



Decision Making Capacity Assessment for Confused Patients in a Regional Hospital



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Background: In Australia decision making capacity assessments (DMCA) are performed in an ad hoc basis in the hospital setting, as there is no standardised DMCA process, guidelines, testing tools, documentation guidelines and no consensus around who can assess decision making capacity (DMC).

Aim: The aim of this study was to determine the impact of locally implemented capacity testing procedure (CTP) on the conduct of capacity assessments and to understand the characteristics of confused hospitalised older patients (CHOPs), who need and who do not need, DMCA and guardianship applications in a regional base hospital.

Methods: This quantitative study involved an audit of the medical records of confused in-patients, aged over 55 years at a regional base hospital in Australia. A before and after study design was used for confused in-patients who had DMCA and observational study design for CHOPs who had no DMCA. The audit included all 15 inpatients who had DMCA before the implementation of CTP (November 2014-April 2015) and all 9 inpatients who had DMCA after the implementation of CTP (November 2015-April 2016). The audit also included 58 CHOPs who had no DMCA. Chi-square analysis and Fisher's Exact Test were used for analysis, to test the difference between the before and after groups.

Results: After implementation of the CTP, there had been significant statistical significance ($p < 0.05$) between the two groups in having multi-disciplinary team meetings, documentation of capacity assessment process and length of stay. There was a trend of increase in valid trigger present for DMCA request, documenting family meetings and liaising with patient's general practitioner, however these were not statistically significant.

Conclusions: Implementation of CTP seems to have made some positive changes in the conduct of DMCA and guardianship application process for CHOPs. This study provides some evidence of process gaps in DMCA; and also indicated the clinical and demographic characteristics of the confused patients who need and who do not need DMCA and guardianship applications. In this small cohort it appears that there is a difference between the two groups, however the sample size was limited.

Implication for practice: The evidence of lack of appropriate future care planning for the ageing patients, increase in ageing population and people with dementia could pose more challenges in the future for the rural health districts. This standardised multi-disciplinary approach to DMCA could be an effective model for capacity assessment and guardianship applications in the regional and rural hospital setting for CHOPs.

For the full report on this project visit our website, follow the link to the Rural Research Capacity Building Program and click on 'view completed projects'

Shibu John is a social worker with over 15 years of experience, who has been working at Coffs Harbour Health Campus for the last seven years. The idea for this research project came from an interest to protect the autonomy and safety of vulnerable confused hospitalised older patients; and to promote patient focused care in rural and regional health.



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