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BACKGROUND AND SIGNIFICANCE

Assessing decision-making capacity (DMC) is critical in clinical practice, yet challenges persist in effectively conducting these assessments. This project aimed to evaluate the impact of an educational program on DMC for LVHN inpatient care teams consulting the Psychiatry C/L Service. Given the complexity of DMC assessments and the involvement of multiple interdisciplinary team members, there is a need to enhance education and streamline processes to ensure comprehensive and efficient evaluations.

Elements of informed consent:

- Disclosure of information
- Voluntary choice
- Capacity to decide
- Promotes individual autonomy and fosters rational decision-making

Decision-Making Capacity (DMC)

Defined as: the ability of a patient to understand the benefits and risks of, and the alternatives to a proposed treatment or intervention (including no treatment)

DMC is Multifaceted:

- Depends on both the complexity of the decision-making process, and one's ability to engage in that process
- The necessity of a DMC assessment is often triggered by a person's circumstances (their place of residence, finances, or access to health care)
- Requires consideration of the medical, ethical, legal, and psychosocial dimensions of care
- Interdisciplinary process that ideally involves a range of professionals with knowledge in these domains
- Variation in perspectives facilitates the holistic identification of possible solutions

The most common types of DMC questions:

- Informed consent for treatment
- Treatment refusal
- Requests to leave the hospital against medical advice (AMA)
- Participation in discharge planning → Requires other unique dimensions:
 - current functional capacity & future behavior, ability to perform activities of daily living (ADLs) or accept assistance
 - social factors (family dynamics, housing, economics, and broader social supports)
 - ability to make decisions conducive to recovery
 - access to, and navigation through the healthcare system
 - involves physical & occupational therapy staff, social workers

Increasing Demand for DMC Assessments:

- 40% of US general hospital patients are seniors
- 33% to 50% of seniors have impaired decision-making capacity
- 90% of consultation psychiatrists indicated that at least 50% of DMCA were performed on patients older than 60 years of age
- Recent studies indicate 1/6 of psychiatric consults on average are for DMCA

OBJECTIVES AND METHODS

- A retrospective chart review assessed consult patterns, while educational sessions were conducted for IM residents and case managers.
- Surveys gauged knowledge, confidence, and perceived difficulties pre- and post-intervention.
- The post-education survey gathered feedback from LVHN staff to identify common difficulties and assess receptiveness to the proposed modifications.
- Modifications to LVHN's Epic system included options for ordering capacity consults

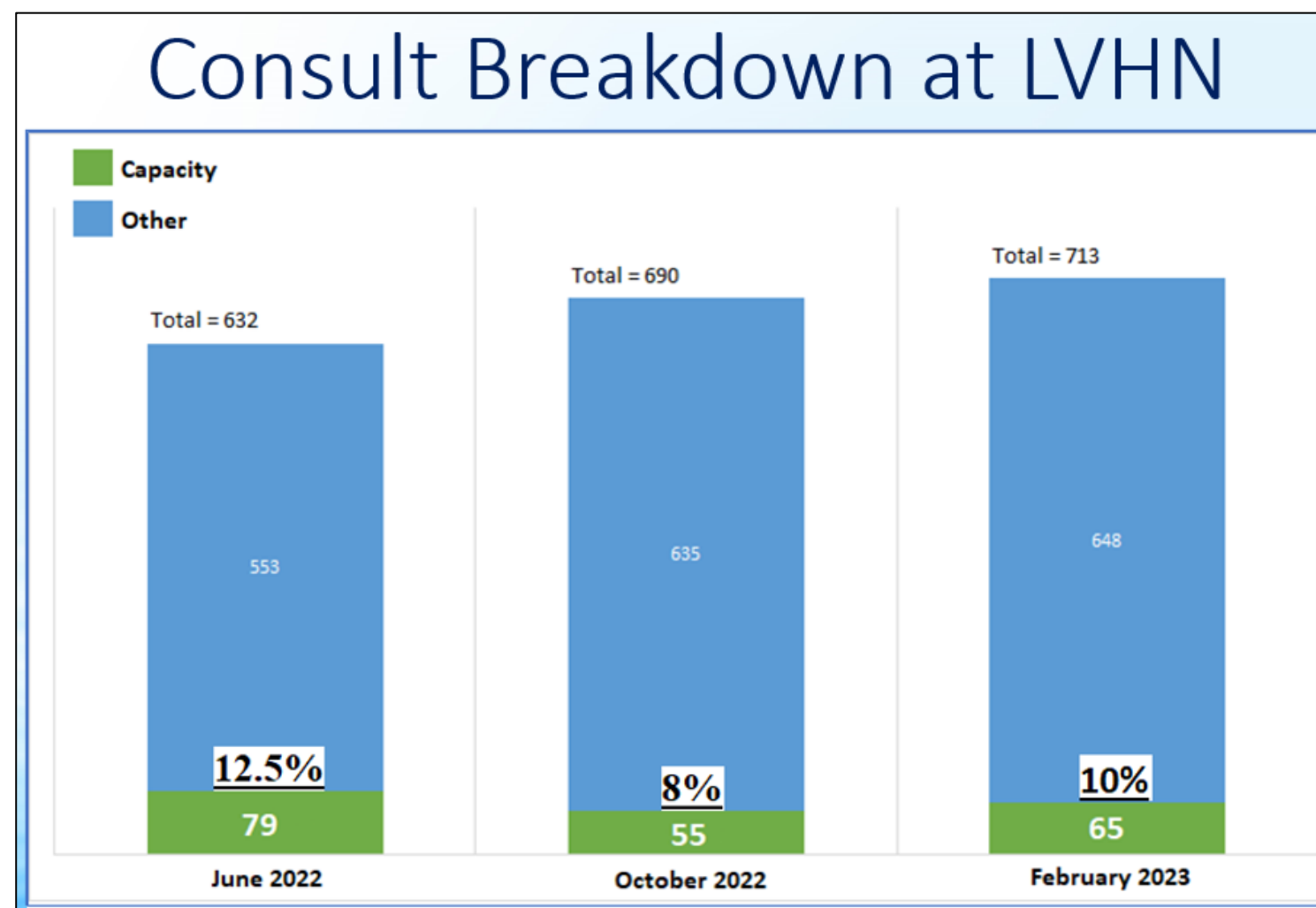
Educational Session Objectives:

- Learn skills necessary to assess capacity
- Apply the four abilities model of criteria for DMC
- Explain the use of substitute decision-makers
- Review common misconceptions: "10 myths of decision-making capacity"
- Review relevant information needed before capacity assessment

Average ~ 678 consults per month

1/10 for capacity evals

- One third of capacity consults at LVHN were non-specific
- Of consults which did specify a category (i.e., informed consent, treatment refusal, discharge dispo, AMA) only a few provided further detail.



RESULTS AND IMPLEMENTATION

Educational Quiz on Capacity

Group	Mean Total Correct	Lowest Score	Highest Score	Median	SD
Residents (n=18)	73% (11/15)	33%	93%	80%	18%
Case Workers (n=25)	73% (11/15)	47%	87%	73%	10%

Most Difficult Concepts:

- Binary nature of capacity: Only 56% answered correctly
- Use of MMSE for capacity assessment: Only 57% correctly identified it as inappropriate
- Relationship between informed consent and capacity: Only 64% understood correctly

Common Challenges:

- Ambiguities in patient capacity across different decision domains
- Family dynamics
- Interdisciplinary coordination

EPIC EMR Optimization →

Added options for ordering capacity consults

- Capacity to leave AMA
- Capacity to refuse treatment
- Informed consent
- Discharge decision-making
- Other

Specification is required!

Consult to Psychiatry Liaison (Inpatient) [Accept] [Cancel]

Consult: Override Restrictions

By Provider: MURPHY, RACHAEL
1251 S. Cedar Crest Blvd Suite 202 A ALLENTOWN PA 18103

To Provider: [Redacted]

Consult Priority: Routine-Attention within 24 hrs Urgent-Attention within 8 hrs STAT-Immediate attention within 1 hr

Consult Method: In-Person Consult Inpatient Video Consult Inpatient E-Consult

Reason for Consult? [Redacted]

Is this a consult for decision making capacity? Yes No

Reason for capacity evaluation?

- Informed consent for treatment
- Treatment refusal
- Discharge disposition

Please specify:

- Leave the hospital against medical advice (AMA)
- Other

Did you contact the consulting Physician? Yes No

Level of Consultation: Evaluate and Advise Evaluate and Place Orders Provide Second Opinion

Comments:

Reference Links:

Process Instructions: Inpatient E-Consult: This is an asynchronous consultation, and no patient interaction is required. The consultant performs a chart r...

[Next Required] [Link Order] [Accept] [Cancel]

Expressing a choice

- Ability to communicate a decision about treatment, applying to individuals who cannot or will not express a choice, or who are ambivalent

Understanding the relevant information

- Ability to comprehend diagnostic and treatment-related information and to demonstrate that comprehension
- Involves ability to attend, encode, store, and retrieve newly presented words and phrases

Appreciating the circumstances and consequences

- Ability to determine the significance of treatment information relative to one's own situation, focusing on beliefs about the actual presence of the diagnosis and the possibility that treatment would be beneficial
- Involves insight, judgment, and foresight

Reasoning through the information

- Ability to compare alternatives in light of consequences, through integrating, analyzing, and manipulating information
- Involves the ability to provide rational reasons for treatment and to generate consequences of treatments for one's life

The 10 Myths of Decision-Making Capacity

1. Decision-making capacity and competency are the same
2. Lack of decision-making capacity can be presumed when patients go against medical advice
3. There is no need to assess decision-making capacity unless patients go against medical advice
4. Decision-making capacity is an "all or nothing" phenomenon
5. Cognitive impairment equals lack of decision-making capacity
6. Lack of decision-making capacity is a permanent condition
7. Patients who have not been given relevant and consistent information about their treatment lack decision-making capacity
8. Patients with certain psychiatric disorders lack decision-making capacity
9. Patients who are involuntarily committed lack decision-making capacity
10. Only mental health experts can assess decision-making capacity

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