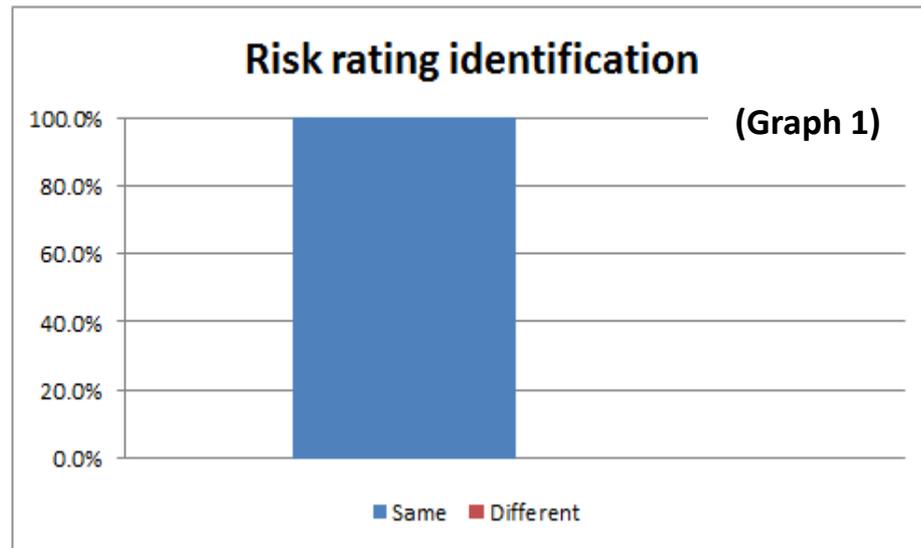
Following the analysis, it could be questioned, are the unqualified staff either (a) more risk adverse (b) more aware due to increased presence OR the qualified staff either (a) more risk aware through training (b) not present / less interaction.



Qualified Staff

There were 9 pairs of Qualified staff

These pairs showed a inter-rater reliability of risk rating of 100%



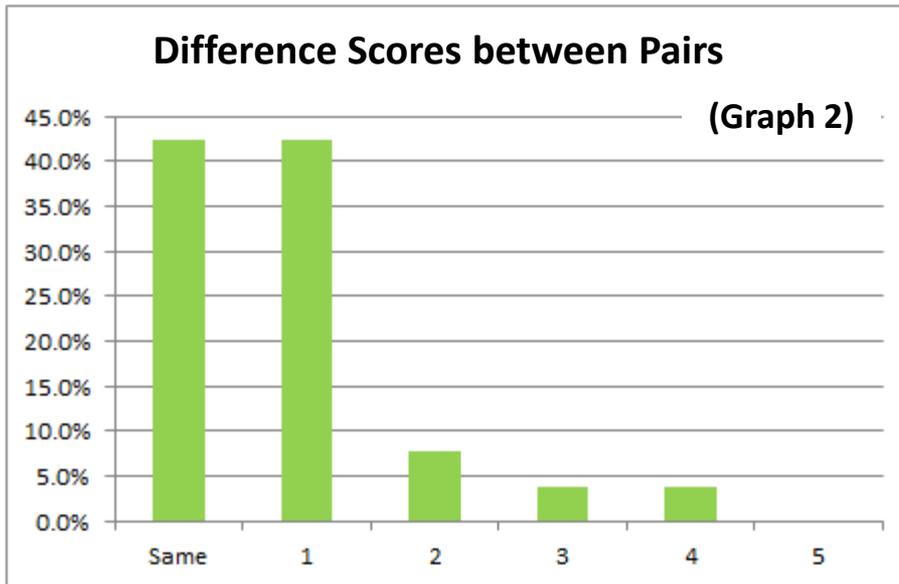
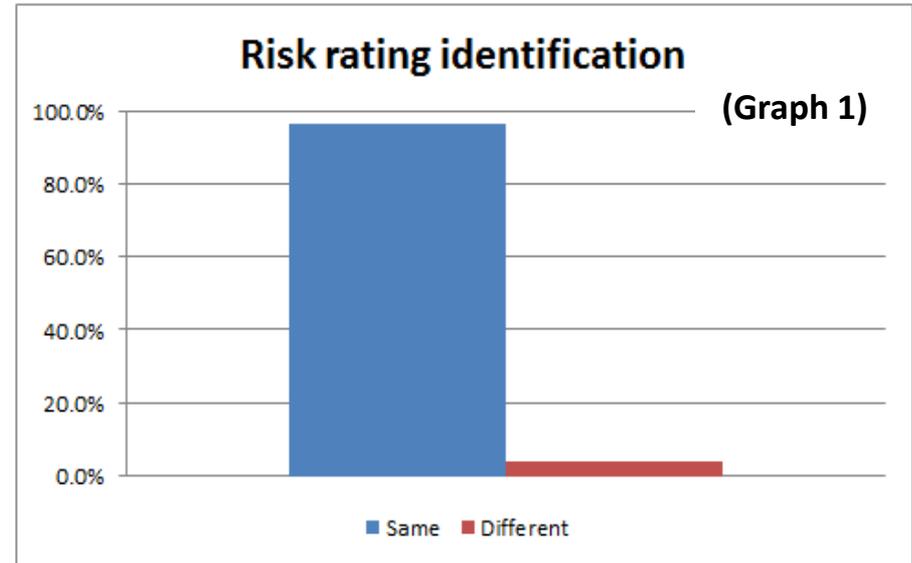
Graph 2 - 55.6% of pairs scored the DASA the same

A further 22.2% had a 1 point difference

Unqualified Staff

There were 26 pairs made up of Unqualified staff

These pairs showed a inter-rater reliability of risk rating of 96.2%



42.3% of pairs scored the DASA the same, or with 1 point difference

With 2 points difference showing less than 10% and 3 or more less than 5% in each case

For further information contact: CfPC Program Lead

mark.thorpe@merseycare.nhs.uk or
Panchu.xavier@merseycare.nhs.uk