CHART Institute, LLC is an approved provider of continuing nursing education by the Pennsylvania State Nurses Association, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.

The Planning Committee members and faculty have declared no conflicts of interest.

We have received no commercial support for this program.
Contact Hours:

• Successful completion of this program requires your attendance of the entire session and submission of an evaluation form.
• Instructions to receive the activity survey will be provided at the end of this session
• Please stay tuned………
Objectives:

• List the consequences that arise when a patient leaves the hospital against medical advice
• Describe the importance and correct steps involving a properly executed AMA discharge for adult or pediatric patients.
## The Facts About AMA

- Account for 1-2% of discharges (acute care in US)

### Shared Traits
- Young adult
- Male
- Low socioeconomic status
- No health insurance
- No primary care physician
- Substance abuse

### Common Presentations
- Psychiatric conditions
- Nausea and vomiting
- Abdominal pain
- Nonspecific chest pain
- Alcohol-related disorders
- Headache

### Reasons for Leaving AMA
- Personal obligations
- Financial concerns
- Dissatisfaction with care
- Subjective improvement in treatment
The Risks and Consequences of Leaving AMA

Risk to patient and hospital:

• Risk of death within 90 days is 2.5 times higher in the AMA population than it is for all patients
• Readmission rates are 20-40% higher
• Patient event, injury or death could lead to high cost litigation – even if the AMA is signed....

Example Cases: A signed AMA form is NOT an absolute defense in medical liability!

• Battenfeld v. Gregory

Patient experienced a miscarriage after being admitted to the maternity ward with abdominal pain. Knowing she still had a fever and elevated white blood count, her physician allowed her to leave to be with family as long as she signed an AMA form. She was readmitted a few days later for a laparotomy and appendectomy. She sued successfully, saying that she would have stayed in the hospital if she had understood the serious nature of her condition.
Example Cases: A signed AMA form is NOT an absolute defense in medical liability!

• Rivera v. Queen of the Valley Hospital

A patient presented to the ED with pain between the shoulder blades. The patient remained in the waiting area and was checked by the triage nurse. When the patient became frustrated by the wait and wanted to go home, the nurse had him sign an AMA form. He died later that evening at home of a heart attack. The court found that the nurse was negligent in not fully informing the patient of the consequences of the decision to leave without a full evaluation.
According to ECRI Institute Risk Analysis:

- Develop and promote strategies to reduce the likelihood that a patient will leave against medical advice
- When patient wishes to be discharged early, organization’s goal must be to provide the best care possible under circumstances
- Clear and concise communication the primary factor in preventing patients from leaving the hospital early
- Shared decision making between the provider and the patient is the hallmark of patient-centered care.
- A patient with decision-making capacity has an undeniable right to make what health care providers would consider to be a poor health care decision. Ultimately, the patient’s decision must be respected.
How to Handle: Communication and Documentation

• Negotiate with the patient
• Determine the patient’s mental and decision making capacity
• Inform the patient of risks
• Make follow-up arrangements
• DOCUMENT!
• Complete an AMA form (Last Resort)
Negotiate with the Patient:

• Determine why he or she insists on leaving – Can you address or solve any of the concerns?
• Identify family or friends – They could be able to assist you in persuading the patient to stay
• Bargain for time by offering a meal
Determine the Patient’s Mental and Decision Making Capacity:

- Alcohol? Drugs? Mental pathology, sedation, cognitive deficit?
- DOCUMENT patient’s capacity and details of conversation
- If the ED physician identifies psych comorbidities that may be impacting the patient’s decision making process, obtain a psychiatric consult
- Advocate and assess decision making capacity (DMC)

Physically impeding a patient who possesses DMC can be legally construed as battery.
More about DMC

- Providers have an ethical and legal obligation to prove the patient does not have DMC.
- Intervention specific / may fluctuate
  - Dementia patient
  - Intermittently confused patient
- The key concern is HOW the decision was made.
  - Determined through an exploration of pt thought process through dialogue with the pt
  - Decision doesn’t need to be a good one; only needs to be reasoned out in some logical way
Applebaum and Grisso: 4 Guidelines to measure patient’s DMC

1. Basic comprehension and knowledge of the facts

Ask the question:

Can the patient communicate a choice?

• The patient must be able to communicate a choice in order to assess for DMC
2. Appreciation of the nature and significance of the decision he or she is making

Ask the question:

Does the patient consistently make the same choice?

• Consistency of choice must be stable long enough to be implemented. A patient who suddenly changes his or her mind in the “right” direction should be questioned just as carefully as the one who suddenly reverses from the plan.

• The consistency should be reflective of the patient’s stated beliefs and values. This information is obtained through conversations that have already occurred while the patient has been receiving care.
Applebaum and Grisso: 4 Guidelines to measure patient’s DMC

3. Reasoning that shows the manipulation of the information about the decision is being conducted in a rational fashion

Ask the question:
Does the patient provide recognizable reason(s) for that choice in relation to his or her medical condition?

• This questions relates to “how” the decision was made and is manifested in the patient/nurse dialogue.

• Lack of insight, denial of medical condition, and/or refusal to provide reasons should raise suspicion for diminished capacity.
Applebaum and Grisso: 4 Guidelines to measure patient’s DMC

4. The ability to express a choice

Ask the question:

Can the patient communicate in his or her own words the risks, benefits, and alternatives to the medical treatment plan, including not treatment?

• Using one’s own words shows insight of the disease in relation to oneself.

• Communicating alternatives to the medical treatment plan, including no treatment, ensures that the patient can choose no treatment.
How to Handle: Communication and Documentation

- Negotiate with the patient
- Determine the patient’s mental and decision making capacity
  - Inform the patient of risks
  - Make follow-up arrangements
  - DOCUMENT!
  - Complete an AMA form (Last Resort)
Inform Patient of Risks

• Ethical obligation
• Ensure a thorough discussion with the patient to make aware of the risks and consequences associated with leaving
• Communicate the seriousness of the findings, urgency of follow up treatment, and the need to be diligent in taking medications
• Provide all information relevant to the decision in an understandable manner: medical condition, therapeutic options, and the risks and benefits of accepting or refusing treatment
• Have patient confirm understanding and demonstrate a reasoned basis for deciding to leave AMA.
Make Follow-up Arrangements:

- Discuss possible treatment scenarios
- Arrange for phone, home or outpatient follow-up
- Provide needed prescriptions
- Give discharge instructions for the conditions identified/treated
- Provide follow-up instructions to return to the ED if they change their mind regarding treatment or if symptoms get worse
- Provide the best alternatives for patients who decline some or all of the proposed plan
- Document these efforts!
Document: All Efforts

• Patient chart
• Shows that the patient was provided with in-depth information
• Outlines the nature and extent of a patient’s compliance
• Clearly states that access to care was not denied by the organization
• Ensures that patients who choose to leave against medical advice are fully informed of the risks before they leave
As a Last Resort: AMA Form

• Do not throw in the towel and hand them an AMA form before exhausting all of your other efforts first.
• Do not let a failure to communicate or failure of the system win.
• In many cases, an AMA form is totally worthless, and a poorly written one is likely worse than none at all.

• https://chartrrg.box.com/s/tclqzo8vjxhmquonqvbxfxy61yaj9f

As the plaintiff lawyer always says in the courtroom, “Doctor, isn't it true that you allowed this patient to sign his life away?”
Considerations for the Pediatric Patient

• When a child’s life is in danger and parental consent is withheld, a hospital should seek a court appointed guardian for the child.

• Contact risk management and/or hospital legal counsel immediately if imminent danger exists.

• In an emergency, time may not permit seeking judicial permission.
Educating Staff:

• Simulate AMA situations
• StoryCare® - Discharge Information
  • #196 – Close the Loop
  • #150 – See You Soon
  • #122 – The Rule of Six
• ELM
  • Course: Informed Consent: Capacity and Refusal
  • Course: Managing Difficult Patients: Duty and Documentation
  • Course: Patient Non-Adherence: Risk Management
• Patient – Centered care communication skill practice
Resources:

- https://chartrrg.box.com/s/tclqzo8vjxhmquonqvfufxy61yaj9f
Questions?????