

## ***Policies and Procedures***

<b>SECTION:</b>	<b>PATIENT CARE</b>	<b>POLICY NUMBER:</b>	<b>PC 06-d-055</b>
<b>SUB-SECTION:</b>	<b>Legal and Ethical</b>	<b>EFFECTIVE DATE:</b>	<b>2006-05-17</b>
<b>SUBJECT:</b>	<b>Patient Discharge Against Medical Advice (AMA)</b>	<b>LAST REVISION DATE:</b>	<b>2023-10-16</b>

### **PURPOSE:**

To establish safeguards in place are in the best interest of the patient when the patient leaves the hospital before their assessment and treatment is completed or refused.

### **DEFINITIONS:**

Against Medical Advice (AMA): The self-discharge of a registered patient, (Admitted, Emergency, or Outpatient) from the hospital contrary to what the physician perceives to be in the patient's best interest.

Power of Attorney (POA) for Treatment: A person who is legally authorized to give or refuse consent for treatment on behalf of a patient who is incapable.

Substitute Decision Maker (SDM): A person authorized under the Health Care Consent Act to give or refuse consent to treatment on behalf of a patient that is incapable.

Left Without Being Seen (LWBS): A patient who has been triaged and then left the Emergency Department before further assessment.

### **POLICY:**

It is the policy of Cornwall Community Hospital to ensure the safety of all registered patients; including those patients who decide to discharge Against Medical Advice (AMA).

Leaving AMA is the voluntary self-discharge and withdrawal of consent under the Health Care Consent Act. Staff will endeavor to ensure the patient's safety by informing them of the risks of their decision.

1. The patient must be deemed capable to refuse or withdraw consent to treatment.
2. If the patient is not capable, the team will engage the Substitute Decision Maker (SDM) or Power of Attorney (POA) for treatment in the decision to leave or remain in the hospital.

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3. The team will respect the wishes of capable patients withdrawing their consent for hospital admission and leave the hospital against medical advice. All capable patients have the right to discharge self unless:
  - a. the patient is a child who is not capable of providing informed consent. As it relates to capacity and consent for treatment, there is no age definition within the Health Care Consent Act (HCAA). The law defines capacity as the ability to understand the treatment and appreciate the consequences and is not based on chronological age.
  - b. the patient is held under the Mental Health Act (MHA).
4. Detailed documentation by the team members interacting with the patient will occur when a patient leaves the facility against medical advice.

SDM removing child from hospital AMA:

5. Under the Child and Family Services Act (2017) section 125 Duty to Report, a child in need of protection is defined as a child who is or appears to be suffering from abuse and/or neglect. Anyone who has reasonable grounds to suspect that a child is or may be in need of protection must promptly report the suspicion and the information upon which it is based to the Children's Aid Society (CAS). Refer to the Child Welfare Policy and Procedure.
6. The duty to report a child in need of protection to CAS applies to any child who is or appears to be under the age of 18 years who is removed from the hospital AMA by the SDM or leave the hospital AMA by themselves. See Appendix A.
7. If there is a question about the applicability of jurisdiction of the Child Youth and Family Services Act, due to the age of the child and/or existence of developmental delays or any other factors, consultation with CAS is recommended.

**PROCEDURE:**

1. When a patient expresses their intent to leave the hospital prior to the planned discharge date, the most responsible physician (MRP) or Nurse Practitioner (NP) will be notified.
2. Every attempt will be made to determine the patient's reasons for wanting to leave and address the reason(s) if possible.
3. The patient will be informed of all reasonably known risk of their decision by the MRP or NP when possible.
4. All pertinent discharge information, including but not limited to, patient teaching, appropriate prescriptions, and the criteria for returning to the hospital if their conditions worsen will be attempted to be given to the patient.
5. The patient will be asked to sign a "AMA-Refusal of Treatment or Leaving Hospital Against Medical Advice" form. See Appendix B.
6. If the patient is not capable, the discussion of risks, the pertinent discharge information, and the signing of the "Refusal of Treatment or Leaving Hospital Against Medical Advice" form must occur with the applicable SDM or POA. If the patient is under the care of a Guardian from the Office of the Public Guardian and Trustee (PG&T), the PG&T guardian will be contacted for directions.

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7. Documentation in the patient health record will include the discussion with the patient/SDM/POA regarding risk, discussions with the MRP, information given to the patient for discharged and the signed “AMA-Refusal of Treatment or Leaving Hospital Against Medical Advice” form.
8. The patient’s physical status prior to discharge will be documented. If the patient refuses to allow this status assessment, this will be documented.
9. The MRP or NP will also document any pertinent information in the patient’s health record regarding their discussion with the patient or SDM/POA.
10. If the patient leaves the hospital without signing the “AMA-Refusal of Treatment or Leaving Hospital Against Medical Advice” form the following will be documented in the patient’s health record:
  - a. whether the patient left before or after being informed of the likely consequences of not receiving treatment
  - b. the circumstances under which the decision to leave was made
  - c. the behavior of the patient of SDM/POA
  - d. the patient’s physical status prior to leaving
  - e. that the physician was notified of the situation
11. If the SDM or POA does not attend the hospital to sign the “AMA-Refusal of Treatment or Leaving Hospital Against Medical Advice” form reason for this non-attendance will be documented in the patient’s health record. A faxed copy of the signed AMA form is acceptable in conjunction with the documentation of the reason for the fax copy versus original copy. The documentation is as important as the faxed form.
12. If CAS is contacted, all discussion, the outcome of the call(s), the case worker’s name and any CAS involvement will be fully documented in the patient’s health record.

<b>APPENDICES:</b>	A: Government of Ontario – Child, Youth and Family Services Act, 2017 Part V – Child Protection, #125 Duty to Report <a href="https://www.ontario.ca/laws/statute/17c14#BK168">https://www.ontario.ca/laws/statute/17c14#BK168</a> B: AMA – Refusal of Treatment of Leaving the Hospital Against Medical Advice Form (CCH 528)	
<b>REFERENCE DOCUMENTS:</b>	<ul style="list-style-type: none"> <li>• Child and Family Services Act. S. 125 (1). (2017)</li> <li>• Health Care Consent Act, 1996 S. O. 1996 C.2., Schedule A</li> <li>• Royal Victoria Hospital (2018), Patient Discharge Against Medical Advice</li> </ul>	
<b>REPEALED POLICIES:</b>		
<b>APPROVAL PROCESS:</b>	Physician Advisory Committee: 2023-10-16	
<b>APPROVAL SIGNATURE:</b>		Kelly Shaw Interim Vice President Patient Services and Chief Nursing Officer

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