

# camh

<b>Title:</b> Discharge of an Inpatient	<b>Policy No.:</b> PC 2.4.7
	<b>Pages:</b> 8
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<b>Owner:</b> Professional Practice Office	<b>Next Review Date:</b> June 4, 2022
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<b>Reviewed by:</b> Clinical Care Committee (CCC)	<b>Approved by:</b> Medical Advisory Committee (MAC)

## 1.0 Purpose

This policy outlines expectations for discharge processes at CAMH. It articulates CAMH's commitment to discharge processes that focus on the individual needs of clients/patients; promote continuity of care and recovery; and support collaboration with clients/patients, and families with consent, to meet their needs throughout the continuum of care. Procedures related to discharge planning, alternate level of care, and discharge against medical advice are included.

## 2.0 Persons Affected

This policy applies to all clinicians and physicians, involved with inpatient admission and discharge (hereafter referred to as "CAMH personnel").

## 3.0 Policy

3.1 Pursuant to its obligations under the *Public Hospitals Act*, CAMH's goal is to discharge a client/patient when inpatient services are no longer required and a discharge plan is in place.

3.2 In order to meet its obligation and ensure that the ongoing care needs of clients/patients are met in a safe and timely way, CAMH implements a standardized discharge planning process across all inpatient programs. The process is initiated at the time of pre-admission and/or admission and continues throughout hospitalization. Effective discharge planning promotes appropriate utilization of inpatient beds and resources and is guided by specific admission and discharge criteria and processes. Essential elements of discharge planning include:

3.2.1 early and coordinated assessment from all members of the interprofessional team;

3.2.2 active participation from clients/patients and families; and

3.2.3 effective and coordinated communication of the discharge plan to all stakeholders.

3.3 Clients/patients or substitute decision makers (SDMs) are empowered to participate in the discharge plan to the extent that they are able. Families and other significant supports for each client/patient will be considered and involved given appropriate consent by the client/patient or SDM.

3.4 There are circumstances such as homelessness and apparent lack of resources that are likely to pose challenges to discharge planning. Clients/patients who no longer require CAMH inpatient services but are still occupying an inpatient bed due to lack of appropriate services elsewhere, or while waiting for referral to other services, will be designated as Alternate Level of Care (ALC).

#### 4.0 Definitions

**Alternate Level of Care (Provincial Definition):** When a patient is occupying a bed in a hospital and does not require the intensity of resources/services provided in this care setting (Acute, Complex Continuing Care, Mental Health or Rehabilitation), the patient must be designated Alternate Level of Care (ALC) at that time by the physician or her/his delegate. The ALC wait period starts at the time of designation and ends at the time of discharge/transfer to a discharge destination (or when the patient's needs or condition changes and the designation of ALC no longer applies) (*Ministry of Health and Long Term Care, 2009*).

**STRIDES (Systematic Tracking & Review of Incidents: Disclosure for the Enhancement of Safety):** CAMH's internal reporting system. STRIDES is an administrative management tool that gathers information for quality improvement, risk management and legal purposes. It is an internal document and is not part of the client/patient's health record. Incidents entered into STRIDES are categorized according to the level of harm severity.

#### 5.0 Responsibilities

5.1 The interprofessional team is responsible for collaborating with the client/patient or SDM and family (as appropriate and with consent), to develop and implement a comprehensive discharge plan. The interprofessional team will consider the discharge plan at pre-admission/admission and throughout the client/patient's hospitalization to ensure that the client/patient's needs are met and the course of the

hospitalization is documented appropriately (e.g., goals, assessment, ALC status, etc.).

## 6.0 Procedures

### 6.1 Discharge Planning

- 6.1.1 Prior to admission or within 72 hours of admission, a designated member(s) of the interprofessional team will inform the client/patient, SDM and family with consent, if applicable, verbally that discharge planning will be an active process that includes them. The client/patient (SDM) and family will be provided with a summary of CAMH's discharge process.
- 6.1.2 Prior to admission or within 72 hours of admission (or once an initial or annual ORB disposition has been received), each client/patient will:
  - 6.1.2.1 have an opportunity to work with CAMH personnel to develop initial discharge plans including an anticipated length of stay. In lieu of a provisional discharge date, clients/patients subject to a custodial disposition of the Ontario Review Board will be engaged in risk management processes and the identification of rehabilitative goals identified and treatment planning arranged accordingly.
- 6.1.3 The interprofessional team, in collaboration with the client/patient whenever possible, will review and revise the discharge plan and projected discharge date/length of stay as needed as part of each review of the plan of care.
- 6.1.4 If needed, the Manager, APCL, Clinical Director, Medical Head, Ethicist, and/or Legal Counsel may consult in complex cases.
- 6.1.5 Once it is determined that an inpatient bed is no longer required, the expectation is that a resource to better meet the client/patient's needs will be found as quickly as possible. In many cases, planning for appropriate discharge resources will have started in advance in order to ensure that the resource can be accessed as soon as possible.
- 6.1.6 Discharge plans for forensic clients/patients will be consistent with the conditions of the client/patient's Ontario Review Board Disposition. Any accommodation for a forensic client/patient subject to a Detention Order Disposition will be approved by the Office of the Person-in-Charge prior to discharge.
- 6.1.7 Occasionally, the first available resource may be an interim placement until the most preferred home or facility has an available bed. For example, the first Long Term Care (LTC) facility available may be

accepted, but a client/patient may remain on the waitlist for their preferred home. In other circumstances, and if appropriate, a client/patient may be discharged to short term housing (e.g., crisis bed, shelter) while they wait for a spot in long term housing (e.g., group home, boarding home, LTC facility, etc.).

- 6.1.8 Upon determination that a discharge is medically appropriate, in consultation with the interprofessional team, the physician (or Nurse Practitioner in the Residential Unit of Addictions Services) will place a discharge order and discuss that order with the client/patient and/or SDM.
- 6.1.9 The interprofessional team will complete the Discharge PowerForm or the ED PowerForm prior to discharge. A print out of the Client/Patient Summary will be provided to the client/patient and/or family or community health care providers (with consent). The PODS form will be completed and given to the client/patient prior to discharge (pending for ED).
- 6.1.10 All documentation will be completed according to the Inpatient Discharge Documentation Standards.

## 6.2 Approval of Accommodation for Forensic Clients/Patients under the Jurisdiction of the Ontario Review Board (ORB)

### 6.2.1 Inpatient

- 6.2.1.1 Forensic clients/patients subject to an ORB Detention Order Disposition that includes the ability to living in the community living in approved accommodation must have any proposed community accommodation approved by the Office of the Person in Charge (OPIC) prior to discharge.
- 6.2.1.2 CAMH personnel assessing the potential accommodation will provide a written proposal to the Office of the Person in Charge (OPIC).
- 6.2.1.3 OPIC will consider the proposal and, if appropriate, approve the housing.
- 6.2.1.4 OPIC will forward written notification to the ORB and the Ontario Provincial Police prior to a client/patient moving into approved accommodation.

## 6.3 Alternate Level of Care (ALC)

- 6.3.1 When the physician and clinical team make the decision that a client/patient meets the criteria for ALC designation, the member of

- the clinical team assigned to coordinate the discharge will place an order for ALC and communicate the ALC status to the client/patient.
- 6.3.2 The primary referral and status of the ALC referral must be indicated on all forms, along with any applicable secondary referrals. The primary referral is the service that the client/patient needs in order to be discharged.
  - 6.3.3 The ALC designation or continued ALC status for an inpatient will be considered at each clinical team review.
  - 6.3.4 If the client/patient is reverted to non-ALC status (i.e. the client/patient no longer meets the criteria for ALC), a reason for this decision will be documented.
  - 6.3.5 Any changes in ALC status (e.g. from referral made to referral accepted, or from ALC status to Non-ALC status) will be documented by completing the order in the health record as soon as the decision is made.
  - 6.3.6 Regular ALC reports, which track information on the number of inpatients designated as ALC and the types of care for which they are waiting, are available to Unit Managers and Directors.
- 6.4 Client/Patient, SDM or Family Disagreement with the Discharge Plan
- 6.4.1 If the client/patient/SDM contests the discharge and/or is not in agreement with the team with respect to their discharge date, plan of care, or discharge destination, appropriate members of the interprofessional team, with consultation from the Unit Manager, will meet with the client/patient, the SDM (if applicable) and the family (with consent) to discuss concerns and options and review CAMH's discharge policy and expectations. The client/patient may be encouraged to have an advocate or support person of their choosing available as part of the discussion.
  - 6.4.2 If needed, the following parties may consult and/or intervene in cases where the client/patient/SDM is in discordance with the discharge plan:
    - 6.4.2.1 Clinical Director and/or Medical Head;
    - 6.4.2.2 Legal Counsel; and/or
    - 6.4.2.3 Ethicist.
- 6.5 Discharge Against Medical Advice
- 6.5.1 When a voluntary or informal client/patient expresses the intent to leave against medical advice, staff will:

- 6.5.1.1 notify the client/patient's SDM of the situation (if applicable);
- 6.5.1.2 ensure that the client/patient's physician (or on-call physician after hours) is immediately informed;
- 6.5.1.3 attempt to inform the client/patient/SDM of the risks of leaving against medical advice; and
- 6.5.1.4 request that the client/patient/SDM wait until the physician has had the opportunity to discuss the situation with them.
- 6.5.2 If the client/patient/SDM chooses either not to wait and/or refuses to discuss their decision with the physician/interprofessional team and decides to leave, the client/patient/SDM will be asked to complete the Discharge Against Medical Advice form.
- 6.5.3 If the client/patient and/or SDM refuses to complete and sign the Discharge Against Medical Advice form, CAMH personnel will document the refusal in the client/patient's health record and notify the physician (on-call physician after hours).
- 6.5.4 CAMH personnel will attempt to send all client/patient belongings, documentation, prescriptions, and discharge information with the client/patient and/or SDM.
- 6.5.5 CAMH personnel may reasonably detain the client/patient for a brief period so that they can be assessed by a physician to determine whether or not they meet the criteria for involuntary status. This may only be done if the health care practitioner believes that allowing the client/patient to leave will result in imminent serious bodily harm to self or others.
- 6.5.6 The time of the discharge and the destination (if known) will be documented on the health record.
- 6.5.7 A STRIDES report will be completed by CAMH personnel using the General Event Type, Care and Service Coordination

## 7.0 References

Ministry of Health and Long Term Care. (2009). *Backgrounder: Alternate Level of Care (ALC)*. Available at:

[http://www.health.gov.on.ca/english/media/news\\_releases/archives/nr\\_09/may/bg\\_20090519\\_3.pdf](http://www.health.gov.on.ca/english/media/news_releases/archives/nr_09/may/bg_20090519_3.pdf)

Public Hospitals Act, 1990, R.S.O. 1990, CHAPTER P.40. Available at:

[http://www.e-laws.gov.on.ca/html/statutes/english/elaws\\_statutes\\_90p40\\_e.htm](http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90p40_e.htm)

<b>Title:</b> Discharge of an Inpatient	<b>Policy No.:</b> PC 2.4.7
	<b>Page No.:</b> 7 of 8

## 8.0 Links/Related Documents

### 8.1 Related Policies and Procedures

[AHR 4.2.20 Legal Health Record](#)

[AL 1.1 Officer in Charge](#)

[F 4.7 Discharge Medication](#)

[F 4.46 Medication Reconciliation for Inpatients](#)

[PC 1.19.2 Storage of Client/Patient Belongings](#)

### 8.2 Related Forms

[Discharge Against Medical Advice](#)

[Inpatient Discharge Checklist](#)

### 8.3 Other Resources

Client/Patient Summary (in I-CARE)

[Client/Patient Policy Summary: Discharge Planning at CAMH](#)

Discharge Readiness MPage (in I-CARE)

## 9.0 Review/Revision History

Date	Revision No.	Revision Type (minor edit, moderate revision, complete revision)	Reference Section(s)
November 2012	1.0	New policy	<ul style="list-style-type: none"> <li>N/A.</li> </ul>
December 2013	2.0	Minor	<ul style="list-style-type: none"> <li>Addition of procedure for approved accommodation.</li> </ul>
May 2014	3.0	Minor	<ul style="list-style-type: none"> <li>Updates to documentation tools and processes to align with launch of I-CARE.</li> </ul>
November 2015	4.0	Minor	<ul style="list-style-type: none"> <li>Update to Section 6.1.7</li> <li>Clarification in Section 6.4 Client/Patient or SDM Disagreement with the Discharge Plan.</li> </ul>
June 2019	5.0	Minor	<ul style="list-style-type: none"> <li>Addition of language that highlights the importance of appropriate bed utilization, coordinated assessment from the interprofessional team, and participation of clients and families (Section 3.0).</li> </ul>

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**Title:** Discharge of an Inpatient

**Policy No.:** PC 2.4.7

**Page No.:** 8 of 8

Date	Revision No.	Revision Type (minor edit, moderate revision, complete revision)	Reference Section(s)
			<ul style="list-style-type: none"><li>• Updates to documentation forms and reference to documentation standards (Section 6.0).</li><li>• Use of SCORE general event type: Care and Service Coordination in cases of discharge AMA (Section 6.5.7).</li></ul>
September 2020	5.1	Minor	<ul style="list-style-type: none"><li>• Changed SCORE references to STRIDES to reflect new name of incident reporting system.</li></ul>