RIGHT ON TRACK: DO YOU NEED TO CERTIFY THEM?



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To reduce inappropriate MHA certification by 10% at RCH by the end of 2023

Background

The Mental Health Act (MHA) provides physicians and hospitals with the legal authority to admit and detain patients with a mental disorder if they meet certain specified criteria. The Health Care (Consent) and Care Facility (Admission) Act (HCCA) outlines what a patient's rights are, the elements of informed content, when consent is required, and what to do if a patient is found to be incapable.

The MHA may be inappropriately used to detain patients due to:

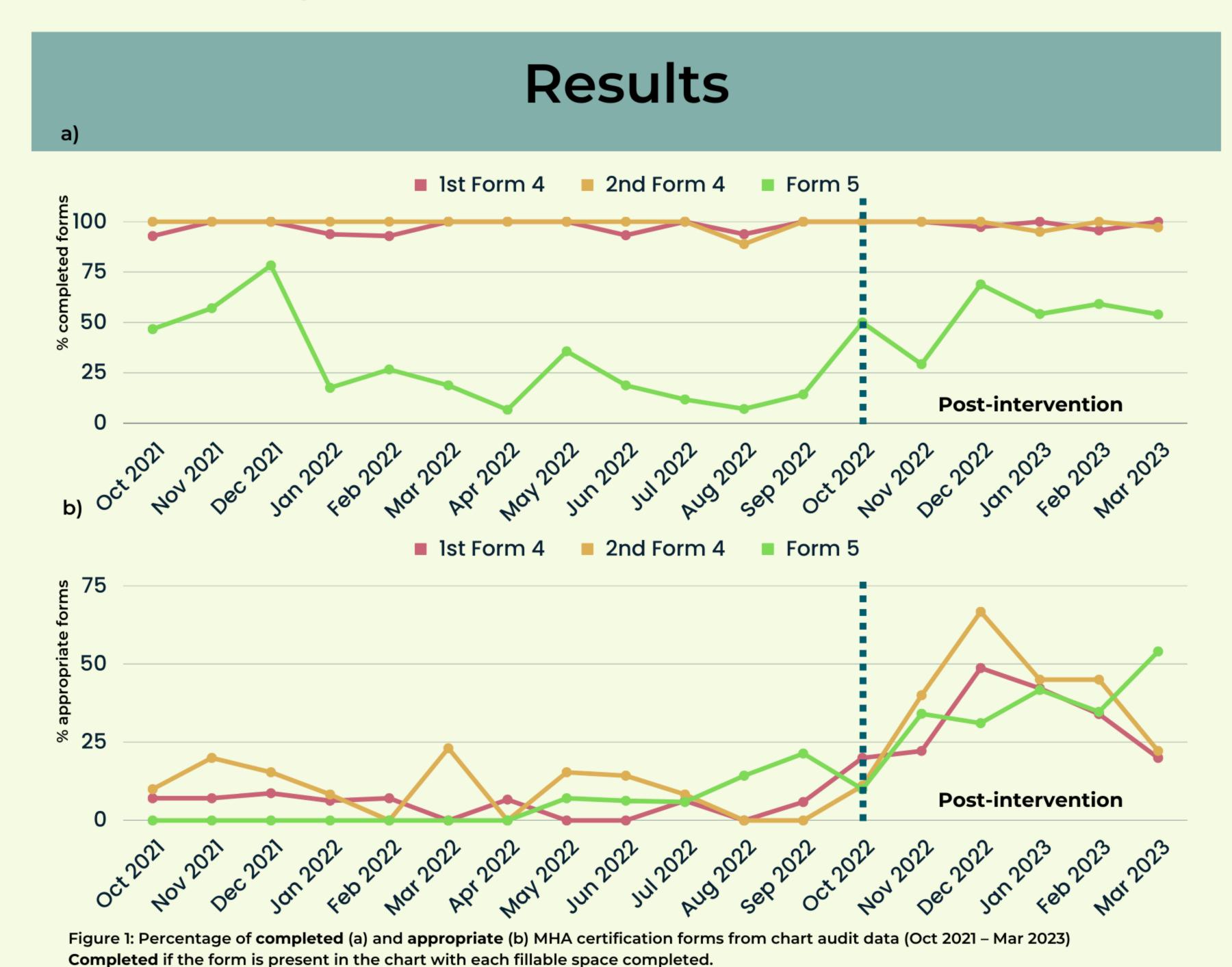
- No clear policies on patient monitoring under HCCA
- Lack of standardized forms for HCCA documenting use of the HCCA
- Inadequate knowledge and comfort of healthcare providers with treating patients under HCCA
- Difficulty bringing eloped patients back to hospital under HCCA

Inappropriate use of MHA was raised as a concern as per the Ombudsperson report 2017, which suggested systemic failure and widespread lack of awareness and understanding of MHA.

Increased knowledge of applicable legislation can help physicians and healthcare providers ask pertinent questions to determine which act should be enacted to legally and appropriately to continue treating these patients in the hospital.

Actions taken **SEPT** Summary and comparison of 2022 MHA and HCCA Webinar In-person seminars SEPT 2022 -CTU morning rounds, grand rounds and presentations current Contents live on FH Pulse nfographic, webinar and other resources on MHA/HCCA 2022 available on FH staff hub Data gathering OCT 2021 -Data from MHA audit current # of AMA, # left after seen

Driver Diagram AIM Secondary drivers Primary drivers Change ideas Policy changes in Reassessment guidelines health authority No clear monitoring guideline Standardized forms for under HCCA Implement standardized MHA present, **HCCA forms NOT for HCCA** To reduce inappropriate MHA Webinar and in-Managing elopement certification by 10% at **Limitations of HCCA** of incapable patients person seminars RCH by the end of 2023 Infographic in key **Education to** Outcomes Poor understanding of clinical areas allied HCPs MHA and HCCA Outcome measures: # of involuntary legislation admission, inappropriate certifications Balancing measures: # of AMA or Left After Chart review of Seen (in ED), # of inappropriate AMAs **Education to** Process measures: # of completed MHA forms and MDs/MSIs webinars, # of website views/video views feedback to MDs



• 100% of Form 4s (1st and 2nd) were completed. < 10% of Form 4s met the quality standard pre-intervention, which increased to 33% (1st Form 4) and 44% (2nd Form 4) post intervention.

Appropriate if the documented rationale for involuntary admission and treatment plan is up to provincial quality standard and legislative

- The completion rate was even lower for form 5 (30%) with only 5% meeting quality standard. Following the intervention, 53% of Form 5 were completed and 39% of Form 5 were appropriate.
- 48 patients left against medical advice. 12 were admitted involuntarily, while 36 patients were admitted as voluntary patients.
- As of March 20, 2023, 318 visits occurred to Pulse webpage. 4 surveys initiated and 1 completed. I completed survey revealed "yes" to improvement in understanding of MHA and HCCA.

Next steps

- We will obtain post-intervention data from October 27, 2022 October 26, 2023.
- We expect the number of inappropriate MHA certifications to decrease, without the balancing measures changing significantly.
- Transition responsibility for healthcare provider education on MHA/HCCA to Health Authorities

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requirement

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