

Psychiatry Consult Order To Include Capacity

Andrew Spaedy, MD, Adriana Ftizsimmons, MD, Shveta Kansal, MD,
Hackensack Meridian Health Jersey Shore University Medical Center

Background

- Psychiatry consult requests for capacity evaluations frequently do not specify the medical decision for which capacity is being requested. A common misconception regarding capacity is that it is “all or none”, applying to all medical decisions.
- Our goal for the study was to see if amending the psychiatry consult order to include specific information relating to capacity would facilitate better communication between the primary team and the consulting psychiatrist.

Methods

- **Setting:** All adult patients for whom there is a psychiatry consult placed for capacity evaluation at JSUMC inpatient medical /surgical floors. June 2020-December 2021.
- **Intervention:** EPIC psychiatry consult order will be revised to include a section for consultations being requested specifically for evaluation of capacity. The consult order will prompt the requesting physician to indicate whether the consult is for capacity evaluation, to specify the decision for which capacity is a concern and confirm that the risks and benefit of recommended medical or surgical treatment involving this decision was discussed with the patient.

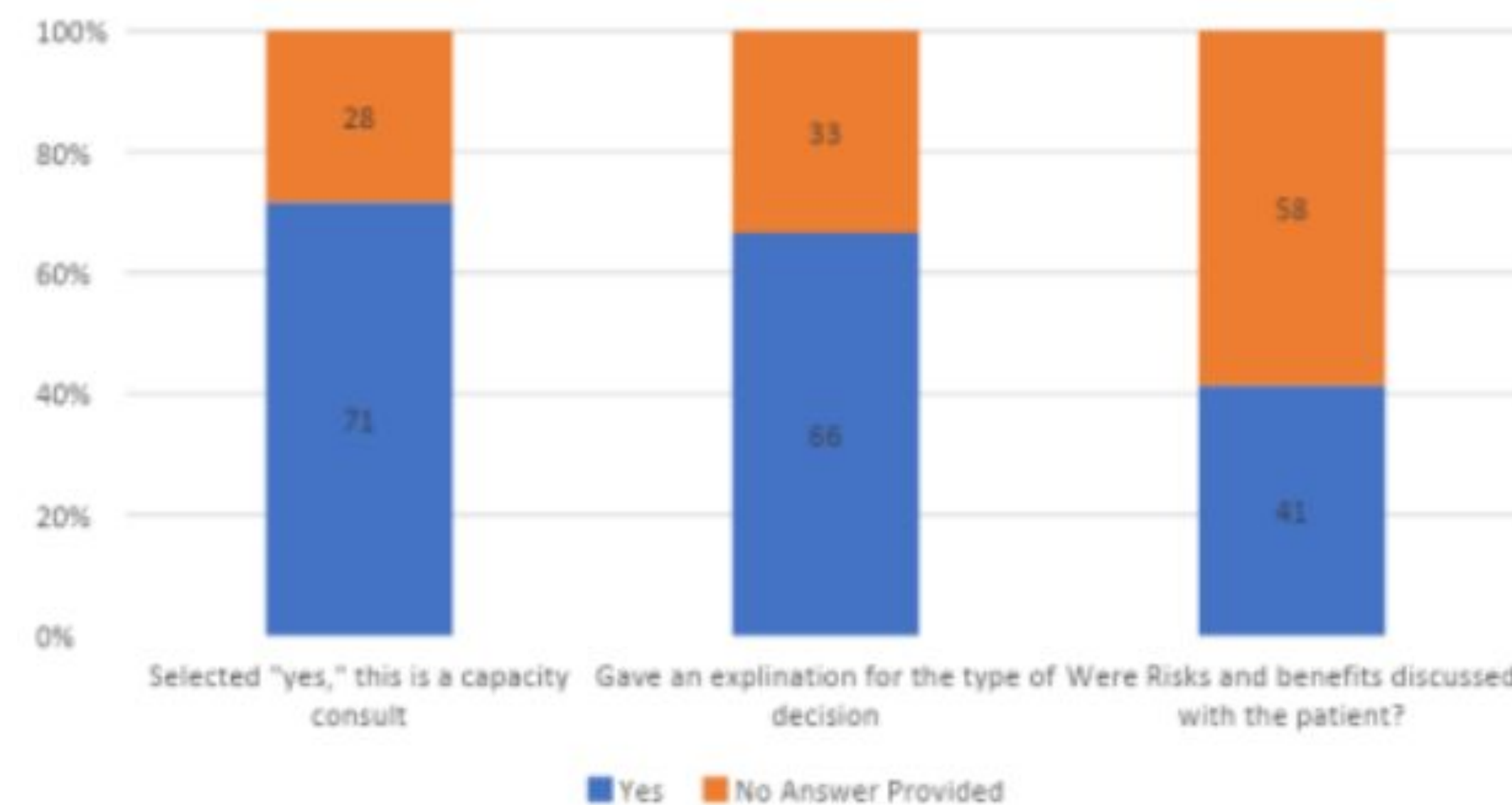
Results

Pre-Implementation

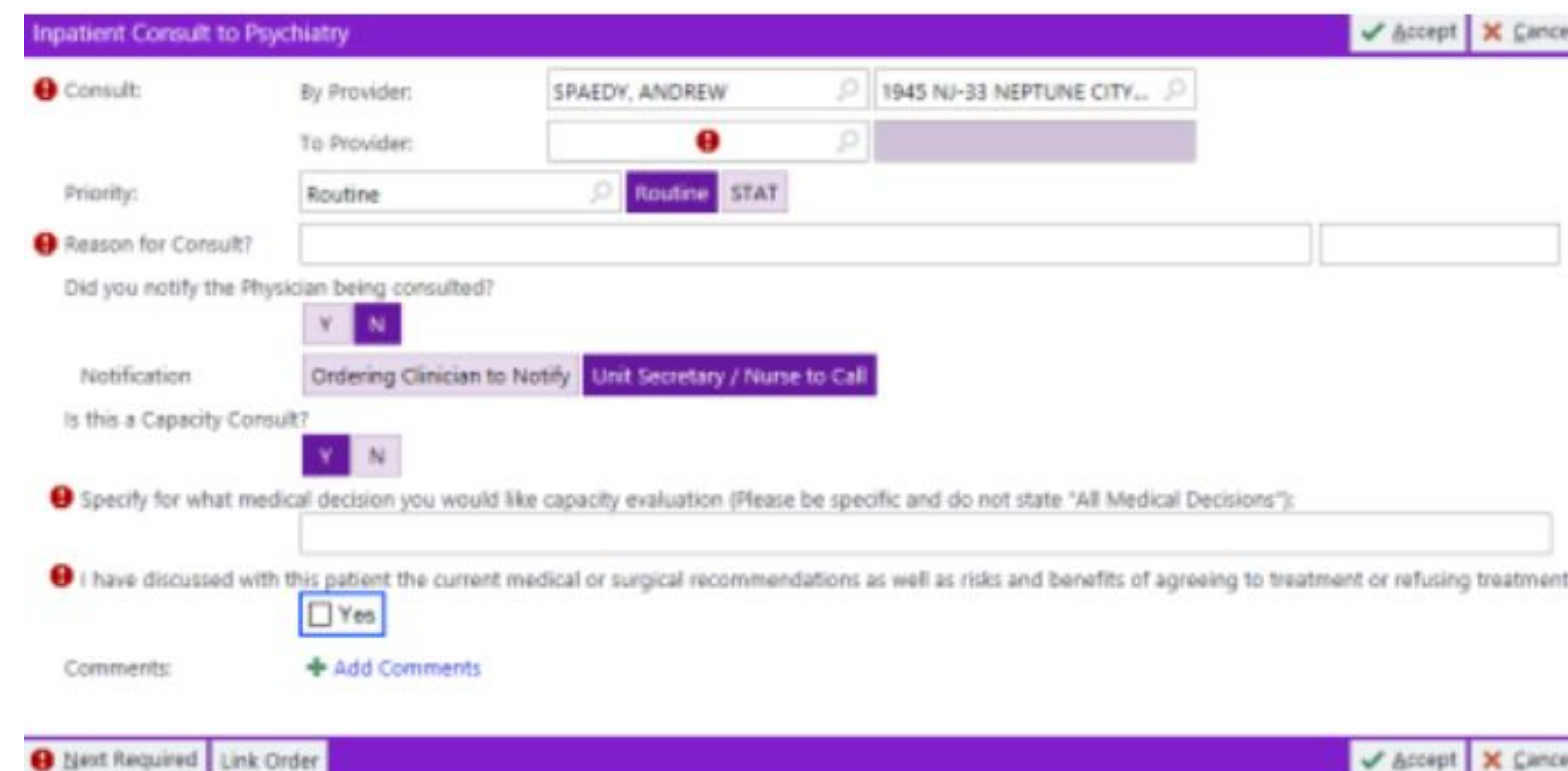


■ Decision Specified in the Capacity Consult ■ Decision Not Specified

Post-Implementation



Inpatient Consult to Psychiatry Order



Methods continued:

- **Main outcome measures:** Post psychiatry consult order revision we look for:
 - a 20% increase in the number of psychiatry consults for capacity evaluation that state the consult is for “**capacity**”
 - a 20% increase in the number of consults that provide information regarding the **specific decision** for which capacity in question.
 - at least 30% of capacity consultations post psychiatry order revision to state whether the **risks and benefit** of recommended medical or surgical treatment involving this decision was discussed with the patient

Conclusions

- Prior to the psychiatry consult order change, 17% (9 out of 53) consult orders specified the reason for capacity consult. Post implementation, 66% (66 of 99 consults orders) of capacity consults specified the type of decision. Additionally, post implementation 72% (71 of 99) orders specified that the consult type was a capacity consult and 59% (58 of 41) reported that they had already discussed the risks and benefits of the decision with the patient prior to the psychiatry consult.