An Approach for Working with At-Risk Patients Expressing Desire for Discharge

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Circle of Care

Conflict of Interest

- No conflicts of interest to declare

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Objectives

- To describe legal and ethical challenges with cognitively-impaired patients expressing a desire to leave hospital
- To provide a decision support tool that can facilitate decision making in accordance with legal and ethical principles
- Assess acceptability and feasibility of the tool and educational intervention for ABI clinicians

Introduction

- **Clinical case:**
  - 73-year-old male with Major Neurocognitive Disorder (multifactorial: TBI, alcohol abuse, query NPH/Alzheimer's) presenting with cognitive deficits (MMSE 18/30) and behavioral symptoms (disinhibition, irritability), admitted to acute care **Sept 2018** after a fall, referred for psychiatric evaluation while on the ALC Transitional Care Unit **one year later**.
  - Capacity & Governance: Deemed capable for Long-Term Care (LTC) and property decisions, but incapable regarding psychiatric treatment (PGT as SDM); notably does not meet criteria for involuntary detention under the Mental Health Act. He does not want to go to LTC. He wants to go home.
  - Disposition Conflict: Patient remains steadfast in his wish to return home despite significant functional deficits and sister's report of previous "crisis-prone" community living; team concerned he will develop bed sores at home and/or abuse alcohol and/or be taken advantage of financially.

The Challenge of At Risk Discharge

- Premature or self-directed discharge is most commonly discussed in the literature as discharge against medical advice (AMA)
- This talk focuses on a distinct and underexamined scenario: at-risk discharge, where patients are medically stable but community supports are not yet in place and they are not formally leaving AMA
- Unexpected and unsafe discharge requests may cause members of the clinical team to experience moral distress
- Our interprofessional team developed a structured legal-ethical decision support tool at Hennick Bridgepoint Hospital, Sinai Health, Toronto (Pelc et al., 2024)

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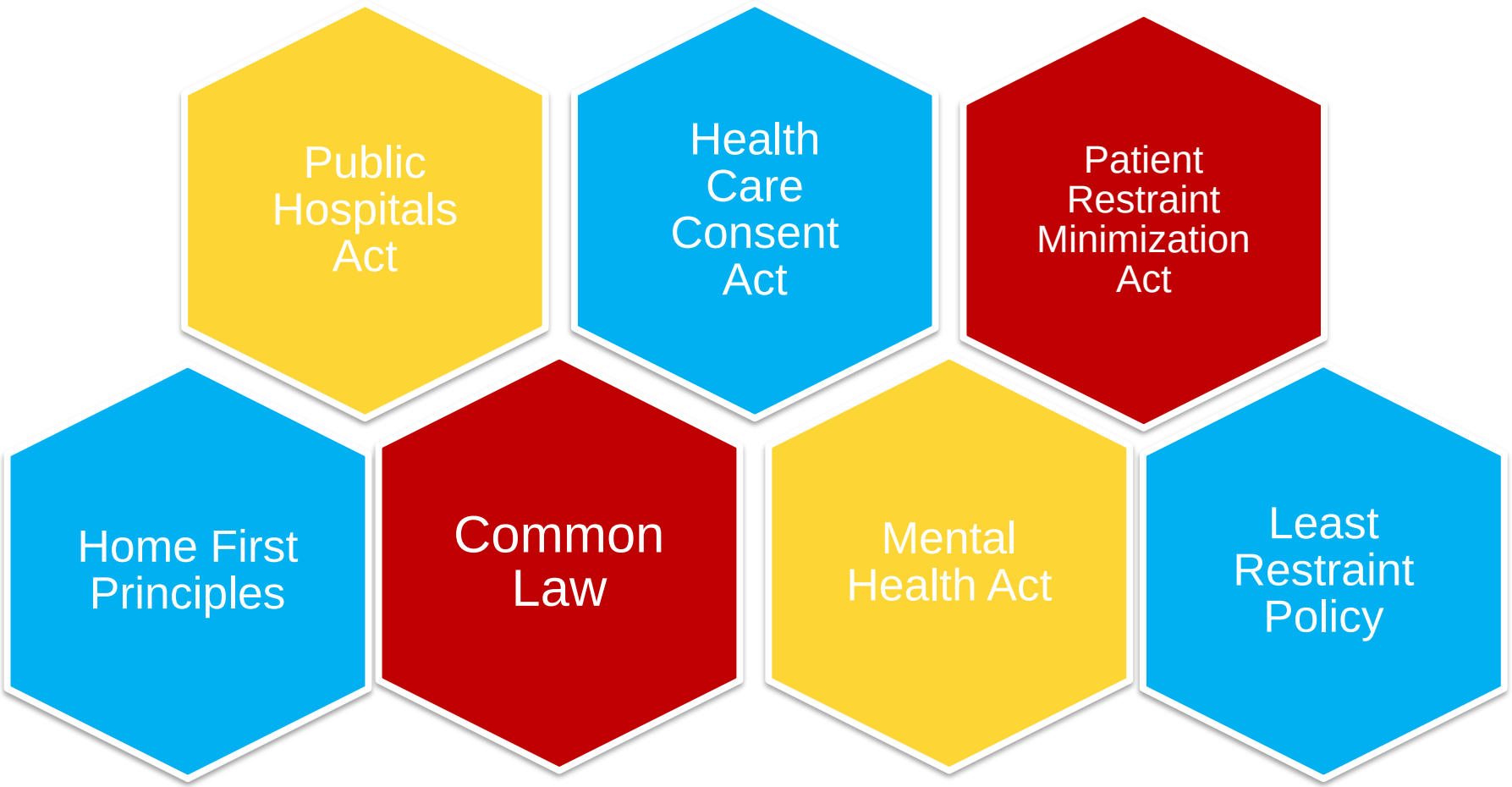
Law and Policy Challenges



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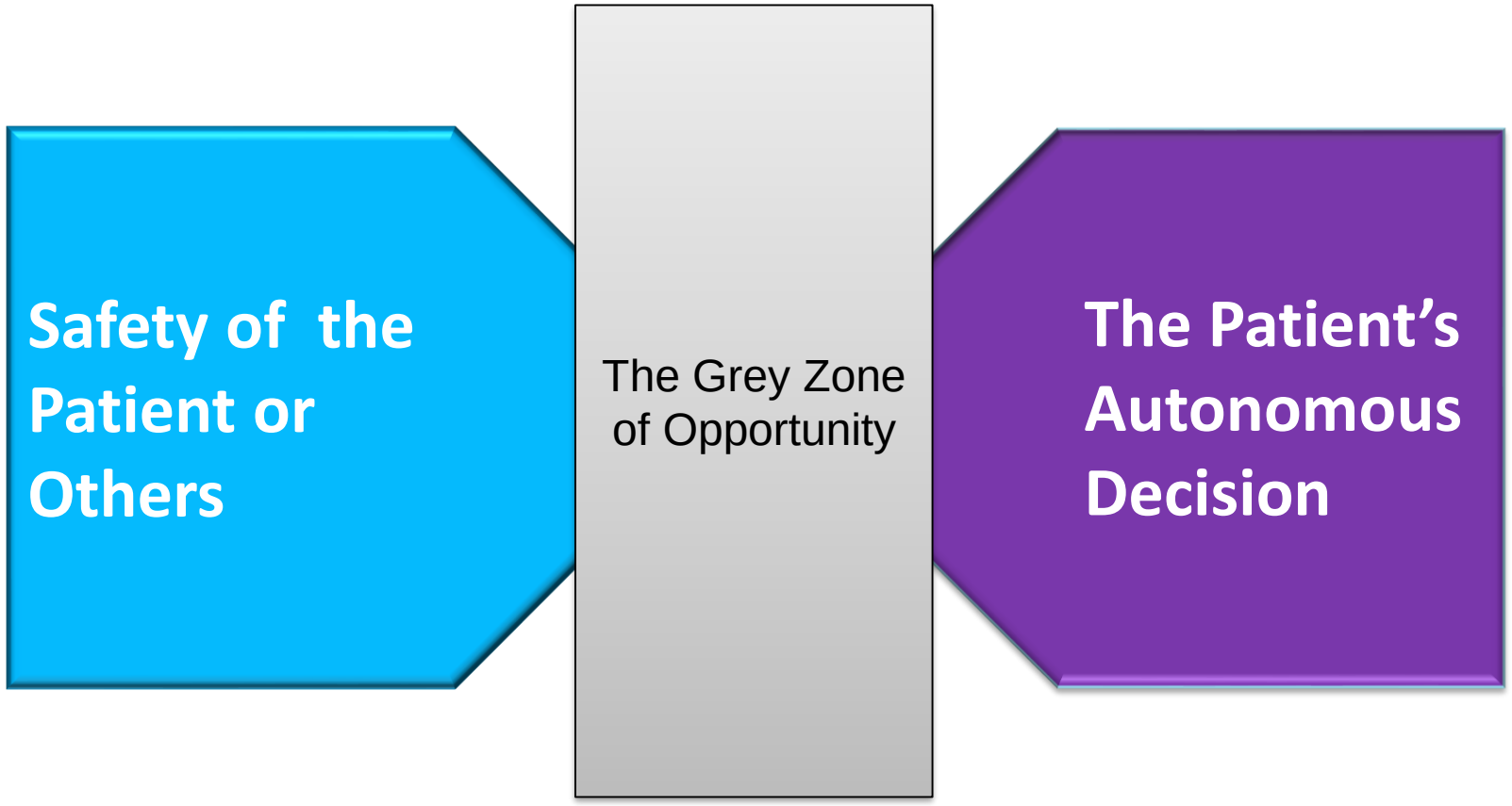
Ethical Challenges



Liability, Lawsuits, Patient/Family Complaints, College Complaints, etc.

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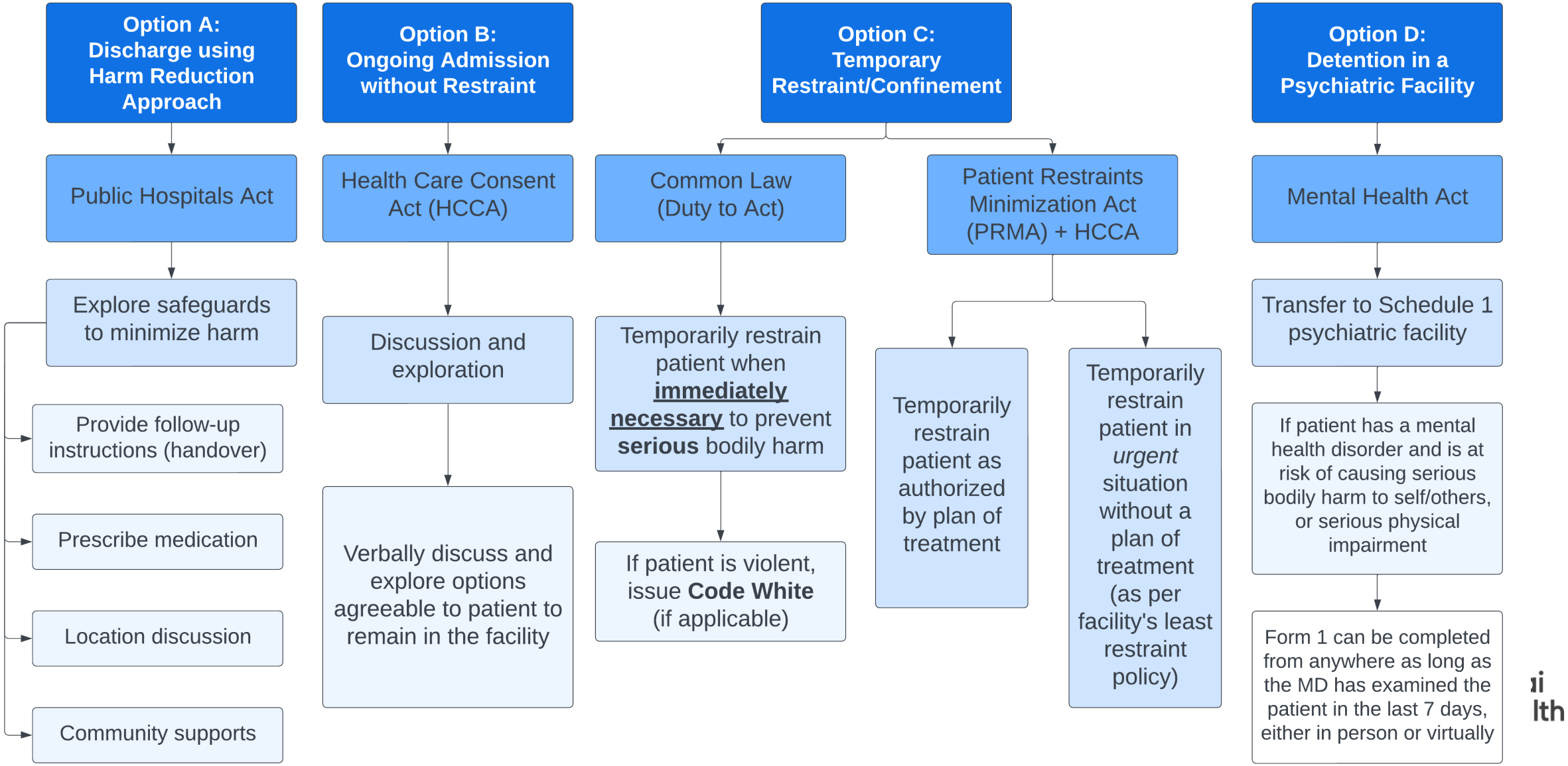
Decision Support Tool



What We Did

- We carried out a quality improvement initiative on an acquired brain injury (ABI) unit within a rehabilitation centre in Toronto, Canada
- **Phase 1: Education (Feb 2025):** 30-min in-service on the tool, led by Bioethics and interprofessional team. Objectives: legal/ethical framing, tool walkthrough, clinical case scenario
- **Phase 2: Integration (Mar–May 2025):** Tool embedded in weekly interdisciplinary rounds (~6 rounds); copy posted in rounds room; appropriateness tracked per patient via EMR template
- **Data Collection (May–Jun 2025):** Pre/post surveys via SurveyMonkey + 4 in-person focus groups; qualitative content analysis with independent inductive coding; discrepancies resolved by consensus

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Thematic Findings

- **Theme 1: Navigating Moral Distress When No Perfect Solution Exists:**
- Clinicians described tension between supporting patient autonomy and concerns about safety and personal liability. Limited community resources and confusion between *treatment capacity* vs. *discharge capacity* amplified distress.
  - *"At-risk discharges are a reflection of people's freedom to make choices… as well as gaps in community supports that cannot possibly be bridged by the hospital system." (*Pre-survey respondent R9)

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Thematic Findings

- **Theme 2: Acceptability and Feasibility of the Decision Support Tool**
- The tool was viewed as usable, compatible with existing workflows, and aligned with Ontario's legal framework. It added only 1 to 2 minutes per patient and provided a legally-anchored framework that increased decision-making confidence.
  - *"It provides what approach we should take rather than having to sit there and have every profession explain… It's pretty self-explanatory." (*Focus Group 1 participant)

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Thematic Findings

- **Theme 3: Enhancing Clinician Support and Awareness**
- The tool prompted earlier, more proactive interprofessional discussions. Clinicians reported greater shared awareness, reinforced patient autonomy, and reassurance that discharge processes were being followed appropriately.
  - *"It triggered a lot of earlier conversations… now the whole team seems more aware." (*Focus Group 4 participant)

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Conclusion and Recommendations

- A structured legal-ethical decision support tool is **acceptable and feasible** for ABI rehabilitation clinicians. Rather than focusing on formal AMA, this novel tool addresses *at-risk discharge* (patients who seek to leave despite unmet care needs).
- **Next steps:**
  - Broaden pilot to additional clinical units
  - Add quantitative outcome measures (moral distress scales, confidence instruments)
  - Capture patient and care-partner outcomes

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