Discharge Against Medical Advice Policy

1. Background

Discharge against medical advice (DAMA) occurs when an Emergency patient (post triage who has been treated by clinical staff) and /or an inpatient chooses to leave the hospital and / or is removed by their parent / carer / responsible person before the completion of recommended treatment or against the advice of the treating clinician.

The Patient Risk Assessment also provides advice for patients that leave prior to receiving advice or who refuse to wait for advice.

In line with person-centred care, competent patients with decision making capacity have a right to discharge themselves against medical advice. If a patient is insistent on leaving or in circumstances where patients cannot wait for the doctor and need to leave prior to being discharged for various reasons, e.g. work or family commitments, preference should be available for safe discharge with a plan for low/moderate risk patients. This agreed plan should be clearly documented in the patient's medical record.

DAMA is different to 'Did Not Wait' (DNW). DNW patients are those who present to a WA Country Health Service (WACHS) Emergency Service and did not wait to be treated after triage. The scope of this policy does not include DNW, (for DNW refer to the WACHS Management and review of 'Did Not Wait' Patients that Present to Emergency Services Policy).

2. Policy Statement

To ensure the safety and culturally appropriate treatment of all patients across WACHS sites, this policy outlines how best to manage the process of patients who choose to leave the hospital before the completion of treatment, against the advice of the treating clinician.

Person-centred care

It is not always obvious why patients choose to leave hospital. WACHS is committed to providing a person centred care approach to support the delivery of care that is respectful, individualised and empowering.

Person-centred care promotes recognition, understanding and consideration of each person's unique needs and circumstances, including culture, beliefs, values, traditions, family situation, social circumstances, lifestyle and preferences. This approach supports and encourages each person to participate in decision-making to the fullest extent possible or desirable in their own care which may mean they choose to discharge with a plan where appropriate.

3. DAMA Patient Risk Assessment

It is acknowledged that there is no perfect science for knowing what is low, moderate or high risk and individual risk assessment will rely on the treating clinician's best clinical assessment at the time.

- Low risk has been defined as requiring minimum action
- Moderate risk requires immediate action
- High risk requires immediate action.

The potential risk to the patient depending on their clinical condition is the consequence of them leaving WACHS care before formal approval for discharge**.** All reasonable measures must be undertaken to manage the patient who expresses the wish to leave against medical advice.

The Shift Coordinator / Registered Nurse (RN) / Midwife and Medical Officer are to consider the risk to the DAMA patient with particular consideration of:

- Paediatric (in general under 18 years)
  For paediatric patients – refer to PCH Discharge Against Medical Advice
  For neonates – refer to KEMH Discharge of Neonate Against Medical Advice – Social Work Clinical Practice Guidelines
- Has previously been a DAMA patient on one or more occasions
- Is Aboriginal so may be at increased risk (refer to Appendix 1 for special considerations for Aboriginal patients)
- Is known to the Department of Child Protection and Family Support (CPFS)
- Has a known mental health history (confirmed via the medical record or via Rural Link)
- Has been referred under the *Mental Health Act 2014* (WA) for assessment by a psychiatrist is to be considered high risk under the definition of this policy. (Refer to Appendix 1 for special considerations for Mental Health patients)
- Is experiencing domestic violence
- Is experiencing elder abuse
- May be under the influence of drugs or alcohol
- May be at risk of imminent death or serious injury if does not stay

Note: for circumstances where patients may be detained in hospital against their wishes, refer to page 5 and 6.

Risk Assessment flow chart

Measures you need to follow for the patient that leaves prior to receiving advice or who refuses to wait for that advice. If there is no documented management plan from the medical staff regarding ongoing care:

- Immediately contact and inform the Medical Officer where available and / or the Shift Coordinator / RN / Midwife.
- Conduct an individual risk assessment to whether the patient has capacity to make the decision to DAMA.
- Follow further steps below under the relevant low, medium and high risk categories.

Low Clinical Risk - Minimum Action

Where the Shift Coordinator / RN / Midwife and / or Medical Officer determines that the risk to the patient is low and if safe to do so, discharge the patient with a plan as follows:

1) Give advice on follow up options
2) Give the option to return
3) Aboriginal patients/families are to be offered the services of AHW/ALO for DAMA intervention/assistance and to ensure culturally appropriate interventions are provided wherever possible and interpreters engaged if English is a second language
4) Recommended follow up with GP if required
5) Next of Kin e.g. (parent / carer / responsible person) is notified where appropriate
6) Document this decision and supporting evidence in the patients medical record
7) No further action is required

For the low risk patients that leave prior to receiving advice or who refuse to wait for advice, follow the relevant steps 5, 6 and 7.

The MR36 DAMA form is **not** required for low risk patients.

Moderate Clinical Risk - Immediate Action

1) Where the Shift Coordinator / RN / Midwife and / or Medical Officer determine a risk regarding the patient's capacity, a substitute decision maker is to be involved e.g. carer / responsible person.
2) The patient (or parent / carer / responsible person) is to be counselled by the Shift Coordinator / RN / Midwife / and / or Medical Officer against DAMA and advised of the seriousness and significance of the decision they are seeking to make in language appropriate to the individual.
3) Aboriginal patients/families are to be offered the services of AHW/ALO for DAMA intervention/assistance and to ensure culturally appropriate interventions are provided wherever possible and interpreters engaged if English is a second language.
4) If the patient still wishes to leave and where the Shift Coordinator / RN / Midwife and / or Medical Officer determines the patient has capacity to make a decision to leave, then discharge safely with a plan as follows:
    a. The patient is encouraged to contact a friend or relative, or allow staff to do so where appropriate.
    b. Patient is given the option to return.
    c. A discharge letter, medications and follow up appointments / advice are provided (where applicable) to the patient.
    d. Contact the patient's general practitioner depending on the clinical concern
5) The Shift Coordinator / RN / Midwife and / or AHW/ALO or other appropriate support is to make reasonable effort to make contact with the patient (or parent / carer/ responsible person) to check the patient is following the plan or if they need to return to the hospital. Where the patient is deemed at risk, relevant steps in the WACHS Missing or Suspected Missing Inpatient Procedure is to be escalated in line with that procedure.
6) All measures undertaken are to be documented in detail in the patient's medical record.

For the moderate risk patients that leave prior to receiving advice or who refuse to wait for advice, follow the relevant steps 1, 3, 4 (through follow up contact), 5 and 6.

The MR36 DAMA form is **not** required for moderate risk patients.

High Clinical Risk – Immediate Action

1. When the clinical risk is deemed as high, and / or
2. When a patient has been deemed as not having the capacity at this point in time to make the decision to leave
3. As for moderate clinical risk – immediate action , plus
4. Request the patient sign the MR36 Discharge Against Medical Advice form
5. The Shift Coordinator / RN / Midwife and / or ALO or other appropriate support is to continue to attempt to make contact with the patient (or parent / carer/ responsible person) in an effort to encourage them to return and if they refuse, to check the patient is following the discharge plan. Where these attempts at contact are unsuccessful but the patient is still considered to be at significant risk, relevant steps in the WACHS Missing or Suspected Missing Inpatient Procedure is to be escalated appropriately in line with that procedure.
6. If all other measures fail and it is necessary because the patient has been identified as having limited capacity, an urgent application for guardianship should be made. Advance Health Directive and Enduring Power of Guardianship.
7. All measures undertaken are to be documented in detail in the patient's medical record
8. High risk DAMA patients should be escalated to regional Executive on call 24/7

For the high risk patients that leave prior to receiving advice or who refuse to wait for advice, also follow the steps above.

Circumstances where patients may be detained in hospital against their wishes

Patients who wish to leave the hospital may be detained under certain circumstances as defined in the following legislation:

- *Mental Health Act 2014* (WA) section 34 (person in charge of ward may order assessment)
- *Children and Community Services Act 2004* (WA) (section 40) (Power to keep a child under 6 years of age in hospital) – Hospitals have legislated power under Part 4, Division 2, Subdivision 4, Section 40 of the *Children and Community Services Act WA 2004* (the Act), to detain a child, under the age of six (6) years, in hospital where there is a reasonable belief that the child is at imminent risk of harm. The WACHS Power to Detain a Child Under the Age of Six in Hospital Procedure sets out the processes that are to be undertaken in such circumstances.

- *Guardianship and Administration Act 1990* (WA) section 43,119.11OZD (Circumstances in which person responsible may make treatment decision); 11OZH,11OZI (urgent treatment generally); 11OZIA (Urgent treatment after attempted suicide); 11OZK (Reliance by health professional on treatment decision)
- *Prisons Act 1981* (WA) Section 3
- *Court Security and Custodial Services Act 1999* (WA) section 3.
- *Public Health Act 2016* – Division 1 — Authorisation to exercise serious public health incident powers
    - 117 Effect of Public Health Orders - (1) A public health order may require the person to whom it applies to do one or more of these
        - (g) to undergo a specified medical examination, or specified medical treatment, at a specified time and place;
        - (h) to take specified action to prevent or minimise the public health risk posed by the person;
        - (i) to reside at a specified place and, if considered to be appropriate by the Chief Health Officer, to remain isolated at that place;
        - (j) to submit to being detained at a specified place for the purpose of undergoing a medical examination or medical treatment;
        - (k) to submit to being detained or isolated, or detained and isolated, at a specified place.
    - 154 Operation of the Division (1) A person may exercise a power conferred on an authorised officer under this Division if the person is authorised by the Chief Health Officer to exercise the power under section 152(1).
        - (2b) However, the power can be exercised only while that seriously public health risk continues
    - 157 Serious public health incident powers - (1) An authorised officer may do all or any of these
        - (b) direct any person to enter, not to enter, or to leave any premises;
        - (c) direct any person to remain at any premises for any period specified by the officer;
        - (i) direct any person to remain quarantined from other persons for any period, and in any reasonable manner, specified by the officer;

Note: An example would be someone with active TB who must stay in hospital until they have had sufficient treatment to prevent the ongoing transmission of TB.

Note: With a situation where a person has COVID-19, they could leave hospital as long as they remain in self-isolation until the conditions for clearance have been reached. This is under the *Emergency Management Act 2005* and the police would enforce this isolation.

Documentation

The importance of accurate documentation in the patient's medical record is imperative. High risk patients who wish to leave the hospital against medical advice is to be requested to sign a written declaration (MR36 WACHS DAMA Form for high risk patients) that he or she is leaving the hospital against medical advice. A staff member is to note on the MR36 in the area designated for the patient's signature for high risk patients that leave prior to receiving advice or who refuse to wait for advice

For high risk patients who:

- have had an anaesthetic or procedural sedation within the last 24hs, AND
- received post discharge advice not to sign any important documents for 24hs, AND
- want to leave against medical advice, AND
- who are **not** refusing to sign the MR36 WACHS DAMA Form,

the Medical Officer or RN / Midwife can tick and sign for Option B of the Medical Officer/RN/Midwife signing section of the MR36. Refer to the Risk Assessment Flowchart – High Clinical Risk – immediate action for further actions.

Note that a signature on a DAMA form in itself does not relieve staff from further obligations to act in the best interest of the child or other vulnerable patients.

4. Definitions

DAMA	Discharge against medical advice (DAMA) occurs when an Emergency patient (post triage who has been treated by clinical staff) and /or an inpatient chooses to leave the hospital and / or is removed by their parent / carer / responsible person before the completion of recommended treatment or against the advice of the treating clinician.
Carer	A carer is someone who provides unpaid care and support to family members and friends who have disability, mental illness, chronic condition, terminal illness, an alcohol or other drug issue, or who are frail aged.

5. Roles and Responsibilities

The roles and responsibilities of the positions below have been outlined in the policy. Staff are to ensure that they are familiar with what is required of their role.

Specific staff roles referred to in this policy include:

- Medical Officer
- Shift Coordinator
- RN
- Midwife
- Aboriginal Liaison Officer (or Aboriginal Health Worker)

All Staff are required to work within policies and guidelines to make sure that WACHS is a safe, equitable and positive place to be.

6. Compliance

Failure to comply with this policy document may constitute a breach of the WA Health system MP0031/16 Code of Conduct (Code). The Code is part of the Integrity Policy Framework issued pursuant to section 26 of the *Health Services Act 2016* (WA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies is mandatory.

7. Records Management

As per the Health Record Management Policy

8. Evaluation

Local services are to review and evaluate the processes they introduce to align with this policy. The Health Service Performance Report (HSPR) is produced monthly by the System Manager and provides the number of DAMAs (noting that there is a two month lag) for 21 sites. Regions are expected to provide a variance comment and improvement strategy where the site is not meeting target.

Local Services are to monitor six monthly, the DAMA numbers produced by HSPR against the process that took place at the time of the DAMA to ensure they are following the policy requirements. Where discrepancies are noted, these are to be reported to the relevant Regional Patient Safety and Quality Committee or equivalent.

Review of this policy is to be carried out by Medical Services at the WACHS Corporate Office two years from implementation.

9. Standards

National Safety and Quality Healthcare Standards 1.5, 1.8c, 1.10c, 1.15

10. Legislation

Public Health Act 2016 (WA)
Mental Health Act 2014 (WA)
Children and Community Services Act 2004 (WA)
Guardianship and Administration Act 1990 (WA)
Prisons Act 1981 (WA)
Court Security and Custodial Services Act 1999 (WA)

11. References

WACHS Evaluation Report – Take Own Leave Pilot Project, December 2017
MP 0112/16 Missing Person Policy – WA Public Mental Health Services, DoH

12. Related Forms

MR36 WACHS Discharge Against Medical Advice Form for high risk patients

13. Related Policy Documents

KEMH Discharge of Neonate Against Medical Advice – Social Work Clinical Practice Guideline
PCH Discharge Against Medical Advice Policy
WACHS Admission, Discharge and Intra-hospital Transfer Clinical Practice Standard
WACHS Adults with Impaired Decision Making Capacity Procedure
WACHS Clinical Escalation of Acute Physiological Deterioration including Medical
ACHS Clinical Escalation of Acute Physiological Deteriorating including Emergency Response Policy
WACHS Health Record Management Policy
WACHS Missing or Suspected Missing Inpatient Procedure
WACHS Management and Review of 'Did Not Wait' Patients that Present to Emergency Services Policy
WACHS Power to Detain a Child Under the Age of Six in Hospital Procedure
WACHS Recognising the Importance of Carers Policy

14. Related WA Health System Policies

MP0058/17 Admission Policy
OD 0657/16 WA Health Consent to Treatment Policy
MP 0012/16 Missing Person Policy – WA Public Mental Health Services

15. Policy Framework

Clinical Governance Safety and Quality
WA Aboriginal Health and Wellbeing Framework 2015-2030 and Implementation Guide for the WA Aboriginal Health and Wellbeing Framework 2015-2030

16. Related National Frameworks

Australian Commission on Safety and Quality in Health Care - Improving Care for Aboriginal and Torres Strait Islander People

17. Appendices

Appendix 1: Special Considerations - Aboriginal patients and Mental Health patients

This document can be made available in alternative formats on request for a person with a disability

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Appendix 1: Special Considerations

Special Considerations - Aboriginal patients

Data shows that Aboriginal people are much more likely to DAMA than non-Aboriginal people. Person-centred care ensures the patient journey is culturally safe and secure for Aboriginal patients and families and ensures that Aboriginal people are less likely to DAMA.

In the Aboriginal context, person-centred care should focus on the social, emotional and cultural needs of the person and ensure patients and families/carers are involved in patient's care. Person centred care should recognise the diversity within Aboriginal people and communities including across gender, age, language, geographic location, sexual orientation, religious beliefs, family responsibilities, life experiences and educational levels.

The following strategies may be undertaken to provide culturally appropriate care for Aboriginal patients, thus reducing the likelihood of Aboriginal patient DAMA:

- AHW/ALO support services to be offered and agreed by all parties at admission/entry points into health facility and throughout the patient journey wherever possible. Note that patient confidentiality is particularly important in communities where Aboriginal health staff may know the patient; therefore patient consent to involve the AHW/ALO must be obtained.
- AHW/ALO to conduct a social, emotional and cultural assessment of needs with patient/family wherever possible. Assessment to be recorded in the patient medical record. Urgent issues identified as contributing to DAMA is immediately reported to medical/nursing teams(s) to reduce the risk of DAMA.
- Identify the need for and ensuring that interpreters are available and used (either in person or by phone) when required. AHW/ALO can assist in identifying the need for interpreter engagement. Where required, seek permission to include close relatives or other patient chosen supports (such as Elders) throughout the patient journey including, admissions, the medical consultation process, discussing treatment options, further medical intervention, medication regimes and the discharge planning process.
- Use of culturally appropriate resources to assist with understanding medical situations and procedures (e.g. pictorial flip charts with graphics of Aboriginal people).
- Working in collaboration with other service providers, such as Aboriginal Community Controlled Health Services, to provide holistic care that meets all of the patients' needs.
- Patient follow-up by phone may not represent the most effective, efficient or culturally appropriate method of following up Aboriginal patients who have had a DAMA.

Special considerations - Mental Health patients

WACHS respects the right of all patients to make decision about their own care, including the decision to discharge themselves against medical advice (WA Health Admission Policy).

- If a patient indicates that he/she wishes to discharge himself/herself against medical advice, the appropriate Medical Officer, the person in charge of the ward/department, the local Mental Health service or the use of Mental Health ETS is to make all reasonable efforts to review the patient prior to the patient leaving.
- If the medical officer/person in charge of the ward/department making this assessment reasonably suspects that the patient is in need of a Mental Health involuntary treatment order, then that clinician/person in charge of the ward/department can make a referral under the *Mental Health Act 2014* (WA) for further assessment and/or an order for the patient to be detained for that assessment. The criteria for making an involuntary treatment order are set out in the *Mental Health Act 2014* (WA).
- The only exception to this is where the patient is already referred under the *Mental Health Act 2014* (WA) (Form 1A) **and** detained for the purposes of that assessment (Form 3A). In this case the patient cannot choose to DAMA and if they do leave, an Apprehensive and Return Order (Form 7D) can be made under the Mental Health Act 2014, which authorises police or other authorised people (including staff where appropriate) to return the patient to the hospital.
- However, it is also important that a patient referred under the *Mental Health Act 2014* (WA)has that status reviewed regularly, so that the order can be revoked if the criteria is no longer met or a less restrictive way of providing care is available. They must also have access to appropriate information about their rights and be assisted to access suitable support.