

Quality Improvement Project at the Cleveland Clinic: Capacity Assessment Algorithm

Columban Heo DO, Elias Khawam MD, DFAPA, Alexander Zha MD, Adele Viguera MD, MPH

Department of Psychiatry

Background

The assessment of capacity is a common consultation question that arises in the hospital setting, yet there is a limited understanding of what exactly capacity is or how to assess it among non-psychiatric healthcare providers. Understandably, each capacity question has its own level of complexity that can be influenced by several factors and fluctuate over time, making it more difficult to accurately determine. As such, this has led to some confusion and hesitancy from providers to carry out capacity assessments and thereby defaulting them to psychiatrists. While there are currently validated instruments to assess capacity, these can be time consuming and of limited clinical utility for providers who are already pressed for time in the inpatient setting.

Methods

The provider requesting the capacity consult is asked to complete the Capacity Assessment Algorithm Pre-Questionnaire. The psychiatric consultant reviews the Capacity Assessment Algorithm with the provider prior to the patient assessment. The consultant *and* provider are present during the assessment to confirm/clarity relevant medical information. After the assessment, the provider completes the Capacity Assessment Algorithm Post-Questionnaire to assess their satisfaction with the algorithm.

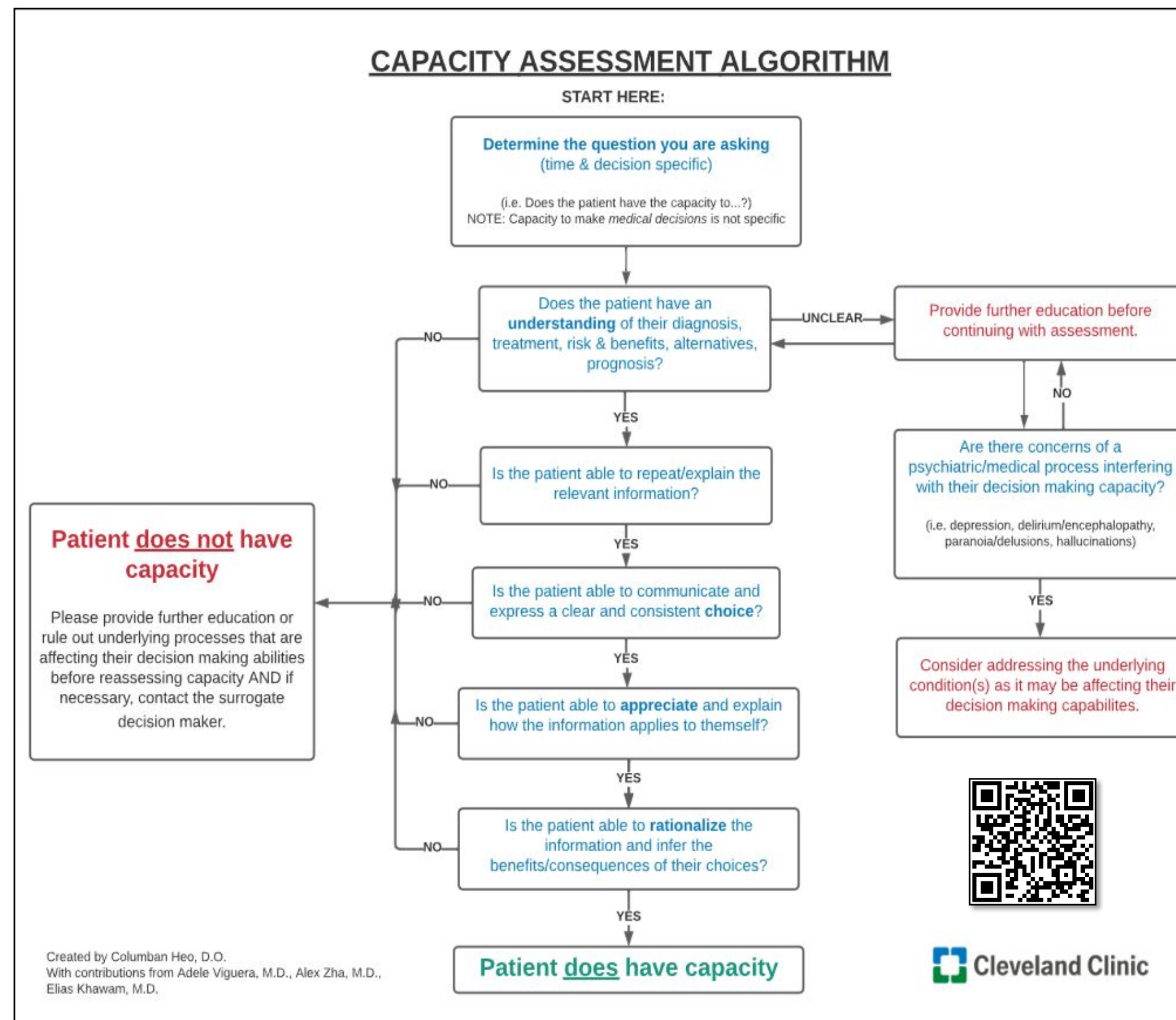
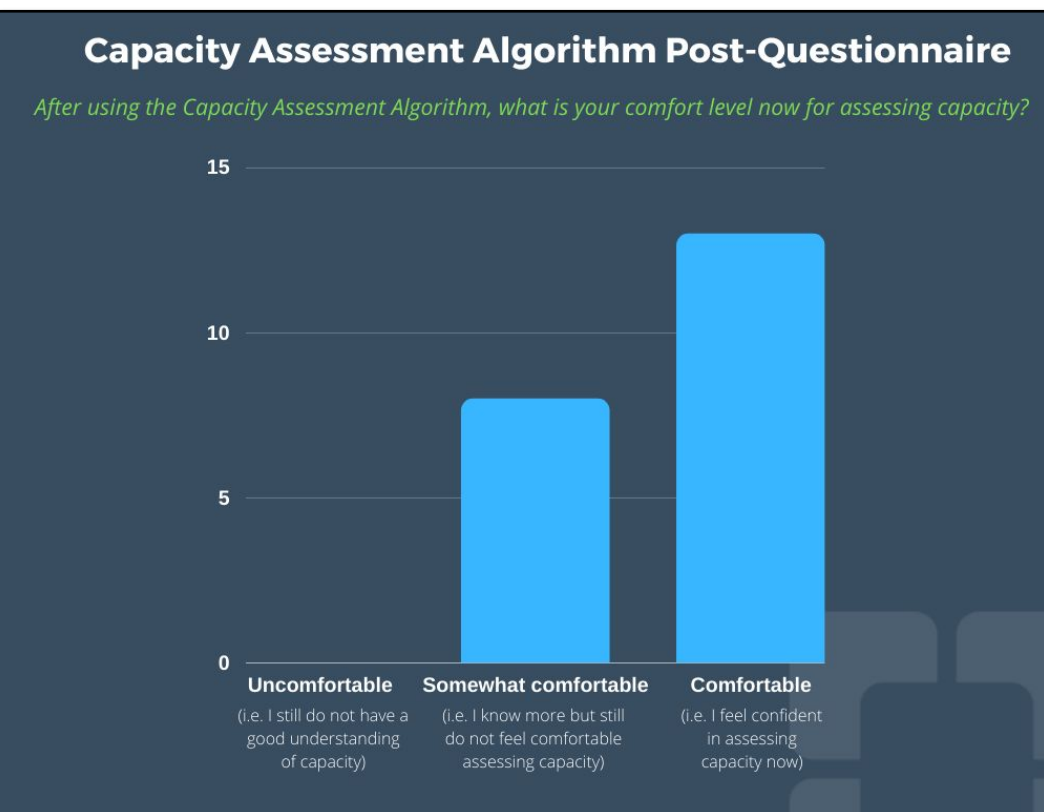
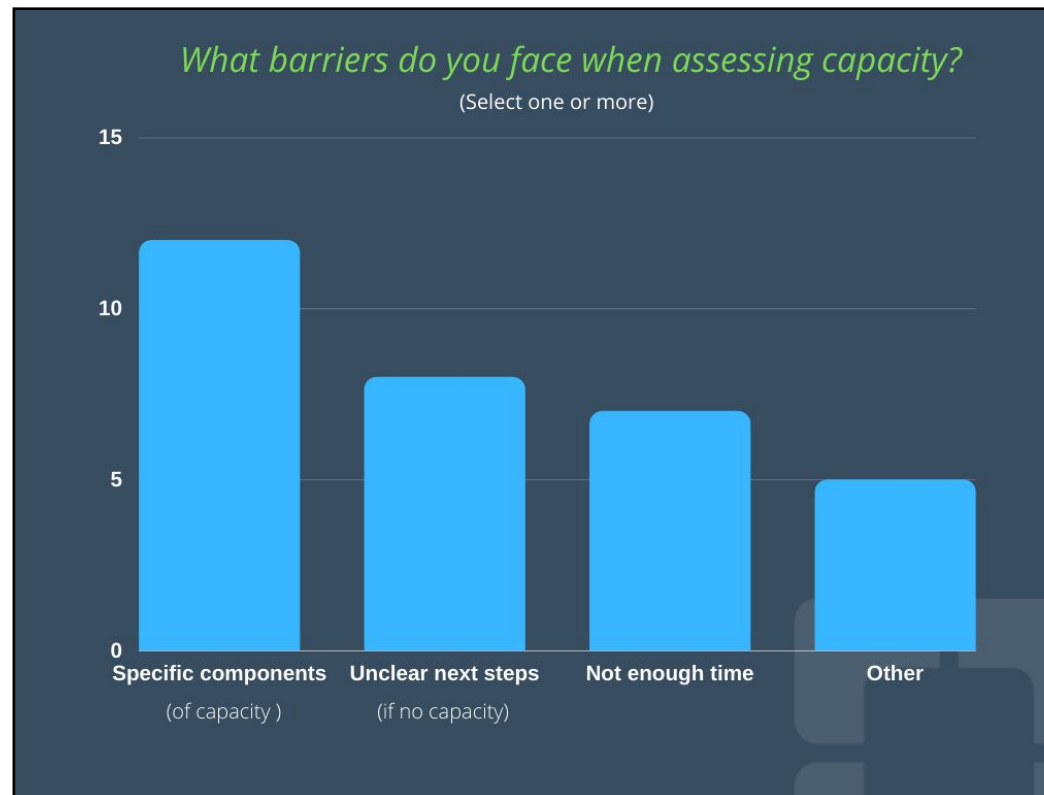
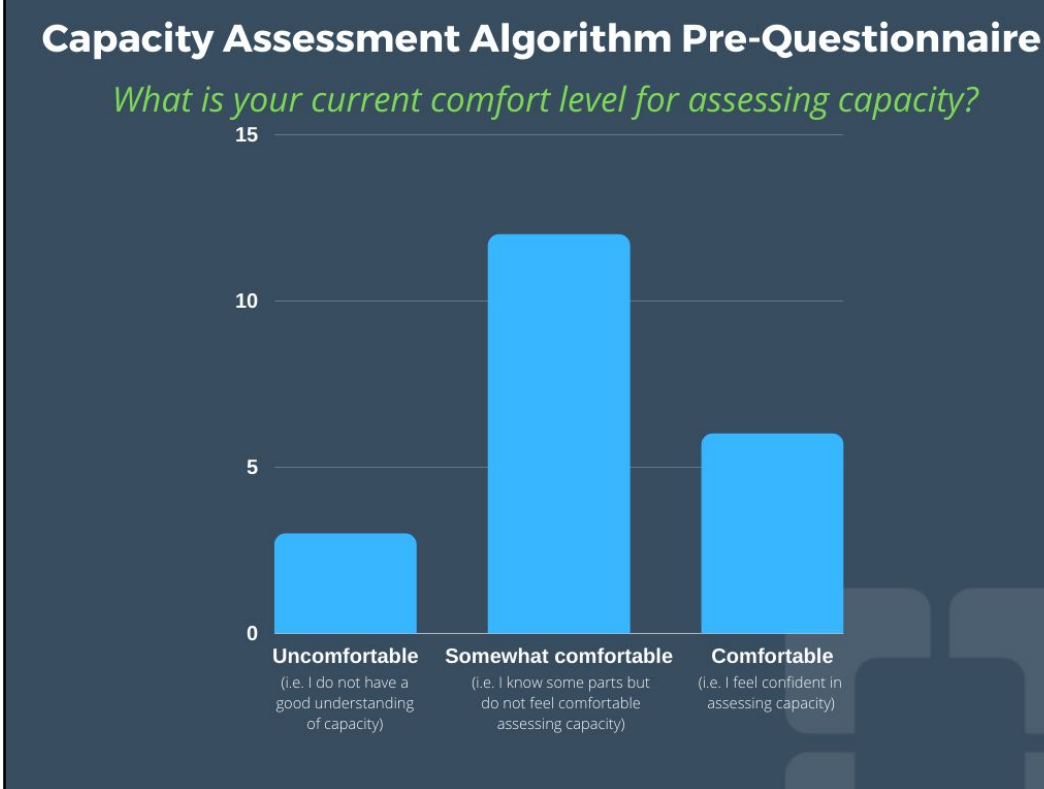
Questionnaire



Responses



Results



Barriers

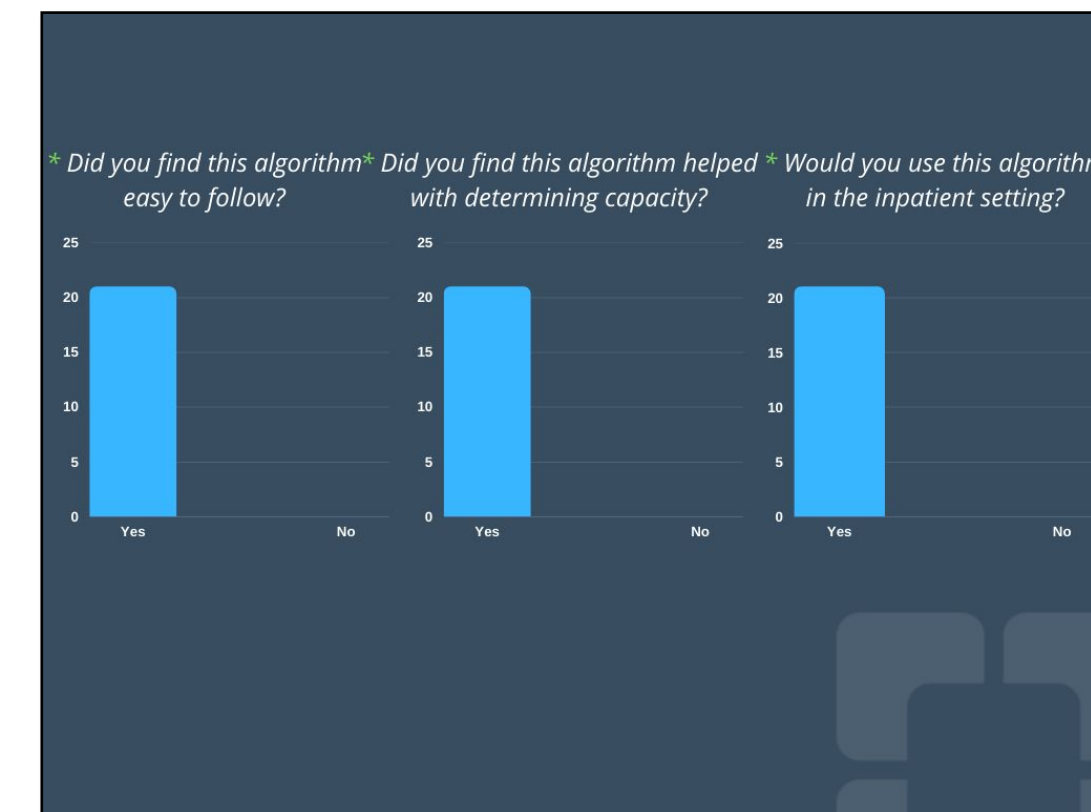
"Being unfamiliar with the patient, time consuming to review notes, hx, etc."

"Communication (ex. language barrier)."

"Uncomfortable with discussions."

"If patient does not have capacity I have difficulty knowing if I need to call psych or bioethics."

"Complex scenarios, with medical problems, such as dementia, pediatric, stroke."



Comments

"Really found that the tool was comprehensive in guiding physicians and healthcare workers to determine capacity as I did not realize that there are concrete questions to ask for such a gray area of medicine."

"More comfortable than before but still not very comfortable."

"This flowchart is excellent. Easy to follow, clear paths. Should be posted in every work room."

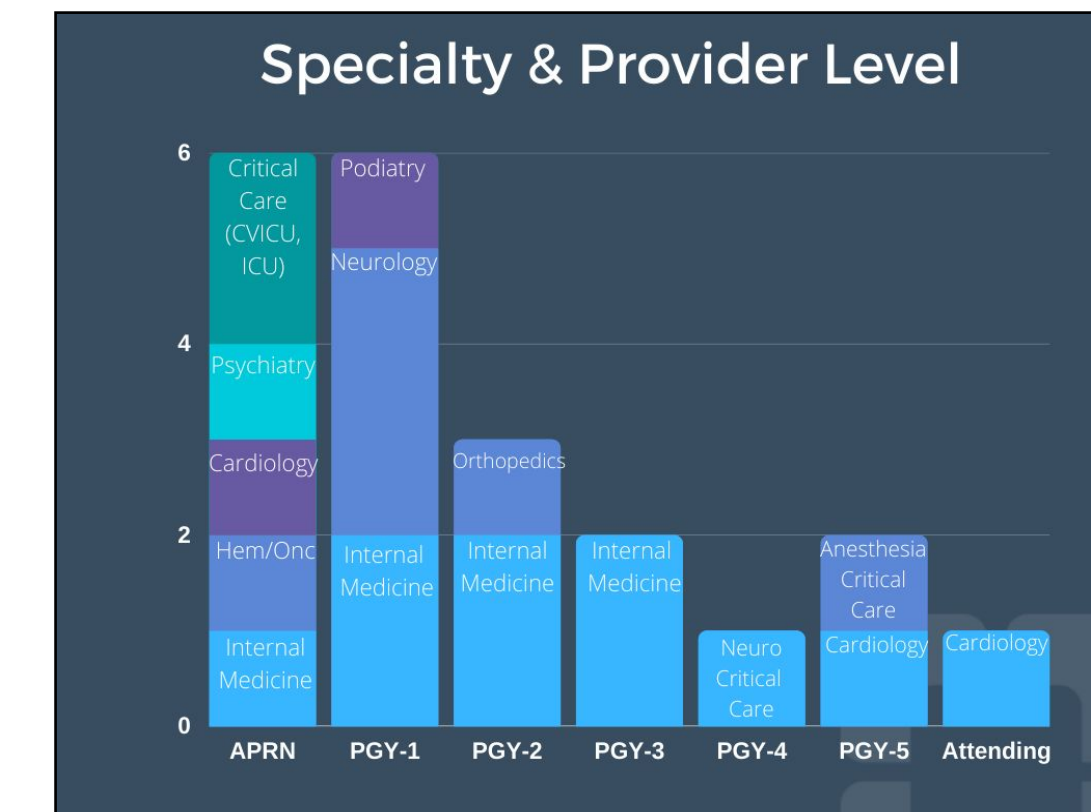
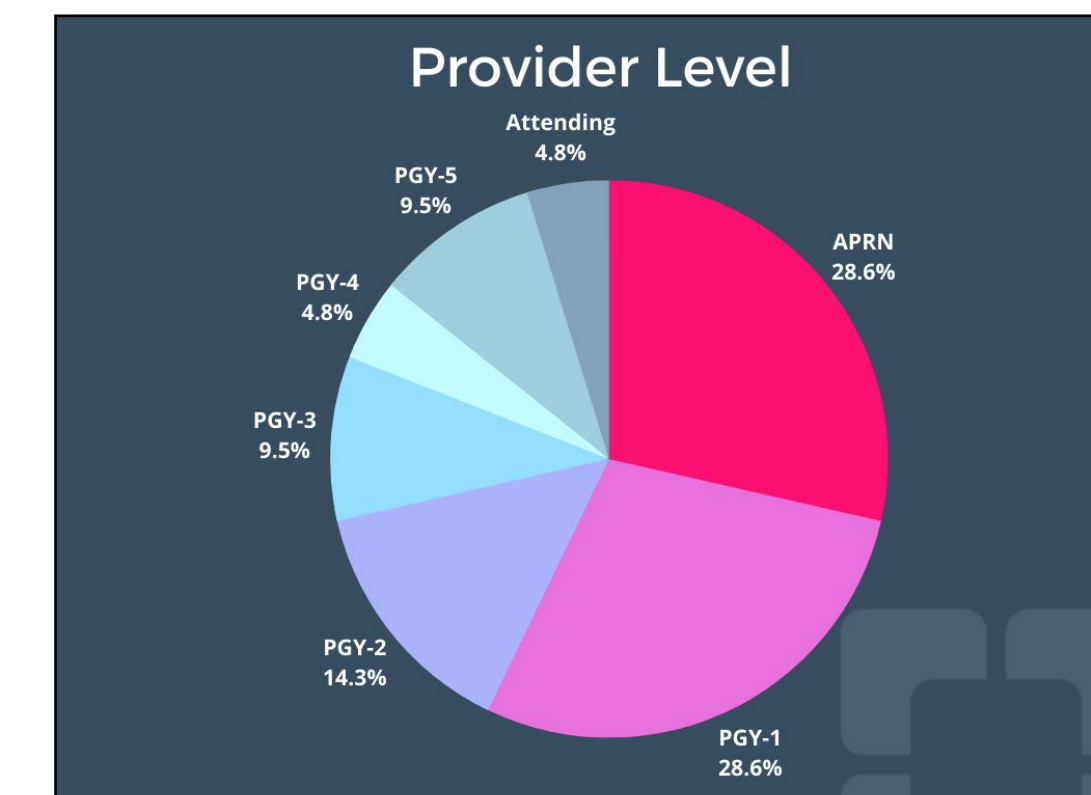
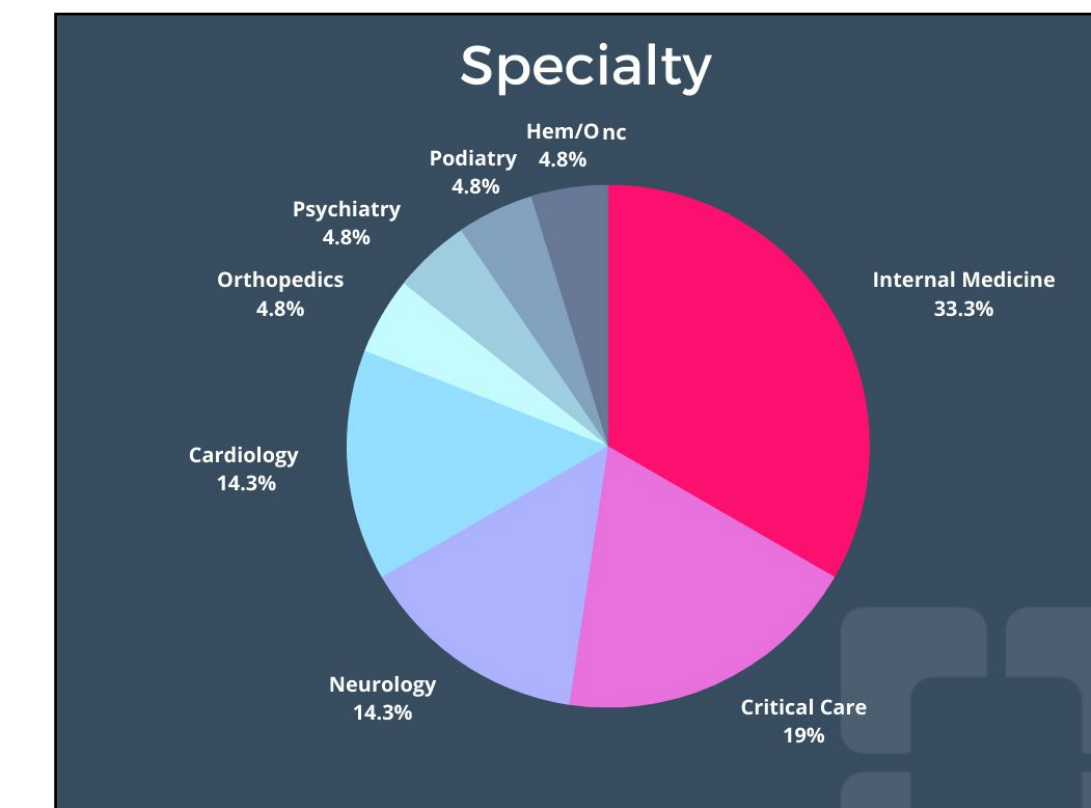
"Love it! Very simple and straightforward"

"The algorithm provides a clear framework for a capacity assessment."

"This is a very helpful tool that I will utilize with all of my patients."

"It is a helpful guide for decision making."

"Frequent use of algorithm will improve my ability to assess capacity."



Discussion

A total of 21 capacity assessments were completed in a 16 week period, involving diverse specialties and education levels. Capacity assessments are one of the most commonly requested consults and can be difficult to navigate through. The primary provider is often in the best position to assess capacity as they have an understanding and longitudinal relationship with the patient and their situation/diagnoses. Based on our data, use of the Capacity Assessment Algorithm has been shown to be an effective approach for providing education on and completing capacity assessments at the bedside. It is worth noting that both the psychiatric consultant and provider may not be able to be present together to complete the assessment. At a minimum, it is recommended for the consultant to review the algorithm with the provider.

Conclusions

Capacity can be assessed *any* physician, yet it is often deferred to psychiatrists who are unfamiliar with the patient and their situation. Consultation-Liaison psychiatrists are in a unique position to educate healthcare providers and empower them to take the lead on routine capacity assessments, resulting in meaningful system wide changes that can ultimately provide improved and timely patient care.

References

Appelbaum, P. S. (2007). Assessment of Patients' Competence to Consent to Treatment. *New England Journal of Medicine*, 357(18), 1834-1840.