Partners in Quality

Interior Health — Every person matters

SSC Specialist Services Committee

PQI Physician Quality Improvement — An SSC Initiative

COMMITTED TO CHANGE:

Protecting the Rights of Involuntary Patients under the *Mental Health Act*

Facility Engagement — An SSC Initiative

Vernon Jubilee Hospital Physician Society

AIM

Physicians and staff will demonstrate protection of involuntary patient rights by completing required Mental Health Act (MHA) documentation completely and accurately

BACKGROUND

Involuntary admission is: -

- **A profound temporary infringement of individual autonomy**.
- Our obligation in the right situation as defined by the MHA
- Inadequately supported by current documentation practices
- Presently at risk of denying patient and care giver rights
- Placing providers and health authorities at considerable risk.

PATIENT VOICE

"I'm in such a frail state – please treat me with care – I 'm still myself somewhere inside"

"Secure treatment may be necessary, but it feels like torture"

Patient voice – previously involuntary treated patient.

INITIAL PROBLEM

Sampled 14% of charts at Tier 4 and Tier 5 hospitals in July-September 2019 (n=133)

Forms completed

- Form 13: 61/133 (46%)
- Form 15: 54/133 (41%)
- Form 16: 58/133 (44%)

Sampled 25% of charts at single site in October 2019 (n=21)

Form 4 completed 4/4 criteria

- Emerg docs: 3/21 (14%)
- Psychiatrists: 11/21 (52%)
- All 4 criteria completed by both Emerg docs and psychiatrist: **2/21 – 10%**

Form 5 completed

- Psychiatrists Not done in 5/21 (24%)
- Psych: Fully completed in **1/21 (5%)**

- Legibility often poor
- Single words for criteria – lacking detail
- Specific risks seldom provided
- Unclear reason for unsuitability as voluntary patient
- Not patient friendly language
- Superfluous information not relevant to criterion

If one criteria not shown – is invalid

Form 4 Detention criteria

1	Reasons for the opinion that person has a disorder of the mind? (e.g. psychiatric disorder AND/OR prominent symptom)?
2	Reasons why inpatient treatment is needed?
3	Specific risks if person is not provided care and supervision?
4	Reasons the person cannot be suitably admitted as a voluntary patient?

Form 5 Consent to treatment

1	Specific class(es) of medication (or specific medications) prescribed
2	Targeted symptoms of medication prescribed
3	Specific labs/tests being ordered
4	Specific non-pharmacological therapeutic approaches.
5	Description of de-escalation process if expected (e.g. seclusion/restraint; PRN Rx)
6	Targeted behaviours for de-escalation process

CHANGE IDEAS DEVELOPED

Process Mapping-
Team of physician and staff co-developing change ideas

"I've worked here and filled these forms for 20 years and never had any education or feedback"

ER Physician in IH

- **New Posters for Emergency Room**
- **Lanyard style cards**
- **Bundle Forms to promote completion**
- **Revise standard admission order sets**
- **Co-develop specific education module**

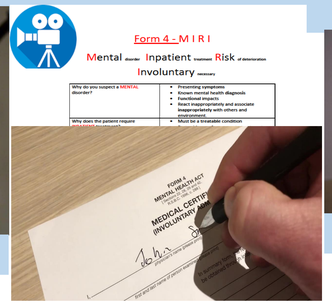
Testing change ideas –
Education sessions with Physicians

Process Mapping – Implementing change
Staff teams in Penticton

PDSA CYCLES

- Cognitive aids added to work places in the ER Dept
- ER Physicians co-developed educational video material
- Psychiatry team members developed "MIRI" aid for form completion and inclusion in MHA packages
- Video recording of Mental Health Staff members role-playing a case for use in simulation exercise
- Tested roll-out of education using Zoom Digital platform with rural and remote family physicians
- Delivered education and simulation session with ER physicians, and regional staff teams
- Post implementation review of form completion and content.

ER Physicians teaching ER Physicians



Simulation exercises
Mental Health Staff as actors

POST IMPLEMENTATION FINDINGS

Sampled 80% of patient charts admitted to single site Inpatient psychiatry in April 2020 (n=16)

Form 4 completed 4/4 criteria

- Emerg docs (10/16) **who did not complete education session:** 40% completed 4/4 criteria
- Emerg docs (6/17) **who completed education session:** 100% completed 4/4 criteria

AFTER Education

- Detailed review of criteria very helpful
- Clinically very helpful - very relevant to my practice
- Helpful to understand whole process of involuntary admission
- Need revision to forms to make easier and ensure compliance
- Enjoyed simulated case and example of filling in form
- Found MIRI guidance helpful
- Enjoyed the interactive video

ER Physician survey

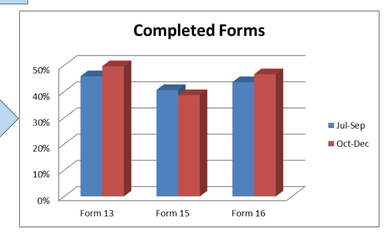
AFTER Education

- Improved understanding of obligations when admitting involuntary patients
  Agree or Strongly agree – 100%
- I feel confident I can complete the involuntary medical certificate(Form 4)
  Agree or strongly agree - 100%
- I feel confident I can complete the involuntary consent certificate (Form 5)
  Agree or Strongly agree - 71%
- I would recommend this session to colleagues in my department
  Agree or Strongly agree - 100%

ER Physician survey

Sampled 16% of charts at Tier 4 and Tier 5 hospitals in October - December 2019 (n=163)

- Overall increase in staff forms completed Oct-Dec on patients that were admitted to inpatient psychiatric units (> 10% improvement)
- Patients admitted off-service to other hospital units showed minimal improvements (<1%)
- Improvements in in-patient psychiatric units could be due to managers starting to mandate staff to take the Mental Health Act iLearn



LEARNINGS AND REFLECTIONS

- A **team based** approach to **co-development** of education tools was **essential**
- This **PQI framework** created a vehicle through which to **engage a team** and **provided tools** to design and execute **co-developed ideas efficiently**.
- The **education tools** we developed were universally **well received by Physicians**
- The **education tools dramatically improved** the **quality of form completion**
- Physicians reported greater appreciation requirements for involuntary admission
- The Health Authority-wide framework for uploading and tracking MHA form completion is improving compliance with standards.
- **Patient voices** galvanised work to improve and **keep** their **care/experience of care at the centre**
- Physicians in partnership with staff are ideally placed to design and implement change in the system of care
- **PQI training was a profoundly supportive, informative journey with colleagues – now friends** from different fields whose contributions were crucial to our work.
- **Iterative change to change ideas** is germane to PQI.
- There is **no failure in PQI** – only exposure of a **new opportunity for change**.

NEXT STEPS

- Continue **revision** of education material based on learnings to date
- **Engage** champions through Emergency Services, Psychiatry and Divisions of Family Practice to deliver education throughout IH
- **Co-develop** a Physician led audit and reporting framework to support ongoing practice review
- **Share** learning provincially to inform the eventual development of a Provincial education plan for physicians
- Continue **training** and **support** for staff to maintain accurate databases of MHA forms to meet Ministry standards in response to Ombudsperson Report.
- Incorporate **patient voices** into review and feedback on progress towards our goals

The PQI Initiative provides training and support to physicians, to lead quality improvement (QI) projects of interest to them. This investment increases physician involvement in quality improvement and enhances the delivery of patient care.

Please see our website for more details: sscbc.ca