

Older people, hospital discharge and duty of care

06| Flow-chart: Considerations before restricting a patient's choice

Information for health professionals

Step	Key question	What staff should do
1	What decision needs to be made?	Identify the specific decision, such as discharge, accommodation, treatment, services or leaving hospital.
2	If patient seems confused or unwell or overwhelmed, can the decision wait?	Reassess at a better time if possible. Treat temporary confusion, pain, medication effects, fatigue or communication barriers where relevant. Remember the acronym: PINCHME (is pain, infection, nutritional deficits, constipation, decreased hydration, medication or environment making them appear confused?) Also consider whether social 'differential diagnoses' e.g. grief, trauma may be impacting their ability to make the decision.
3	Has the patient been properly supported to make the decision?	Give clear information, explain risks and options, use communication supports, allow time, and involve trusted people if the patient wants that support.
4	Is the decision informed and voluntary?	Check that the patient understands the main risks, benefits and alternatives and are not being pressured by anyone to make a particular decision. If they do decide freely and voluntarily, respect the decision, even if staff disagree with it.
5	If the patient cannot make the decision at all, despite staff following the process above, capacity may be an issue.	Start by presuming capacity. Assess capacity for this decision at this time. Do not rely on age, diagnosis, appearance or an unwise choice.
6	Formal capacity assessment should be undertaken in relation to the decision.	Refer to the Capacity Assessment Guidelines for how to do this. The Guidelines have a framework around capacity assessments as well as questions you may ask in relation to health, personal and/or financial to assist with this.
7	If the patient lacks capacity, who has legal authority to decide?	Involve the correct substitute decision-maker, such as an attorney, statutory health attorney or the Public Guardian under a QCAT Order, depending on the circumstances and legal options available.



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8	Is the proposed option the least restrictive option?	Choose the option that best reflects the person's wishes, values and preferences while limiting their rights and freedoms as little as possible.
9	Is anyone proposing to stop the patient leaving? Consider impact on human rights and assess accordingly.	• Before restricting movement, staff should identify which human rights are affected, such as liberty, freedom of movement, privacy, equality, dignity and access to health services. • Staff should ask whether the restriction is lawful, necessary, proportionate and the least restrictive option available under the <i>Human Rights Act 2019</i> (Qld)? • Consider practical alternatives, such as extra supports, risk controls, family or carer involvement, community services, closer follow-up or a time-limited plan. • Staff should record the legal basis, human rights considered, alternatives explored, reasons for the decision, and how the restriction will be reviewed.
10	What needs to be recorded?	Document the process: the decision needed, how you supported the patient to make the decision e.g. information provided, risks discussed, supports offered, the patient's decision, capacity assessment and how this was completed, substitute decision-maker involvement, and discharge plan.

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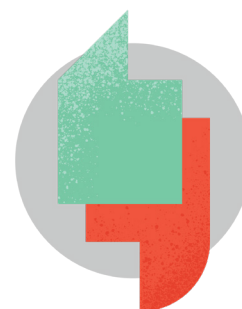
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