

Discharge, Patient Initiated

1. Introduction

1.1. Description

Providence Health Care (PHC) is committed to patient and family-centred care and recognizes that every competent adult has the right to make informed decisions regarding their care and to refuse or withdraw consent to treatment or to discharge themselves from the hospital against medical advice. The purpose of this policy is to:

- Affirm our commitment to treat patients, residents and their families with respect, dignity and compassion
 - Respect the right of a competent adult to make informed decisions that are against medical advice and to see that potential risks and consequences of this discharge are properly explained when possible and documented
 - Mitigate risk and protect the safety of patients, residents, family, staff and volunteers
- Provide guidance on the appropriate action to take when a patient chooses to leave hospital against medical advice (AMA) or is Absent Without Leave (AWOL) for an extended period of time

1.2. Scope

This policy applies to all PHC staff and physicians.

2. Policy

Patients who are competent can choose to leave the hospital at any time and not complete their planned care. PHC fosters an environment where patients have respect and dignity, have the right to be informed about their care and make choices about their treatment. PHC recognizes that some patients may leave their nursing unit for periods of time, however, as a steward of public resources, PHC is not able to hold beds for absent patients for extended periods.

In some cases patients may choose to leave before their planned discharge in order to meet other priorities in their life or they may choose to return to their home environment.

When patients remain medically vulnerable, clinical evidence suggests that a patient's decision to leave hospital against medical advice (AMA) is multifactorial and complex, including problems with communication, trust, previous history of leaving AMA, substance use, mental health, medical and psycho-social issues. Discharges against medical advice are associated with increased morbidity and mortality, higher rates of readmission and higher resource utilization.

The principles of shared decision making with patients apply to a broad range of health care decisions, including patient-initiated discharge from hospital. An informed patient's values and preferences, even when they do not appear to coincide with the health care provider's opinions of good decisions about health, are always part of patient-centred care. Informed refusal and patient initiated discharge is a process, not merely a signature on a form documenting that the patient is leaving AMA. Wherever possible, the process should consist of determination of capability, delivery of information, including risks of refusing treatment and documentation of the process. Measures for patient comfort or health should be provided with a statement to the patient that this treatment is not optimal treatment, but is the only treatment the patient will allow.

An approach that aims to reduce potential risk following a patient-initiated discharge is a preferable way to refocus on the patients welfare – including alternate medical care, arranging community resources where possible, giving the patient information on their condition and when and where to seek help, including encouraging the patient to return to the Emergency Department, if their condition worsens.

2.1. Patient Leaves with Notice

Patient informs their care team or hospital employee that they are leaving the hospital and do not wish to continue with their treatment or plan of care at this time. Proceed with the following:

- If possible, discuss with the patient the reason they are choosing to leave
- Review options to address concerns and implement if patient agrees, e.g. social worker assistance with psychosocial concerns
- Ask patient if untreated pain or withdrawal is a contributing factor and offer the patient available treatment or seek urgent referral from specialist services such as Addiction Medicine Consult Team
- If patient is determined to discharge themselves, notify MRP, document in Interdisciplinary Notes (or appropriate place in Patient Chart) that 'Patient Initiated Discharge' has occurred, circumstances, communication, alternate medical treatment, and follow up
- If possible, provide the patient with follow up information and encourage them to connect with their community providers or return to the Emergency Department
- If applicable, refer to and implement any pre-existing discharge agreement, such as a Wellness Recovery Action Plan
- If applicable, advise the patient that the unit will contact community health care providers to ensure continuity of care

2.2. Patient Leaves Without Notice

For patients who are deemed vulnerable or incompetent, refer to the code yellow policy as soon as the patient is noticed as being absent. For all other patients, who are absent from the nursing unit for longer than 2 hours without informing care team or hospital employee that they are leaving the site:

- If applicable, refer to and implement any pre-existing discharge agreement, such as a Wellness Recovery Action Plan
- In consultation with the medical team, consider whether level of medical risk warrants connection with family, named contact, or place of residence
- If applicable, contact community health care providers to ensure continuity of care
- Notify MRP, document in Interdisciplinary Notes (or appropriate place in Patient Chart) that 'Patient Initiated Discharge' has occurred, circumstances, communication, alternate medical treatment, and follow up
- Follow normal discharge procedures and notify the Clinical Coordinator, if applicable for your site
- Refer to policies regarding patient belongings

2.3. Privacy Considerations

In all cases, health care providers are required to consider, and to the best of their ability balance, the potential risks and benefits of breaching privacy by contacting a patient's family members or community resources.

3. Supporting Documents

3.1. Related Policies

[Harm Reduction and Managing Substance Use – Acute Care](#)
[Search of Inpatient Rooms and/or Belongings](#)
[Violence Prevention in the Workplace](#)
[Family Presence](#)

4. Definitions

Patient Initiated Discharge means a competent adult who chooses to leave the hospital during their admission without completion of treatment or plan of care.

Staff means all employees (including management and leadership), medical staff (including physicians, midwives, dentists, and nurses), residents, fellows and trainees, health care professionals, students, volunteers, contractors, researchers and other service providers engaged by PHC.

5. References

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6. Key Words

AMA; against medical advise; leave; patient and family-centred care; refusal; risk

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