T2 and T3 Completion within a medium-secure forensic psychiatry unit: how to improve?

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Introduction

- The Mental Welfare Commission (MWC) have outlined good practice for consent to treatment in relation to The Mental Health (Care and Treatment) (Scotland) Act 2003. For patients prescribed psychotropic medications beyond 2 months, a T2 should be completed if the patient is capable of consenting, consents in writing, medical treatment is authorised by the Act and it is likely that treatment will alleviate or prevent deterioration in the patient's condition/is in the best interests of the patient. If a patient refuses to consent, or is incapable of doing so, the RMO (Responsible Medical Officer) is required to arrange through the Commission a DMP (Designated Medical Practitioner) to examine the patient. Medical treatment can be given if the DMP certifies in writing that the patient does not consent to treatment, is incapable of consenting to treatment, the treatment is authorised by the act, and is likely to alleviate or prevent deterioration in the patient's condition/is in the best interests of the patient.
- The above forms are statutory requirements. Mistakes may impact upon a patient's legal rights.
- Despite this, these forms are liable to human error and require high levels of organisation from busy clinical teams.

Aims

- The aims of the project were to record completion, timing and associated prescribing relating to T2 and T3 forms in an inpatient forensic psychiatric clinic, and to improve upon deficiencies found.

Methods

- In September 2021, patient records within a Scottish medium secure forensic psychiatry unit were analysed. Data was gathered on whether T2/3 forms were (i) required, (ii) in place, (iii) in date, (iv) reflective of current prescribing.
- Process mapping was carried out to identify causes for deficiencies.
- Results and change ideas were discussed with clinical leads.

Results

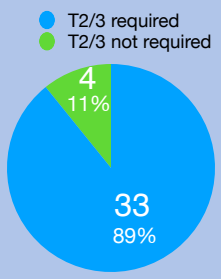

Figure 1: Number of required T2/3s within inpatients (t=37).

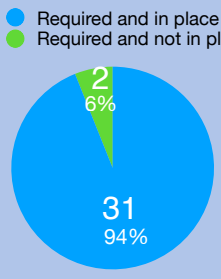

Figure 2: Number of T2/3s in place, out of those required (t=33).

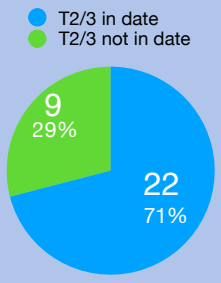

Figure 3: Number of in place T2/3s that were in date (t=31).

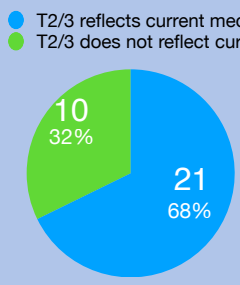

Figure 4: Number of in place T2/3s that reflected current prescribing (t=31).

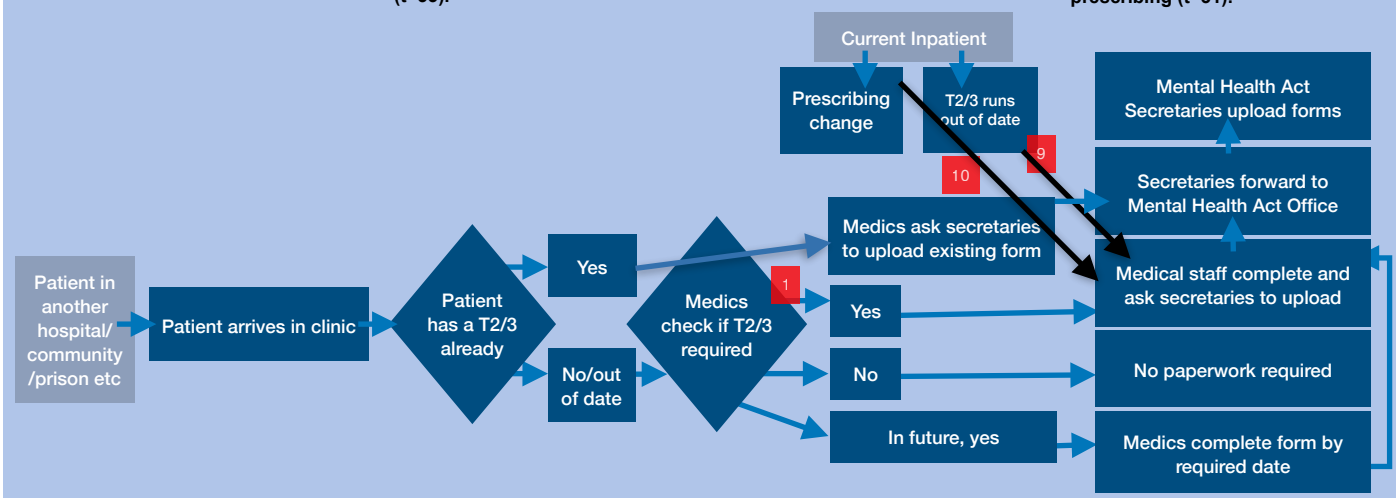

Figure 5: Process map of T2/3 completion. Red boxes signify number of errors associated with each stage.

Discussion and Conclusions

- There is room for improvement in both completion and accuracy of T2/3s within the setting audited.
- The most frequent errors involved current inpatients, as opposed to new patient admissions. 9 inpatient T2/3 forms had lapsed during patient stay (29% of in place T2/3s). 10 inpatients had had medication changes that were not reflected in their current T2/3 form (32% of in place T2/3s). It should be noted that prescribing errors included 'as required' medication, some of which patients had never actually received. There is a possibility that rationalisation of these medications may have reduced the number of this error type.
- Prior to reporting the results of the audit to clinical leads, a repeat data collection one month later demonstrated improved results. This ocurred without errors being flagged to clinicians, indicating that errors had been picked up by clinical teams inbetween data collections, or had been in the process of being fixed at the time of initial data collection.
- Discussions with clinical leads revealed that each Consultant had individual methods for ensuring accuracy of T2/3s, and there was no standard, shared methodology. This implied reliance on the organisation of individual Consultants, as opposed to any automated system being in place. It was discussed that the Mental Health Act Office within the hospital previously sent out reminder emails when T2/3s came close to elapsing, but this had stopped some years ago.

- Errors that remained following the second data collection were corrected following discussion with appropriate clinical teams.
- The outcome of discussion with clinical leads was that a simplified version of the initial data be created and uploaded to the shared drive for the unit. This is accessible to all nursing and medical staff. It was planned that this would be updated three monthly by psychiatry trainees, and that handover for this responsibility be managed by one of the unit Consultants, ensuring continuity. The column with T2/3 end dates has been conditionally formatted to turn red within a month of form expiry, providing a visual aid for one of the most frequently noted errors.
- It is hoped that this allocates a named trainee with checking responsibility, and that the presence of a shared document drives culture change.

- We plan to re-audit in June 2022, hypothesising that T2/3 accuracy and completion will have improved in the presence of more consistent methodology. A key limitation is that this process still relies on the organisation of individuals.