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# DISCHARGE AGAINST CLINICAL ADVICE (DACA) PROCEDURE

## Introduction and Aim

This procedure sets out what UHB clinical staff should do when an adult patient (18 years and over) expresses a wish to discharge themselves from hospital against clinical advice.

The aim of this procedure is to ensure that

- Where patients express a wish to leave hospital, clinical staff respond appropriately and lawfully
- A cooperative (not confrontational) approach is promoted
- Patients are treated in a dignified and respectful manner and are given appropriate information and supported to make decisions that are right for them to discharge themselves safely
- Ensure patients are not denied treatment or follow-up
- The event acts as a prompt to review both the individual episode of care and to learn from the review process in order to consider whether future patients can be managed in similar ways

## Objectives

Adherence to this procedure means that clinical staff will be acting lawfully and appropriately.

## Scope

This procedure applies to all clinical staff employed by the UHB, including those on honorary contracts, who provide care and treatment to in-patients and those working in the Emergency/ Assessment Unit.

| **Equality Health Impact Assessment** | *An Equality Health Impact Assessment (EHIA) has been completed for the Discharge from Hospital Policy. The Equality Impact Assessment completed for the policy found there to be a positive impact. This procedure supports the Discharge Policy.* |
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| **Documents to read alongside this Procedure** | Consent to Examination or Treatment Policy (UHB 100), 2019<br>Mental Capacity Act 2005 Deprivation of Liberty Safeguards Code of Practice<br>Mental Capacity Act 2005 Code of Practice<br>Welsh Government 2017 Guide to Consent for Examination or |

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|---|---|
| | Treatment<br>Mental Health Act 1983 Code of Practice for Wales<br>Management of Violence & Aggression (Personal Safety) Policy (UHB 035), 2017<br>Missing Persons Procedure (UHB 164), 2013 (new version forthcoming)<br>Missing Persons Procedure – Mental Health (UHB 111), 2016 |
| **Approved by** | *Committee/Group* |

| | |
|---|---|
| **Accountable Executive or Clinical Board Director** | Medical Director |
| **Author(s)** | Consultant Nurse for Older Vulnerable Adults<br>Mental Capacity Act Manager |

**Disclaimer**

**If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the Governance Directorate.**

**Summary of reviews/amendments**

| Version Number | Date of Review Approved | Date Published | Summary of Amendments |
|---|---|---|---|
| 2 | *17/03/2021* | *14/04/2022* | This is a revised procedure. The main changes are –<br><br>Introduction and aim has been amended<br><br>Paragraph 5.4 has been condensed and hyperlinks included to the relevant Mental Health Act procedures<br><br>A new paragraph (5.5) on patients exhibiting signs of mental disorder in the Emergency/ Assessment Unit has been included<br><br>Paragraph 5.6 includes detailed guidance on the information that will be needed by the Police<br><br>Patient information leaflet has been re- |

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| | | | worded (appendix B)<br><br>Two flow chart have been added (appendices C and D) |

## CONTENTS


| SECTION | | PAGE NUMBER |
|---|---|---|
| | | |
| **1** | **Responsibilities** | **4** |
| **2** | **Resources** | **4** |
| **3** | **Training** | **4** |
| **4** | **Implementation** | **4** |
| **5** | **The procedure to follow if patient wishes to self-discharge** | **5** |
| 5.1 | Essentials | **6** |
| 5.2 | The patient has mental capacity and is willing to discuss the practicalities of self discharge | **7** |
| 5.3 | Medication | **7** |
| 5.4 | The in-patient (with or without mental capacity) is exhibiting signs of mental disorder | **8** |
| 5.5 | The patient is exhibiting signs of mental disorder in Emergency Unit and some Assessment Units | **7** |
| 5.6 | After the patient has self discharged | **7** |
| 5.7 | Self discharge without informing staff | **7** |
| 5.8 | Patient lacks capacity to make decision to self-discharge | **7** |
| **6** | **Violence and aggression** | **10** |
| **7** | **Audit** | **10** |
| **8** | **Distribution** | **10** |
| **9** | **Review** | **10** |
| **Appendix A** | **Discharge against clinical advice record** | **11** |
| **Appendix B** | **Discharge against clinical advice patient information leaflet** | **13** |
| **Appendix C** | **Flowchart: Emergency or assessment unit discharge against clinical advice** | **14** |
| **Appendix D** | **Flowchart: In-patient discharge against clinical advice** | **15** |


**NOTE: The Mental Capacity Act applies mainly to people aged 16 years and over; the Deprivation of Liberty Safeguards (DoLS) apply to people aged 18 years and over. The Mental Health Act applies to people of any age.**

## 1. RESPONSIBILITIES

Executive responsibility for this procedure lies with the Medical Director.

Clinical Board Directors are responsible for ensuring that clinical staff are aware of this procedure, how to access it and what to do if they have queries about it.

All staff who may be faced with a patient who wishes to self-discharge have a responsibility to familiarise themselves with, and follow the content of, this procedure and, in particular –

- All discussions with patients about self discharge and any decisions must be recorded in the patient notes, but information that has been recorded on the DACA form (see Annex A) should not be duplicated
- If records are made retrospectively, this must be clearly stated in the notes
- All DACAs must be reported as clinical incidents

## 2. RESOURCES

No extra resources are required to implement this procedure.

## 3. TRAINING

Specific training is not required for this procedure.

## 4. IMPLEMENTATION

Clinical Board Directors are responsible for ensuring that staff who work within their Clinical Boards are familiar with and follow this procedure, where necessary.

## 5.0 THE PROCEDURE TO FOLLOW IF PATIENT WISHES TO SELF-DISCHARGE

### 5.1 Essentials

5.1.1 If the patient has been transferred to the ward from a mental health facility, check whether the person is detained under the Mental Health Act 1983 (it is possible that the patient is on section 17 leave on your ward - so they remain a patient who is subject to detention under the Mental Health Act 1983). Prevent them from leaving the ward if possible and if safe to do so and phone their mental health ward/Responsible Clinician for advice.

5.1.2 If the patient is already subject to a DOLS authorisation on the ward they cannot be permitted to leave.

5.1.3 Try to find out why the patient wants to leave and if there is anything that can be done/provided to support them to remain in hospital in line with clinical advice. If an interpreter is needed, try to arrange for telephone interpretation.

5.1.4 Is there a clear clinical reason why the patient should remain in hospital?
Consider the following points:
- Is the patient recovered sufficiently to be safely discharged?
- If they are awaiting investigations, could these be done as an outpatient?
- If they are waiting for a specialist opinion, could they be seen in clinic / Surgical Assessment Unit (SAU) / Medical Ambulatory Emergency Care Unit (MAECU)?

If an alternative to remaining in hospital is appropriate, contact the relevant clinician.
Explain to the patient the risks associated with self discharge at this time.

5.1.5 In the event of the patient wishing to leave before they can be seen by the appropriate clinician, the most senior clinician available should complete the Discharge Against Clinical Advice (DACA) record.

5.1.6 Is there reason to doubt the patient’s mental capacity to self-discharge?
Points to consider -
- are there any aspects of the patient’s current condition that could impair their capacity?

- is the patient making an unwise decision?

If there is reason to doubt capacity, is there any support that can be offered in order to help the individual make the decision?

5.1.7 If the support is unsuccessful, undertake a mental capacity assessment for the decision to self-discharge and record the assessment in the patient's notes.

5.1.8 If the patient has capacity to make the decision (and he/she is not detained under the Mental Health Act 1983), then he/she must be allowed to leave.

## 5.2 The patient has mental capacity and is willing to discuss the practicalities of self discharge

5.2.1 Where possible, explore the following issues -

- Where is the patient going?
- How are they going to get there?
- Do they have any essential/necessary medication to take with them?
- Will they have anyone with them? If so, who?
- Can we contact anyone on their behalf? (Respect patient's wishes.)
- Can we inform anyone that they've left hospital? (Respect patient's wishes.)
- Can we check that we have an up-to-date contact number for them (to pass on test results, for example)?
- Ask them to consider waiting until they have been seen by an appropriate clinician.

## 5.3 Medication

5.3.1 If a discharge prescription is written by the prescriber, pharmacy will dispense as per current guidelines within current timeframes. If the patient is unwilling to wait for medication, tell the patient that they or a nominated person may call back to collect it.

5.3.2 If the patient brought in their own medication on admission, it must be returned to them. Every effort should be made to clarify the current prescription and inform the patient of any changes.

## 5.4 The in-patient (with or without mental capacity) is exhibiting signs of mental disorder (NB. this only applies to in-patients – i.e. not those attending Emergency Unit and not some of the Assessment Units).

5.4.1 If the in-patient who is trying to leave is not already detained under the Mental Health Act but there are concerns that they appear to be suffering from a mental disorder, consideration should be given to applying a doctor's (or approved clinician's) holding power under section 5(2), Mental Health Act 1983. This allows the patient to be detained pending a Mental Health Act assessment. Please see the Section 5(2) Doctors' Holding Power Procedure

5.4.2 In cases where the in-patient is already receiving treatment for a mental disorder and where it has not been possible to detain under s.5(2), a Registered Mental Health or Learning Disability Nurse is able to detain the patient under s.5(4) for up to 6 hours in order for the patient to receive a Mental Health Act assessment. Please see the Section 5(4) Nurses' Holding Power Procedure

5.4.3 To arrange for a Mental Health Act assessment, contact the Adult Mental Health Shift Co-ordinator at UHL (via UHB Switchboard).

5.4.4 For further information contact:

- the Mental Health Act office at UHL (tel. 2182 4744) during normal working hours **or**
- Liaison Psychiatry department at UHW (tel. 2074 3940) **or**
- the Adult Mental Health Shift Co-ordinator at UHL outside of normal working hours (via UHB Switchboard).

## 5.5 The patient is exhibiting signs of mental disorder in Emergency Unit and some of the Assessment Units

5.5.1 Although s.5 Mental Health Act 1983 can only be applied to hospital in-patients, it is possible to apply other sections of Mental Health Act – e.g. s.4 or s.136

5.5.2 Once the decision has been made to use Mental Health Act powers, the common law "doctrine of necessity" will allow patients to be lawfully detained by staff pending the section being applied, providing always that applying the section is done in a timely manner. It is the responsibility of the staff to contact either the police (s.136) or shift coordinator (s.4).

5.5.3 For further information contact:

- the Mental Health Act office at UHL (tel. 2182 4744) during normal working hours **or**
- Liaison Psychiatry department at UHW (tel. 2074 3940) **or**
- the Adult Mental Health Shift Co-ordinator at UHL outside of normal working hours (via UHB Switchboard).

### 5.6 After the patient has self discharged

5.6.1 If the patient leaves hospital, document accurate date and time of leaving.

5.6.2 If there are serious concerns (e.g. patient and/or others' health and welfare) refer to the *Missing Persons Procedure* or *Missing Persons Procedure - Mental Health*. When reporting a missing patient to the police, staff **must** be able to give a clear and up to date description, risk assessment and other relevant important information about the missing patient (e.g. if the patient is subject to restrictions) to enable police resources to be appropriately directed to finding the patient.

5.6.3 Inform the patient's medical team at the earliest opportunity.

5.6.4 The medical team must contact the GP on the same working day as the discharge against clinical advice, or if this occurs out of hours, on the next working day to inform them of self discharge and any changes to the prescription.

5.6.5 Make any appropriate or necessary referrals – e.g. Community Mental Health Team, Social Services/Safeguarding (child or adult at risk), District Nurses, other support services, out-patient follow up, etc.

### 5.7 Self discharge without informing staff

5.7.1 If the patient leaves hospital (including Emergency/ Assessment Units) from a non-mental health ward and is considered to be vulnerable/ or at risk follow the *Missing Persons Procedure*

5.7.2 If the patient leaves hospital from a mental health ward or is detained under the MHA follow the Missing Person Procedure - Mental Health

5.7.3 Log as an incident on DATIX.

### 5.8 Patient lacks mental capacity to make the decision to self-discharge

5.8.1 If the patient lacks mental capacity to make the decision to self-discharge staff must follow the Mental Capacity Act 2005.

5.8.2 Refer to clinical *guidance in the management of adult patients attempting to leave the ward.*

5.8.3 If the patient lacks capacity to make the decision to leave and it is in the patient's best interests to stay to prevent them from coming to serious harm, then the patient should be prevented from leaving where possible and it is safe to do so. The Mental Capacity Act 2005 allows patients to be restrained if it is appropriate – see *MCA Code of Practice* for further details. Use of restraint is a clinical decision and must be led by clinical staff; this might involve locking the ward doors, sedating the patient or safe holding the individual by staff with the appropriate clinical skills and knowledge.

5.8.4 Log as an incident on e-DATIX.

5.8.5 If restraining the patient is likely to continue consider applying for both an Urgent and Standard Authorisation under the Deprivation of Liberty Safeguards (DoLS) for adults aged 18 and over.

## 6. VIOLENCE AND AGGRESSION

6.1.1 In the event of any potential or actual violence and aggression in connection with a self discharge, staff must comply with the UHB's –

- *Violence & Aggression (Personal Safety) Policy*
- *Care of adult patients with capacity who are violent or abusive procedure*

All staff have a duty of care to keep themselves safe within the workplace. If the situation escalates and becomes unmanageable then staff should withdraw and call for assistance, ensuring they keep themselves safe. If the patient leaves then staff should only follow them if it is safe to do so – if there is a risk of violence or aggression then they should not follow and must not leave the ward if it would result in unsafe staffing levels.

## 7. AUDIT

Compliance with this procedure may be subject to periodic review by both internal and external auditors. Any recommendations will normally be

implemented after review by the Vulnerable Adult Risk Management Working Group.

## 8. DISTRIBUTION

This procedure will be made available on the UHB intranet, Clinical Portal and internet site.

## 9. REVIEW

This procedure will be reviewed every 3 years or sooner if appropriate.

ADDRESSOGRAPH

# *Discharge Against Clinical Advice Record*

*Department:………………* *Clinical Board:…………………*

**To be completed by health professional *(Doctor, Registered Nurse, Midwife or Registered Therapist)***

1) **Mental Capacity** - People aged 16 years and over (are presumed to have capacity unless it is established that they lack capacity).

Please tick ONE of the following:

□ In my opinion there are no reasons to doubt that the patient has capacity to make the decision to discharge him/herself from hospital and a formal assessment of the patient's capacity to take this decision has not been undertaken; **or**

□ An assessment of the patient's mental capacity to decide to discharge him/herself from hospital has been performed and it has been determined that the patient has the mental capacity to make this decision. A record of the assessment has been placed in the patient's notes.

**2) Information about need to stay in hospital**

I have explained the following to the patient:

a) The treatment they need to be given *(provide details)*

b) The reasons why the treatment cannot be provided outside of hospital *(provide details)*

c) The risks and clinical problems they face by deciding to leave hospital *(provide details*)

d) Other relevant information – e.g. what to do if they begin to feel worse/how to access necessary medication/etc *(provide details)*

Signed:……..……………………………………. Date ..……………………..………

Name (PRINT) ……………………… ……… Job title …….. ……………….….

**Statement and signature of patient (if patient willing)**

You will be offered a copy of this form. If you have any further questions, do ask – we are here to help you. You have the right to change your mind at any time prior to leaving the clinical area. **Once you have left the clinical area, return will be via the usual admission/ referral procedures.**

**I understand** the information I have been given about discharging myself from hospital and the risks I face.

**I consent / do not consent** (*delete as appropriate)* to clinical staff contacting my family/friends/carers *(please specify)*

| Patient's signature……………………………Date…………………………………<br><br>Name (PRINT) ……………………………………………………………………… | |
| --- | --- |
| **Further information and actions:**<br>Patient provided with a copy of this form for their information | **Yes/No** (*delete as appropriate*) |
| File this form in patient notes | **Yes/No** |
| Follow-up arrangements made, relevant agencies informed and must be documented in medical notes (Police / Social Services / Community Mental Health Services / GP/ District Nurses etc) **Yes/No** | |
| Incident logged on DATIX | **Yes/No** |

# Discharge against clinical advice patient information leaflet

To be provided to patients who are discharging themselves against clinical advice. (Self-discharge/ discharging yourself is where a health professional has recommended that you stay in/ at hospital for investigation or treatment)

**If you feel worse than you expected shortly after going home, please seek help straight away:**
**Ring NHS Direct Wales 0845 46 47, or your GP, or out of hours GP.**

There are times when staying in hospital may seem difficult. This information is to provide answers to some of the questions you may have.

**Will my GP or anyone else be told?**
The hospital may have contacted other professionals after you left. This isn't to cause trouble for you, but it is important that your decision to leave is known about so that you can be helped and supported if you need to be.

**Will my leaving mean that I can't come back again?**
No. If you feel worse and need to be readmitted now or in the future because of your medical condition you will need to be readmitted/re-referred via your GP or the emergency services.

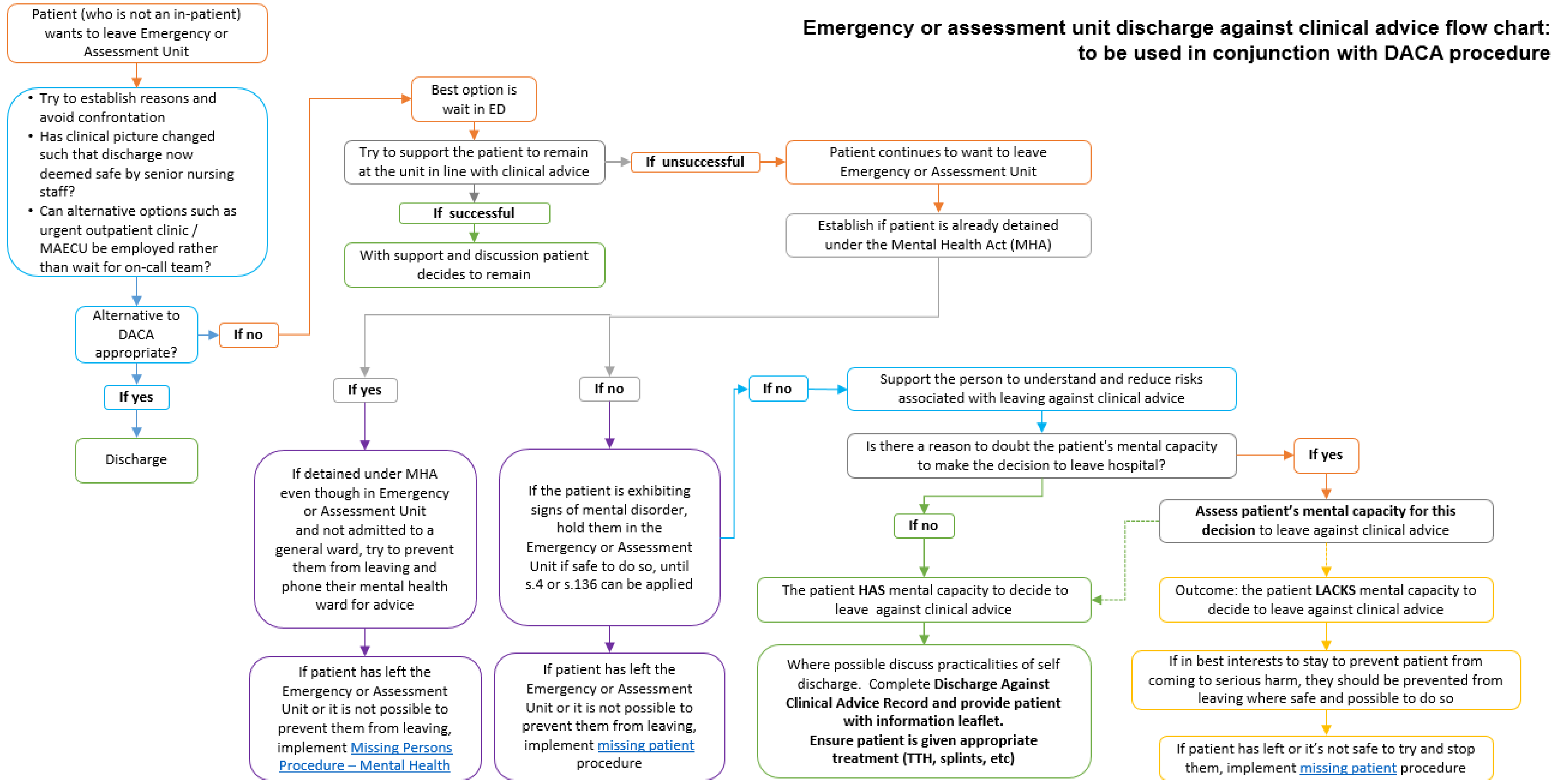
**Am I in trouble with the hospital because I left?**
No. If you were spoken to before you left, you will know that the healthcare staff who talked to you were concerned about you. They should have explained to you the reasons why they would have preferred that you stay.

**I would be too embarrassed to come back now even if I need to.**
Please don't be. We understand that there are times when being in/at hospital becomes overwhelming. If you are unwell enough to be in hospital then that is where you need to be.

**Does it matter if I did or didn't sign the form they asked me to?**
No. The form is just a record of whether we were able to speak with you before you left.

**How can I get the medication and follow up I should have?**
Some patients will be asked to come back or send someone in to collect their medication on their behalf. Under certain circumstances the GP may be contacted to organise a prescription. The medical team will contact your GP and where necessary arrange a follow up appointment.

## Emergency or assessment unit discharge against clinical advice flow chart: to be used in conjunction with DACA procedure



**In-Patient discharge against clinical advice (DACA) flow chart: to be used in conjunction with DACA procedure**