WHAT DO TO WHEN YOUR PATIENT WANTS TO LEAVE AMA

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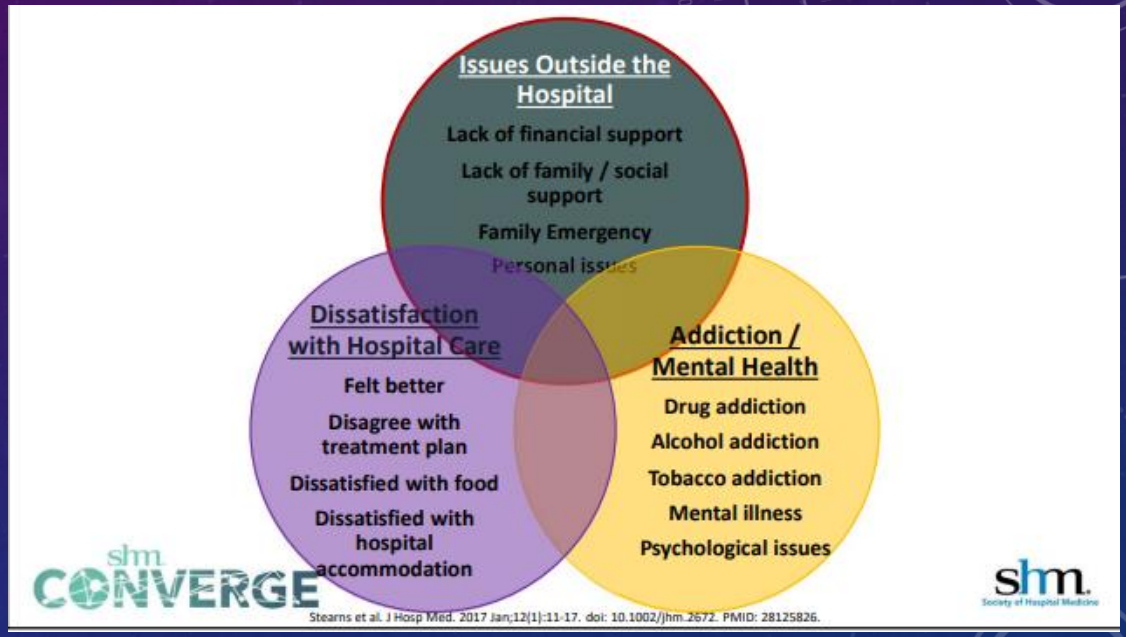
Patient Reasons

- Refusal to wait for administrative delays
- Domestic concerns / Social concerns
- Conflict with care providers
- Disagreement with providers judgement of health status
- Mis-trust of health system
- Substance dependance with inadequate Rx for withdrawal
- Patient's perception of respect, stereotyping / Stigma
- Ambience / Diet



Stearns et al. J Hosp Med. 2017 Jan;12(1):11-17. doi: 10.1002/jhm.2672. PMID: 28125826.

Provider reasons

- Conflict with patient
- Fulfil legal responsibilities
- Ethical responsibilities
- Demonstrate the concern
- Formally distancing from nonstandard plan
- Deflecting blame for worse outcomes
- Right thing to do as patient chose to prematurely discontinue Rx
- Medicare HRRP exclude index admission if AMA discharge

BEDSIDE DISCUSSION

- Go to bedside !
- Find out what the patients concerns are
- AMA discharges where the physician is involved are safer discharges
- Notify your attending

DETERMINE CAPACITY AND EXPLORE RISK

- Ability to utilize information about an illness and proposed treatment options to make a choice that is congruent with one's own values and preferences
- In the context of a specific choice
- Capacity is related to cognition but separate, in pt with AD MMSE scores <16 highly correlated inability to understand, >24 usually have retained decision making abilities

The decision-making abilities, their definitions, and questions to assess them

Decision-making ability	Definition	Sample questions
Understanding	The ability to state the meaning of the relevant information (eg, diagnosis, risks and benefits of a treatment or procedure, indications, and options of care).	After disclosing a piece of information, pause and ask the patient: "Can you tell me in your own words what I just said about [fill in the topic disclosed]?"
Expressing a choice	The ability to state a decision.	"Based on what we've just discussed about [insert the topic], what would you choose?"
Appreciation	The ability to explain how information applies to oneself.	To assess appreciation of diagnosis: "Can you tell me in your own words what you see as your medical problem?" To assess appreciation of benefit: "Regardless of what your choice is, do you think that it is possible the medication can benefit you?" To assess appreciation of risk: "Regardless of what your choice is, do you think it is possible the medication can harm you?"
Reasoning	The ability to compare information and infer consequences of choices.	To assess comparative reasoning: "How is X better than Y?" To assess consequential reasoning: "How could X affect your daily activities?"

Instructions: The usual flow of a capacity assessment begins with the clinician disclosing the relevant facts for a decision and an assessment of the patient's understanding of those facts. Next, the clinician asks for the person's choice, followed by an assessment of their appreciation and reasoning about the choice, and concluding with a reassessment of choice. During the reassessment of choice, pay attention to the logical consistency of the choice based on the reasoning provided.

From UTD	Adequate	Inadequate
Understanding	Patient recalls the content of the item and offers a fairly clear version of it. Specific use of all the terms supplied in the description is not required as long as there is no loss of meaning.	Clearly inaccurate response with serious distortion-does not recall the content of the item; describes it in a way that is clearly inaccurate; describes it in a way that seriously alters its meaning even after efforts to obtain clarification; or offers a response that is unrelated to the question or unintelligible. Responses citing the material verbatim with no other accompanying description do not constitute adequate understanding.
Expressing a choice	Patient states a clear, single choice.	Patient is unable to state a choice at all.
Appreciation of the problem	Patient acknowledges that he or she manifests a problem based on sound reasoning. Alternatively, the patient may disagree with the claim, but must offer reasons that are not delusional and have some reasonable or verifiable explanation.	Patient clearly does not believe that he or she has a problem with the disclosed activity. Reasoning is seriously flawed and is not based on reality or known facts.
Appreciation of the options	Patient acknowledges at least some potential benefit (or adverse effect) that is not based on delusional or distorted thinking. Alternatively, the patient sees no benefit/adverse effect and offers reasons that are not delusional/distorted to support the claim. The patient may be ambivalent, but must give a clear and logical reason for being ambivalent.	Patient offers reasons that are delusional or a serious distortion of reality, or cannot answer the question.
Reasoning	Comparative: Patient provides a clear and valid statement that compares the consequences of one option with another. Consequential: Patient provides a clear and valid statement of how continuing with the current situation could or could not affect the patient's life. Logical consistency: The patient's final choice follows logically and consistently based on reasoning provided.	Comparative: Patient provides no comparative statements or an illogical comparison. Consequential: Patient provides no everyday consequences or an otherwise illogical answer. Logical consistency: The patient's final choice does not follow logically from the reasoning provided.

WHEN A PATIENT REFUSES CAPACITY ASSESSMENT

- May indicate a lack of trust in the clinician or the medical system
- Individuals may feel that they are not being treated with respect when their decision-making abilities are being questioned.
- Provider should focus on building trust and respect
- It can be useful to explain that one of the main goals of a capacity assessment is to better understand the patient's own values and preferences.
- If refusal persistent, clinician should explain that a judgment will still need to be made based on the available information so that care can proceed, and that an assessment is an essential source of information.
- It may help to involve collateral informants such as family members and caretakers to obtain more information.
- Depending upon the urgency and risks associated with the decision, it may be possible to defer the assessment and revisit on another occasion.

NOT SURE ABOUT CAPACITY

- Do not allow patient to leave AMA
- Don’t ‘help’ them to leave (transportation, etc)…family and friends probably won’t ‘help’ them either if they don’t think the patient is ready and safe to leave
- Get help with determination—consult psychiatry

EXPLORE ALTERNATIVES

- Can patient needs be met outpatient?
- Can patient needs be met at another facility?
- Can needs be met by scheduled readmission?
- If the answer is yes, and you can set these things up, if the patient leaves, it isn't AMA
- ***do not use 'insurance may not pay*** as a reason for staying

COORDINATE ONGOING CARE

- Devise a plan with the patient=SHARED DECISION MAKING
- Set up outpatient follow up
- Get information to pcp office asap
- Schedule readmission
- Assist in patient transfer if desired

COMPLETE THE DEPART & DISCHARGE SUMMARY

- Hospital stay was real, this does not change if they leave AMA
- Patients still need instruction as to what medications to take, who to follow up with etc.
- PCP, other physicians and members of the health care team will still benefit from the information in the discharge summary

WHAT IF MY PATIENT ELOPES ?(LEAVES WITHOUT NOTICE)

~~Risk~~

~~Capacity~~

~~Explore alternatives~~

Coordinate ongoing care→get info to PCP ASAP, try to contact patient to devise follow up plan, record in medical record

Complete depart

Complete discharge summary

ORDER---UNSANCTIONED PATIENT DEPARTURE *

replaced the AMA/Elopement options in the conditional discharge section

AMA MYTHS

1. Insurance does not pay for AMA
2. Patients lose their right to follow up with AMA discharge
3. Medications must not be prescribed
4. Having the patient sign the AMA form will protect you legally

SUMMARY

- Risk
- Capacity (patient understanding, reasoning, insight)
- Assess for reasons/influences and try to mitigate
- Explore IP/OP alternatives & formulate a plan with patient
- Coordinate ongoing care
- Complete depart
- Complete discharge summary
- DOCUMENTATION OF WHAT YOU DID AND DISCUSSED FOR ALL OF THE ABOVE IS CRITICAL
- Notify your attending