

Proper Adult with Incapacity Form (AWI) Completion

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Background

In geriatric rehabilitation and complex hospital care wards, many patients lack capacity to consent to treatment due to dementia, delirium, or acute illness. Under the Adults with Incapacity (Scotland) Act 2000, clinicians must complete a Section 47 certificate and clearly document what treatment is authorised, for how long, and whether the decision was discussed.

Aim

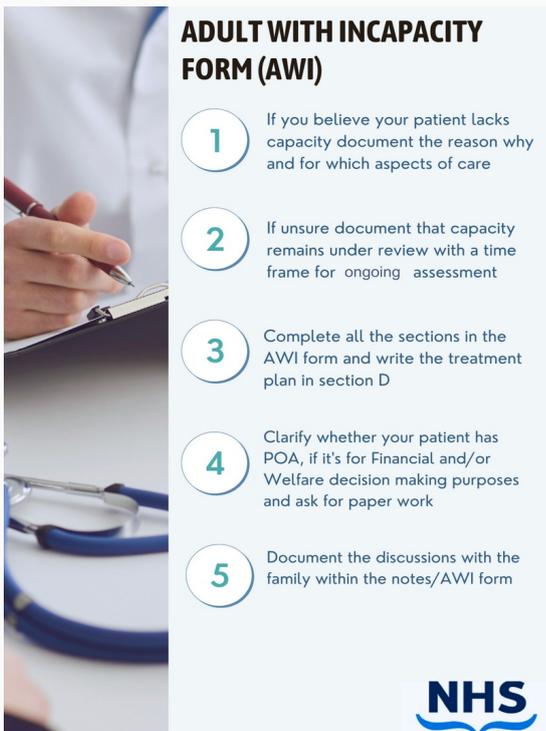
To improve the completeness and quality of Adult with Incapacity (Section 47) documentation, with specific focus on capacity reasoning, family discussions, and treatment planning.

Methods

We carried out a Quality Improvement project across Ward 8C at Gartnavel General Hospital and Wards 1 and 2 at New Victoria Hospital. In cycle one, we reviewed 50 inpatients within the geriatric rehabilitation and complex care cohort. We assessed the presence of a completed Adult with Incapacity form, documentation of the decision in the medical notes, evidence of capacity assessment reasoning, documentation of discussions with family, and completion of the treatment plan section of the form. We then introduced a clear visual checklist poster explaining how to complete key sections and delivered a short teaching intervention for staff.

Intervention

Checklist poster used to support AWI completion and staff awareness

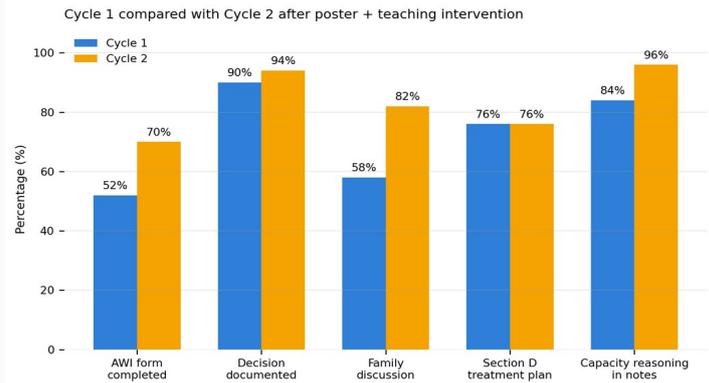


ADULT WITH INCAPACITY FORM (AWI)

- 1 If you believe your patient lacks capacity document the reason why and for which aspects of care
- 2 If unsure document that capacity remains under review with a time frame for ongoing assessment
- 3 Complete all the sections in the AWI form and write the treatment plan in section D
- 4 Clarify whether your patient has POA, if it's for Financial and/or Welfare decision making purposes and ask for paper work
- 5 Document the discussions with the family within the notes/AWI form

NHS

Results



Overall Adult with Incapacity form completion improved from 52% to 70%.

Documentation of the decision in the medical notes improved from 90% to 94%.

Discussion with family improved from 58% to 82%.

Capacity assessment reasoning documented in the medical notes improved from 84% to 96%.

Treatment plan documentation in Section D remained 76% in both cycles.

Discussion / learning points

A simple, low-cost intervention improved several legally important documentation domains. The largest gains were in overall completion, family discussion, and documentation of capacity reasoning in the medical notes. Treatment plan documentation did not improve, suggesting this remains an ongoing target for further work.

Conclusions

Visual prompts plus short teaching can strengthen the quality of Adults with Incapacity documentation and support clearer, safer treatment decision-making for patients who lack capacity.

Next steps

Embed the poster and teaching within junior doctor induction, repeat audit cycles, and explore electronic prompts within clinical documentation systems to sustain and spread improvement.