

WHEN IS CERTIFICATION APPROPRIATE?

A quality improvement project to reduce inappropriate MHA certifications by 10% at the Royal Columbia Hospital

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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 the elements of informed consent for medical care and steps required to provide treatment to patients without capacity.

Inappropriate use of the MHA was raised as a concern in a 2019 report by the provincial Ombudsperson. The report highlighted a number of concerns with how the MHA was being implemented in BC. The concerns included the failures of hospitals and care providers to complete the requisite forms for certified patients and also failures to properly document why patients met criteria for certification. A 2022 update by the Ombudsperson reiterated these concerns and included a number of recommendations including "Training staff and physicians regarding the necessity of form completion, and developing and codifying standards for compliance with the Mental Health Act".

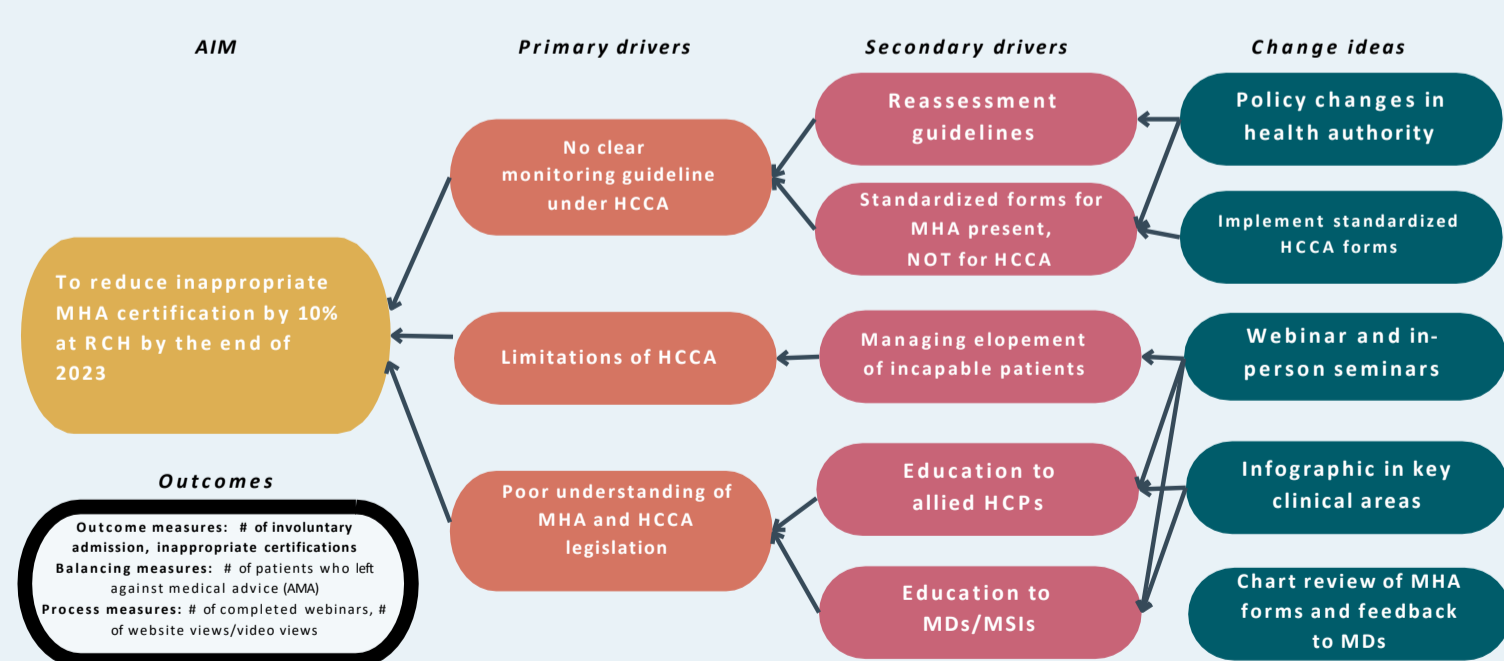
Scenarios can arise where providers may be unsure of which legislation to use in order to provide care to patients who may lack decision making capacity and be at risk of leaving hospital before receiving treatment. Several factors may lead to the inappropriate use of the MHA instead of the HCCA. Some of these factors include the fact that in contrast to the MHA the HCCA:

- Lacks standardized provincial forms for documenting treatment of incapable patients
- Lacks a mechanism for bringing patients who elope back to hospital

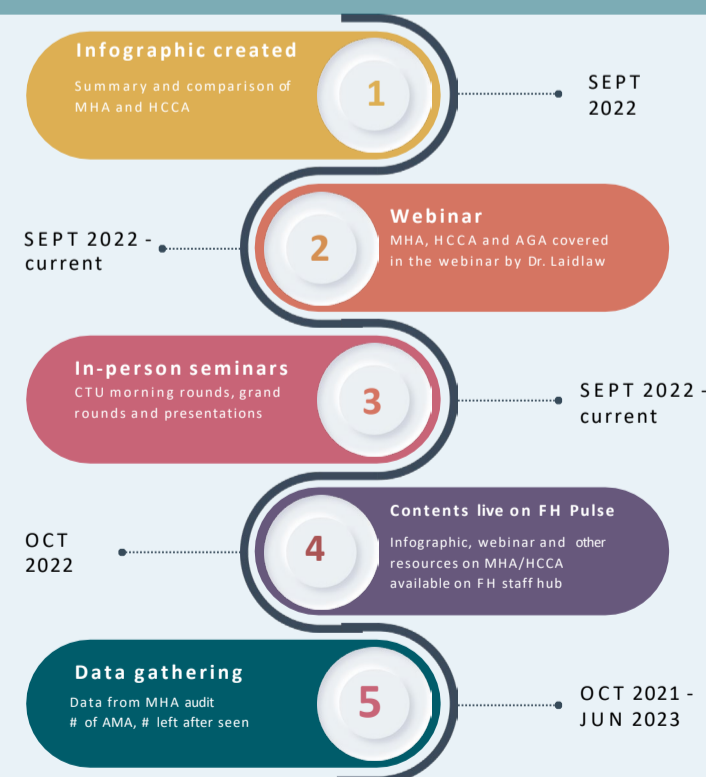
An additional contributing factor may be inadequate knowledge and comfort among healthcare providers with treating patients under the HCCA.

This project operated under the principle that increasing knowledge of applicable legislation can help physicians and healthcare providers in determining which legislation should be used in treating (or in some cases, refraining from treating) patients. This knowledge is particularly relevant in situations where there are concerns regarding capacity or when there are risks of patients leaving hospital against medical advice.

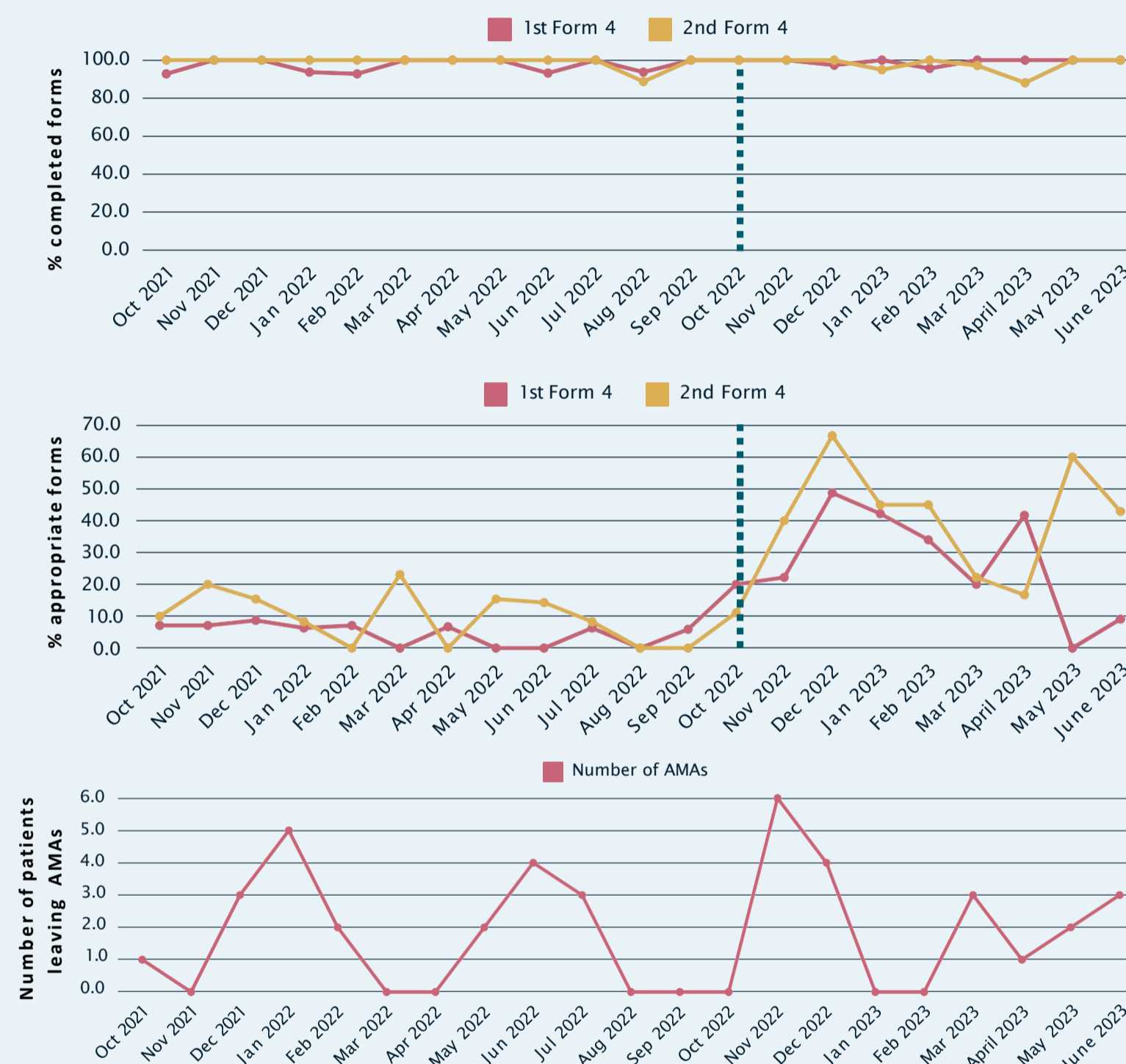
Driver Diagram



Actions taken



Results



- As of April, 2023 data was available for the October 2021 - June, 2023 window.
- Between October 2021 - October 2022 an average of 6% of the First Form 4s and 10% of the Second Form 4s were completed appropriately.
- Between November 2023 and June 2024 an average of 27% of the First Form 4s and 42% of the second Form 4s were completed correctly.
- There was an average of 1.5 patients per month leaving AMA between October, 2021 - October, 2023 and an average of 2.8 patients leaving per month between November 2023 - June 2024.
- A majority of Form 4s continue to be completed inappropriately.
- As of May 12, 2024 there had been 547 visits to the Pulse webpage.

Reflections and Potential Next Steps

- The proportion of inappropriately completed Form 4s and Form 5s remains high but decreased by more than 10% in the period following the intervention.
- Examining data for the remainder of 2023 would help provide insight into whether the improvement in the percentage of appropriately completed Form 4s persisted.
- One of the balancing measures (number of AMAs) appeared to increase following the intervention. However, given the limited time frame of the data set and monthly variability in number of AMAs conclusions cannot be drawn at present.
- Providing ongoing training and educational materials to Health Care providers could help further address this issue and was a recommendation from the provincial Ombudsperson.

References

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