DISCHARGE AGAINST CLINICAL ADVICE (DACA) PROCEDURE

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Documents to read alongside this Policy , Procedure etc (delete as necessary)	Consent to Examination or Treatment Policy (UHB 100), 2012 Mental Capacity Act 2005 Deprivation of Liberty Safeguards Code of Practice Mental Capacity Act 2005 Code of Practice Welsh Assembly Government (2008) Reference Guide for Consent to Examination or Treatment Mental Health Act 1983 Code of Practice for Wales Management of Violence & Aggression (Personal Safety) Policy (UHB 035), 2011

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Version Number	Date of Review Approved	Date Published	Summary of Amendments
1	21/08/2014	31/10/2014	This is a new procedure.

CONTENTS

1. INTRODUCTION

This procedure sets out what UHB clinical staff should do when an adult patient expresses a wish to discharge themselves from hospital.

2. 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 attending the Emergency Unit.

It does not apply to patients who are aged under 18 years.

3. AIM

The aim of this procedure is to ensure that

- Where patients express a wish to leave hospital, clinical staff respond appropriately and lawfully
- Patients are treated in a dignified and respectful manner and are given appropriate support to help them discharge themselves safely

4. OBJECTIVES

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

5. 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

NOTE: The Mental Capacity Act applies mainly to adults 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.

6. RESOURCES

No extra resources are required to implement this procedure.

7. TRAINING

Specific training is not required for this procedure.

8. 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.

9.0 THE PROCEDURE TO FOLLOW IF PATIENT WISHES TO SELF-DISCHARGE

9.1 Essentials

9.1.1 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 phone their mental health ward for advice.

9.1.2 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.

9.1.3 Is there a clear clinical reason why the patient should remain in hospital?
If yes, contact the medical practitioner.
Explain to the patient the risks associated with self discharge at this time.

9.1.4 In the event of the patient wishing to leave before they can be seen by a medical practitioner the most senior clinician available should complete the Discharge Against Clinical Advice (DACA) form.

9.1.5 Is there reason to doubt the patient's mental capacity to self discharge? Are there any medical issues that could impair the patient's capacity? Is the person making an unwise decision?

9.1.6 If yes, undertake a mental capacity assessment for the decision to self discharge and record the assessment in the patient's notes.

9.1.7 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.

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

9.2.1 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).
- Ask them to consider waiting until they have been seen by a doctor.

9.3 Medication

9.3.1 If a discharge prescription is written by the doctor, 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 the ward to collect it.

9.3.2 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.

9.4 The patient (with or without mental capacity) is exhibiting signs of mental disorder

9.4.1 If the 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 holding power under section 5(2), Mental Health Act 1983.

9.4.2 The power can last for a maximum of 72 hours and is solely for the purpose (and for no other reason) of preventing a patient from leaving the ward, and of arranging for an assessment under the Mental Health Act to take place for possible detention under section 2 or section 3.

9.4.3 Only certain doctors/ professionals involved with the patient's care may hold a patient under section 5(2) (for the purpose of this document) usually -

- The patient's registered medical practitioner
- a Liaison Psychiatrist
- a nominated deputy. (A nominated deputy may not delegate the role to another).

9.4.4 Section 5(2) is not in place until the completed form HO12 has been faxed to the Mental Health Act office at Whitchurch Hospital during normal working hours, or the Shift Co-ordinator outside normal working hours. (Contact the Shift Co-ordinator via UHB Switchboard to ascertain the relevant fax. number).

9.4.5 If the patient is on a mental health ward and appears to have a mental disorder, a registered mental health nurse may detain the patient for up to 6 hours under Section 5(4) of the Mental Health Act 1983 until the patient can be assessed by a medical practitioner.

9.4.6 For further information contact:

- Liaison Psychiatry department at UHW (tel. 2074 3940) **or**
- the Mental Health Act office at Whitchurch Hospital (tel. 2033 6364) during normal working hours **or**
- the Shift Co-ordinator at Whitchurch Hospital outside of normal working hours (via UHB Switchboard).

9.4.7 To arrange for a Mental Health Act assessment, contact the Shift Co-ordinator /Night Site Co-ordinator at Whitchurch Hospital (via UHB Switchboard).

9.5 After the patient has self discharged

9.5.1 If the patient leaves hospital, document accurate date and time of leaving.
9.5.2 If there are serious concerns about the patient's mental health on a non-mental health ward, refer to the *Missing Persons Procedure* -
9.5.3 Inform the medical team, who should advise the Consultant at the earliest opportunity.
9.5.4 The medical team must contact the GP on the same working day as the discharge, or if this occurs out of hours on the next working day to inform them of self discharge and any changes to the prescription.
9.5.5 Make any appropriate or necessary referrals – e.g. Community Mental Health Team, social services/safeguarding (child or vulnerable adults protection), District Nurses, other support services, out patient follow up, etc.
9.5.6 Complete incident form.

9.6 Self discharge without informing staff

9.6.1 If the patient leaves hospital from a non-mental health ward or from the Emergency Unit follow the *Missing Persons Procedure* –
9.6.2 If the patient leaves hospital from a mental health ward, follow the *Mental Health Procedure* -

9.7 Patient lacks mental capacity to make decision to self discharge

9.7.1 Refer to clinical *guidance in the management of patients attempting to leave the ward* -
9.7.2 If the patient lacks capacity to make the decision to leave and it is in the patient's best interests to stay on the ward, then the patient should be prevented from leaving where possible (the Mental Capacity Act 2005 allows patients to be restrained if it is appropriate – see *MCA Code of Practice* for further details). It is recognised that restraint may be required. This is a clinical decision and must be led by clinical staff; this might involve locking the ward doors, sedating the patient or involve physically restraining/safe holding the individual by staff with the appropriate clinical skills and knowledge. An incident form must be completed.
9.7.3 If restraining the patient is likely to continue for a significant period, consider applying for both an Urgent and Standard Authorisation under the Deprivation of Liberty Safeguards (DoLS) for adults aged 18 and over.

10. VIOLENCE AND AGGRESSION

10.1 In the event of any potential or actual violence and aggression in connection with a self discharge, staff must comply with the UHB Management of Violence and Aggression (Personal Safety) Policy -

11. EQUALITY STATEMENT

We have undertaken an Equality Impact Assessment and received feedback on this procedure and the way it operates. We wanted to know of any possible or actual impact that this procedure may have on any groups in respect of gender, race, disability, sexual orientation, Welsh language, religion or belief, transgender, age or other protected characteristics. The assessment found that there was no impact on the equality groups mentioned. Where appropriate we have taken the necessary actions required to minimise any stated impact to ensure that we meet our responsibilities under the equalities legislation.

12. AUDIT

Compliance with this procedure will 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.

13. REFERENCES / FURTHER INFORMATION

Department for Constitutional Affairs (2007) 'Mental Capacity Act 2005 Code of Practice', TSO, London

HMSO (2005) 'Mental Capacity Act 2005' TSO, London

Ministry of Justice (2008) 'Mental Capacity Act 2005 Deprivation of Liberty Safeguards Code of Practice' TSO, London

Welsh Assembly Government (2008) 'Reference Guide for Consent to Examination or Treatment, Welsh Assembly Government'

Welsh Assembly Government (2008) 'Mental Health Act 1983 Code of Practice for Wales'

14. DISTRIBUTION

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

15. REVIEW

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

ADDRESSOGRAPH	***Discharge Against Clinical Advice*** *Department:……. Clinical Board:……*

To be completed by Health Professional *(doctor, registered nurse or 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/her self 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 in hospital *(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

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 procedures.**

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

I consent / do not consent (*delete as appropriate)* to hospital staff contacting my next of kin/family/friends (*please specify)*

Patient's signature……Date…….

Name (PRINT) ……

Further information and actions:

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 form must be completed	**Yes/No**

Discharge Against Clinical Advice Patient Information Leaflet

(Self discharge where a Healthcare Professional has recommended that you stay in hospital for investigation or treatment)

What you need to know….

IF YOU FEEL WORSE THAN YOU EXPECTED SHORTLY AFTER GOING HOME, PLEASE SEEK HELP STRAIGHT AWAY:
RING NHS DIRECT 0845 46 47, or your GP, OR
OUT OF HOURS GP.

There are times when staying in hospital may seem impossible. You are not alone in making a decision to go home at a time when the clinical team would prefer that you didn't.
This information is designed to help you find answers to some of the questions which people who go home against clinical advice may ask.

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 early departure is known about so that you can be helped & 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 via your GP or the emergency services. We understand that there are many reasons why people decide to leave, but that doesn't mean that you are not entitled to treatment and care if you need it.

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 about your plans were concerned about your health. They should have explained to you the reasons why they would have preferred that you stay - the reasons they had will be based on your overall health.

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 hospital becomes overwhelming or may seem impossible. 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 & follow up I should have?
Some patients will be asked to come back or send someone in to collect their medication on their behalf. In other 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.