

Improving the assessment of capacity on an Acute Mental Health ward

A Quality Improvement Project by Dr S Zisman, Dr C Wratten, Dr Oliver Batham (SLAM Core trainees) and Dr Jonathan Beckett (Consultant Psychiatrist—Rosa Parks Ward)

Aim:

The aim of this Quality Improvement Project is to improve the assessment and documentation of capacity in all patients admitted to inpatient wards in South London and Maudsley NHS Foundation Trust.

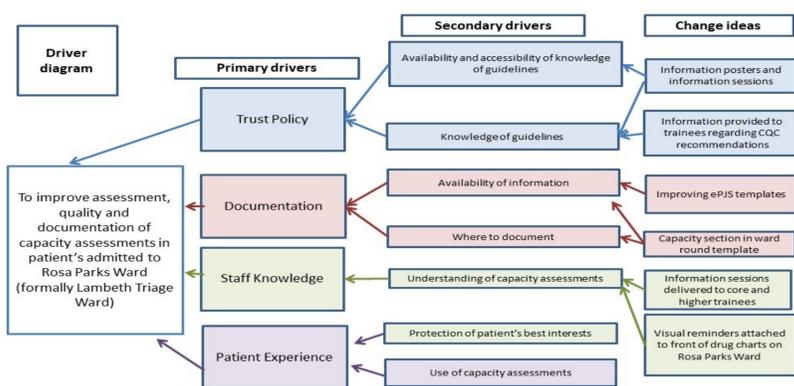
We aim for 100% of patients to have their capacity to consent to admission and treatment assessed and documented when the patient is clerked in by the on-call doctor on the inpatient ward *and* when the patient is reviewed in their first ward

Quality problem we are trying to resolve:

The Care Quality Commission (CQC) recommends that capacity to consent to treatment and admission is recorded at the start of every inpatient admission. The assessments should be recorded in a standardised way.

The rates of completion, frequency and location of capacity assessments for new patients admitted to Lambeth Hospital was recorded and evaluated. Initial data collected over a two month period on Lambeth Triage Ward (now Rosa Parks Ward) showed that only 30% of patients were having their capacity assessed when they were first admitted to the ward and that 49% of patients were having their capacity assessed at first ward round.

Driver Diagram:



Measures:

The data was collected retrospectively from the electronic notes (EPJS) of patients admitted to Rosa Parks Ward at Lambeth Hospital over a 26 week period. Data was collected on a weekly basis. The data collected included:

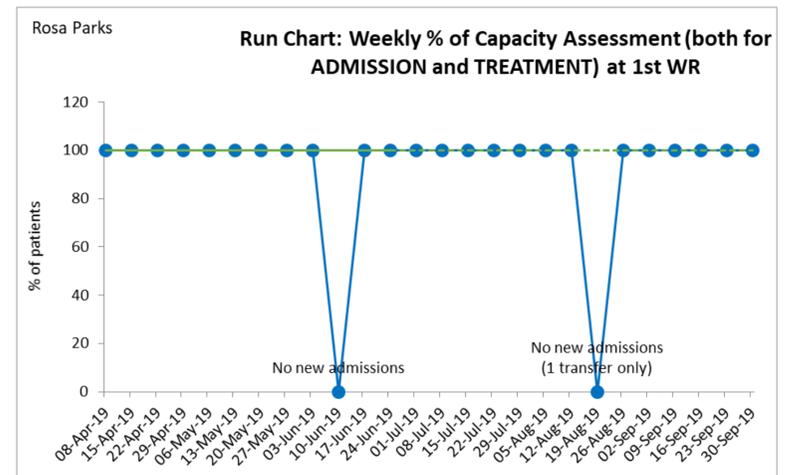
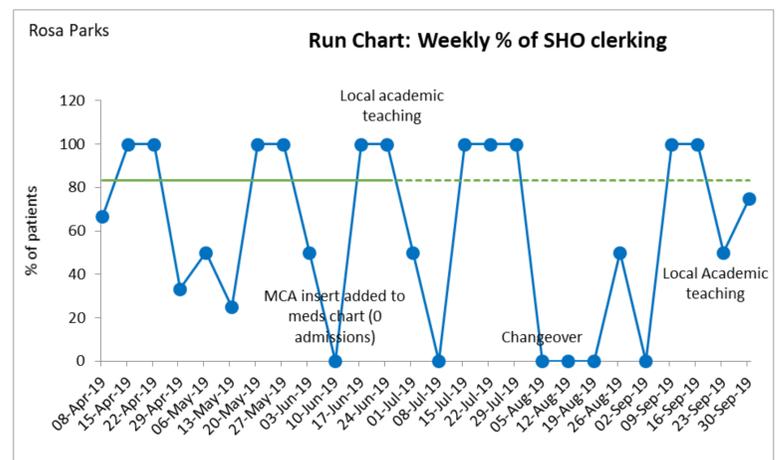
- Completion of capacity assessments in relation to hospital admission at the point of admission to the ward (SHO clerking).
- Completion of capacity assessments in relation to hospital admission and treatment during first ward round.

Assessments were only recorded as completed if they were recorded in the correct place (ward round template, MCA tab and/or events)

Change ideas tested:

- Face to face educational interventions were conducted to groups of junior doctors at local academic teaching
- Visual reminders were attached to the front of Rosa Parks Ward drug charts
- Posters were displayed in the on-call office and ward Junior Doctor office (previous interventions include Higher Trainee interventions and trust wide CT teaching)

Our data:



Progress and learning so far:

- The aim for improving the documentation for patients' capacity to consent to admission and to medication was fully met at 100% at the First Ward Round. This appears to be due to the Ward Round template, a proforma which has been used as standard on Rosa Parks ward. It means that the junior doctors must complete capacity documentation when uploading an entry to the notes.
- This improvement was not seen with regards to the other change ideas aimed at the assessments of patients' capacity to consent to admission and medication when they are clerked into the ward by the duty SHO. Small changes were seen but these were not sustained.
- Limitations to these interventions included the difficulties targeting junior doctors who are assessing new admissions, as this group includes locum doctors and doctors from other sites.
- It appears that having a proforma greatly increases the reliability of capacity documentation, and thus logically a standard proforma for all admission clerkings should improve capacity documentation.

Where we are heading:

- CQC feedback was that capacity assessment documentation has been difficult to locate within EPJS, and our research has shown that few doctors are using the MCA tab. A standardised proforma would help ensure assessments are easy to find and standardised across the trust.
- Other clinical staff are increasingly using the Mental Capacity Act (MCA) tab on EPJS, and collecting data about this would be an important data source going forward. It is also important to consider the quality of the assessments and whether all the domains of mental capacity are being carefully considered in each individual patient's case.
- Expanding the project across multiple sites to improve capacity documentation throughout the trust, with the aim to have 100% of capacity assessments for treatment and admission recorded on admission for every new patient, and at every first ward round.
- This will start with suggesting the use of the Ward Round proforma on other wards at Lambeth hospital, and studying if this improves the capacity documentation.