

Documentation of capacity assessment and appropriate use of Consent Form 4 in patients requiring surgical intervention: A quality improvement project

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Background

Patients lacking capacity to consent to surgical intervention require a two-stage capacity assessment and best interests decision which should be documented in all cases. Thorough documentation of the capacity assessment and best interests decision making process aligns with the Code of Practice of the Mental Capacity Act 2005¹ and provides a detailed and medico-legally robust record of the clinician's actions. A Consent Form 4 is completed when the patient is deemed to lack capacity to consent.

Aim

To calculate the compliance of documentation of capacity assessments and best interests decisions for patients undergoing surgery undertaken on a Consent Form 4.

Method

A single-centre, prospective case-note review was conducted from February to September 2020 to identify patients with a Consent Form 4. During three Plan-Do-Study-Act cycles, data were collected using a standardised proforma at baseline and during the implementation of an educational intervention (July) and a checklist attached to the Consent Form 4 (August).

1 Cycle 1: Baseline established pre- and post-COVID-19 peak

2 Cycle 2: Implementation of a brief educational intervention

3 Cycle 3: Implementation of a checklist

Results

- 47 cases were analysed. 28 were male (60%). Median age 77 years.
- Completion of the first stage of the capacity assessment improved from 25% (n=1/4) in May to 83% (n=5/6) in August and remained above baseline in September (60%, n=3/5, **Figure 1**).
- At least 3 of 5 domains for stage 2 of the capacity assessment were completed 80% of the time in August (n=4/5) compared to 0% at baseline (n=0/4, February) however, this reduced to 20% in September (n=1/5, **Figure 2**).
- There was no improvement in the number of documented discussions with Next of Kin to inform best interests (February 67% (n=4/6), September 20% (n=1/5)).

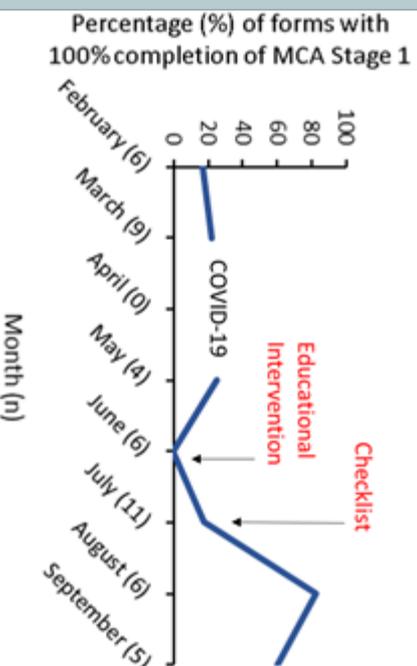


Figure 1: Proportion (%) of Consent Form 4s with 100% completion of stage 1 of the Mental Capacity Assessment (MCA)

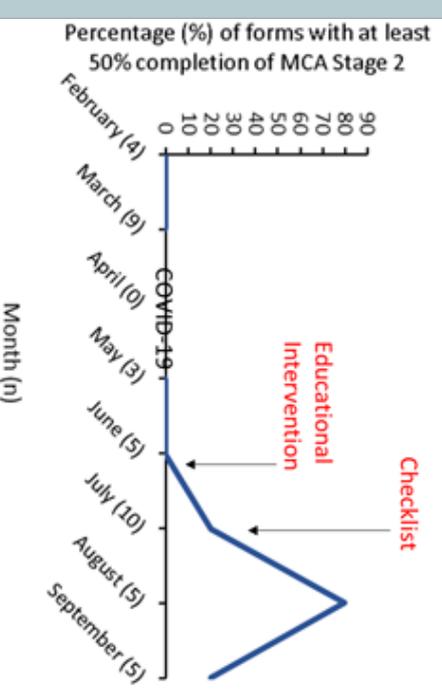


Figure 2: Proportion (%) of Consent Form 4s with at least 50% completion of stage 2 of the Mental Capacity Assessment (MCA)

Conclusion

The implementation of two successive interventions has increased compliance with Consent Form 4 completion and documentation of mental capacity assessments. Further work is required to promote full involvement of Next of Kin in the decision making process. The findings will be disseminated within clinical teams to share learning and promote sustainability of these changes.

Attachment 1 - Combined Mental Capacity Assessment/best interests decision

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Adult Patient List

2. A 2nd stage assessment of Mental Capacity
Specific decision to be made

STAGE 1	Yes	No
Does the person have an impairment or disturbance of the mind or brain?	Yes/No	Yes/No
Is the impairment or disturbance permanent?	Yes/No	Yes/No
Can the impairment be delayed?	Yes/No	Yes/No
Have all practicable steps been taken to support and assist the person to make the decision? Check	Yes/No	Yes/No
1. Is the person able to understand the information? Check	Yes/No	Yes/No
2. Is the person able to retain the information? Check	Yes/No	Yes/No
3. Is the person able to use or weigh that information? Check	Yes/No	Yes/No
4. Is the person able to communicate the decision by any means? Check	Yes/No	Yes/No

For the person to make the decision by any means? Check

Person	DOES	DOES NOT	Time Capacity
Name and Title			
Signature			
Date			

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