

Characterization of Decision-Type and Outcomes of Consultation for Decision-Making Capacity in Consultation-Liaison Psychiatry Service

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Introduction

- Decision-making capacity consults (DMCC) estimated 10-25% of psychiatric consults
- DMCC often involve decisions that pose high risk, little potential benefit (ex leaving hospital against medical advice (AMA))
- We aim to further characterize of capacity consults, their utilization, and their outcomes

Background		
Authors	Results	
Jourdan 1991	Most common DMCC was for refusal of procedure (55.8%) followed by AMA discharge (27.4%); few (2.1%) for refusal of placement	
Raymont 2004	31.4-47.8% randomly sampled medical inpatients deemed to lack decision-making capacity	
Chandra 2023	Surveyed hospitalists regarding motivation for placing DMCC Most common reason cited was underlying neuro/psych diagnosis, others include beyond scope of practice, low confidence, legal protection, high stakes decision	
Pesanti 2017	Most common DMCC was for "capacity unspecified," followed by AMA discharge	
Garrett 2023	 Racial Disparities in DMCC DMCC disproportionately placed in: Black patients (43% vs. 18% total admissions) Hispanic patients (26% vs. 21% of admissions) 	

Methods

Retrospective chart review

240 charts identified based on provider identifying capacity assessment as reason for consult or service provided

44 eliminated no clear consult question or capacity assessment

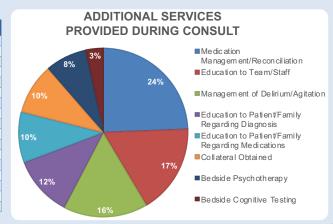
196 charts included

If more than one decision was evaluated, these were counted as separate capacity assessment decisions.

212 decisions included

Results **Patient Demographics** CAPACITY CONSULTS BY DECISION TYPE (n=196)ALL OTHER MEDICAL DECISIONS Average Age 58.7 (41.5-75.9) ■ Di spo sitio n ■ Has Capacity ■Lacks Capacity Male 109 (56%) 27% Unable to Assess Female 87 (44%) ■ AMA Discharge White 126 (64.3%) African Pro ced ure /Surgery 54 (27.6%) American ■ All otherm edical 2 (1.5%) Other de cisi on s Race/Ethnicity Data Not 12 (6.1%) Reported SURGERY/PROCEDURE DISPOSITION/PLACEMENT AMA DISCHARGE All other Medical Decisions ■ Has Capacity ■ Lacks Capacity ■ Has Capacity ■ Lacks Capacity ■Lacks Capacity ■ Has Capacity III Inable to Assess ■ Unable to Assess ■Unable to Assess Number of Consults Medication decisions 15 Diagnostic (Labs. Imaging) Dialysis Nutrition Code Status Designate Surrogate Decision-Maker

Consults by Service		
Internal / General Medicine	94 (48.0%)	
Trauma Surgery	9 (4.6%)	
Thoracic Surgery	8 (4.1%)	
Pulmonary Medicine	7 (3.6%)	
Physical Medicine and Rehabilitation	7 (3.6%)	
Emergency Medicine / Toxicology	4 (2.0%)	
Vascular Surgery	3 (1.5%)	
Otolaryngology	3 (1.5%)	
Orthopedic Surgery	3 (1.5%)	
Colorectal Surgery	3 (1.5%)	
Unspecified	15 (7.7%)	
Critical Care Medicine	12 (6.1%)	
General Surgery	11 (5.6%)	
Cardiology	10 (5.1%)	
Transplant Surgery	1 (0.5%)	
Surgical Oncology	1 (0.5%)	
Anesthesiology	1 (0.5%)	



Discussion

- Most frequently DMCC: disposition
- Least likely found to have capacity: AMA discharge (not unexpected as this decision is often high-risk, low-benefit)
- Additional services provided in 77.6%, increasing value-added
- Of note, consults examined were conducted in 2020, unclear to what extent the composition may differ given new challenges posed in healthcare by the Covid-19 pandemic.

Capacity Assessment: Implications and Benefits to Hospital and Patients

Capacity Decision Type	Benefits/Implications
AMA	Promote patient safety Promote patient autonomy Mitigate medicolegal risk
Disposition	Promote patient safety Promote patient autonomy Mitigate medicolegal risk
Surgery or Procedure	Ensuring appropriate consent Mitigate medicolegal risk
Other Medical	Promote patient safetyPromote patient autonomyMitigate medicolegal risk

Citations:

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