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Background

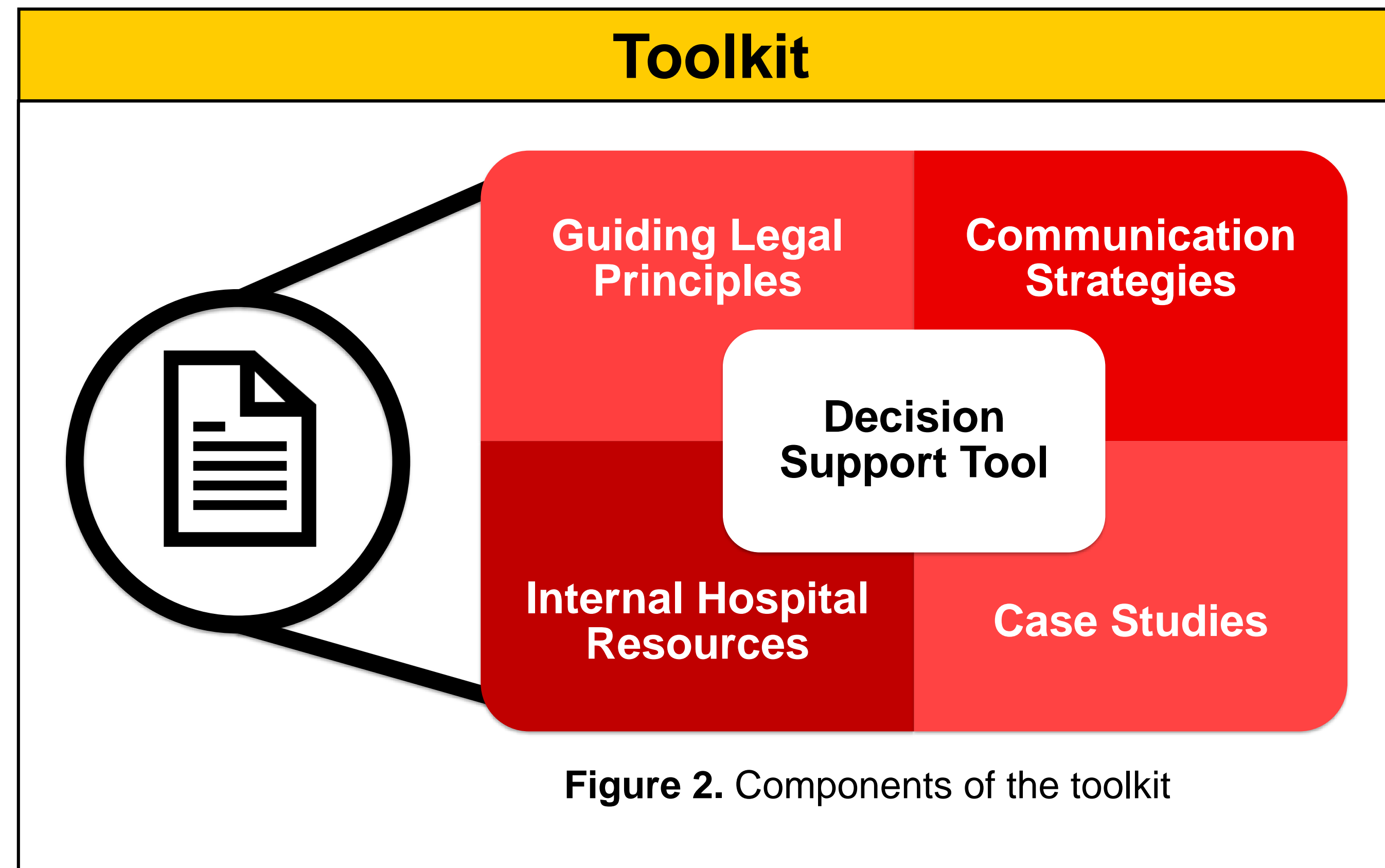
- Acquired brain injuries (ABI) can be associated with cognitive, behavioural, physical and psychosocial difficulties that may benefit from inpatient rehabilitation after medical-surgical stabilization in acute care hospital.
- Situations where patients with medical or psychosocial vulnerabilities, i.e. "at-risk patients", wish to be discharged from inpatient rehabilitation can involve difficult ethical and legal issues, with competing values.
- In Ontario, the admission and treatment of patients is strictly governed by law. The legal authority to prevent a patient from leaving hospital is context-specific and limited to certain situations.
- There is a lack of guidance for clinicians in Ontario when at-risk patients seek premature discharge before their inpatient treatment is complete and necessary community supports are in place, particularly in post-acute hospital settings.

Objective

- To develop a toolkit to facilitate in-the-moment decision making when an at-risk patient is demonstrating desire to be discharged

Methods

- Design:** Quality Improvement project to design and implement a decision support toolkit for use in a post-acute care setting
- Setting:** Hennick Bridgepoint Hospital, a complex care and rehabilitation facility in Toronto, Ontario
- Procedure:** Core change team consisting of a hospitalist, psychiatrist, lawyer, bioethicist, and bioethics research student met biweekly from August 2021 to July 2022
- Development of Toolkit :** see Figure 1
- Piloting Toolkit:**
 - Presented to frontline healthcare workers, clinical leadership, and hospital operational leadership
 - Demonstrated application of toolkit using illustrative cases
 - Made available for testing and feedback



Results

- Legal restrictions on keeping patients in a post-acute hospital requires a nuanced approach that considers the patient's specific circumstances.
- Exploring patient values upon admission and incorporating them into the patient's plan of care improves the quality of patient care and may help alleviate a desire for discharge.
- This toolkit enables clinicians to gain an understanding of the legal and ethical aspects of patient detention and restraint and apply a thoughtful, fair, and respectful process when confronted with an at-risk patient expressing desire for discharge.

Next Steps

Future work will involve:

- Soliciting feedback from our Patient and Family Advisory Groups and Equity, Diversity, and Inclusion experts;
- Measuring outcomes of implementation, for example tracking the numbers of patients leaving "against medical advice" or before program completion, and interviewing patients and caregivers post-discharge to compare outcomes of each of the four pathways outlined in the decision support tool;
- Identifying risk factors for early discharge with the hope that individually-tailored, collaborative, and dynamic care plans will help better retain individuals with ABI in inpatient rehabilitation where there may be reasonable expectations of benefits.

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