**Documenting Informed Consent for Antipsychotic Medications**

**The Problem**
- Informed consent should be obtained for any medication which is given to patients.
- Regulators have identified antipsychotic medication as a class of medication with particular risks and a strict statutory regimen for when they can be given without consent.

**Aim/Goal**
The goal of this project was to improve documentation of informed consent for antipsychotic medications on the Inpatient Psychiatry Unit whenever an antipsychotic medication is continued at admission and whenever a new antipsychotic medication is prescribed.

**The Team**
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- Stephenie Loux, MS, Psychiatry

**The Interventions**
- Educate attending physicians and residents about the need and importance of documenting informed consent for antipsychotic medications
- Create a WebOMR macro that includes key language required to document informed consent
- Develop an MS Access query to identify all patients prescribed an antipsychotic medication during an admission
- Create an audit system to assess whether providers are documenting informed consent and provide feedback to Unit Chief when documentation is not present.

**The Results/Progress to Date**

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<thead>
<tr>
<th>Antipsychotic Med Orders without Consent</th>
<th>Antipsychotic Med Orders with Consent</th>
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<td>Apr. 2014</td>
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**Lessons Learned**
- Conducting chart audits daily rather than weekly or monthly allows for greater improvement since providers get real-time feedback.
- The informed consent for antipsychotics was generalized so that, in the same process, clinicians frequently document informed consent for other medications. All providers agree that this is good practice.
- During this same time period, the percent of patients who reported on our inpatient experience survey that they were always told what a new medication was for increased from 48% to 69%.

**Next Steps/What Should Happen Next**
- We plan to expand this project in order to audit other psychotropic medications and measure the degree of “spread” from the intervention.

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