

The Five Myths of the Against Medical Advice Hospital Discharge

March 7, 2023

Family Medicine Education
Consortium, Inc.

2022 Annual Meeting Virtual
Seminar Sampler

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FMEC 2022 Annual Meeting Virtual Seminar Sampler



2022 Annual Meeting Virtual Seminar Sampler
Bi-weekly starting January 24 through June 15

Zoom webinars will be held from 12:30 pm ET to 1:30 pm ET
Registration is free but required to receive the link.

For full descriptions and links to register, visit the FMEC website at <https://www.fmec.net/2022-annual-meeting-virtual-seminar-sampler>

Date	Speakers	Session Title	Registration Link
Tues, Jan 24th	Emmeline Ha, MD; Joel Willis, DO; Madeline Taskier, MD	Family Medicine Pathways to Health Policy: a Conversation with Former Health Policy Fellows	https://us02web.zoom.us/join/register/WN_YPM58Ou1TEmG6TdwKeeA
Wed, Feb 1st	Laurie Turenne-Kolpan, MD; Jessica Montes, MD	Too Many Pills! How to Choose the Right Oral Contraceptive	https://us02web.zoom.us/join/register/WN_Ty0UG6TgVQ1KtYQ2nuR038w
Wed, Feb 15th	Raj Woolever, MD; Aaron George, DO; Amy Crawford-Faucher, MD	Humanizing the Healthcare System and Dissecting the Complex: Family Physicians as Leaders	https://us02web.zoom.us/join/register/WN_ljIMY_XJ5mqcCV7dY19pQ
Tues, Mar 14th	Timothy Pelkowski, MD	The Five Myths of the "Against Medical Advice" (AMA) Hospital Discharge	https://us02web.zoom.us/join/register/WN_6a8DgKNv34el9eu_d0zOg
Tues, March 21st	Ifeolorunbode (Bode) Adelaambo, MD	Racism, Bias, Microaggressions and Allyship in Health Care: Using Narratives to Teach Health Professionals	CANCELLED
Tues, April 4th	Abby Rhoads, DO; Laura Edgar, EdD, CAE	Osteopathic Recognition Milestones 2.0: New and Improved	https://us02web.zoom.us/join/register/WN_ReAFCSQ-T525I55wUNWrxQ
Tues, April 18th	Nguyet-Cam Lam, MD; Renata Carneiro, PhD	Gun Violence and Its Impact on Individual, Family, and Community	https://us02web.zoom.us/join/register/WN_rpDAy5OVQF2G_JTk70uCO
Tues, May 9th	Danielle Ferstler, MD; Samuel Sandowski, MD	Adolescent Medicine Update 2022	https://us02web.zoom.us/join/register/WN_tClktgFQ2G-82NTH0Yog
Tues, May 23rd	Jonathan Katz, DO; John Williams, MD	Clinical Reasoning: Don't Be Indifferent About Your Differential	https://us02web.zoom.us/join/register/WN_CbgYWRIESMCSd6ek3tQ2A
Thurs, June 8th	Aury Garcia, MD; Hima Ekanadham, MD	Common Pediatric Rashes From a Black Lives Matter Perspective	https://us02web.zoom.us/join/register/WN_3ehfAD0RvI08u1ka2FNbQ
Thurs, June 15th	Lynne Unikel, PhD; Lauren Strohm, DO	17 plus 1: Why is Professionalism Mentioned So Often in ACGME Requirements and How Do You Teach It?	https://us02web.zoom.us/join/register/WN_a_s1fsrYRyqhbvKTS5TCA

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Faculty Disclosure

No relevant financial relationships to disclose.

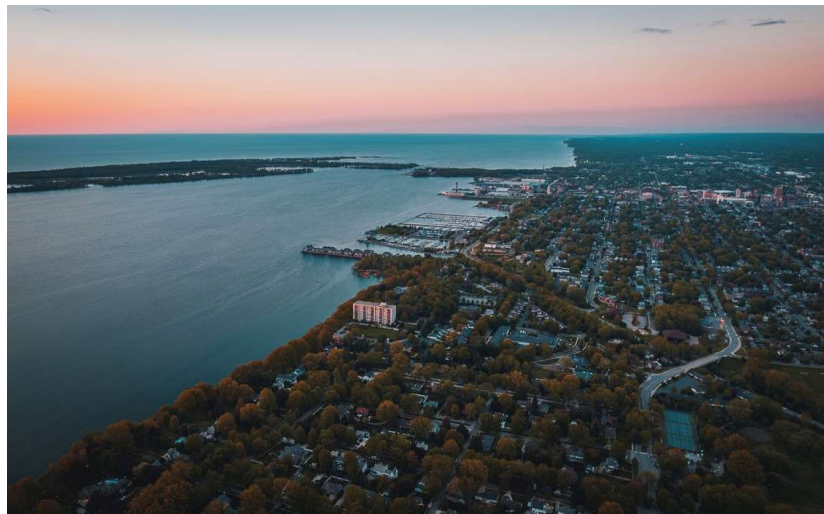
The content of this material/presentation in this CME activity will not include discussion of unapproved or investigational uses of products or devices.



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- **BUSY SLIDES**
- **REPETITIVE**



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AMA Discharge - Questionnaire

1. When a patient declines the recommendation to remain hospitalized, a physician must discharge the patient AMA? **(Yes/No)**
2. Use of your institutions AMA discharge forms is beneficial to patients and physicians? **(Yes/No)**
3. The use of your institutions designated AMA forms will decrease legal liability? **(Yes/No)**
4. Physicians are not obligated to provide other treatments and services at discharge when a patient chooses to leave AMA? **(Yes/No)**
5. Most medical insurance plans will subject a patient to be liable for a higher portion of their hospital bill if they choose to leave AMA? **(Yes/No)**

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Learning Objectives

1. Review the **definition and characteristics** of against medical advice hospital discharges.
2. Discuss the five most common **myths** surrounding against medical advice hospital discharges.
3. Review the use of against medical advice hospital discharge **universal precautions**.
4. Develop a **standardized process** for addressing an against medical advice hospital discharge.

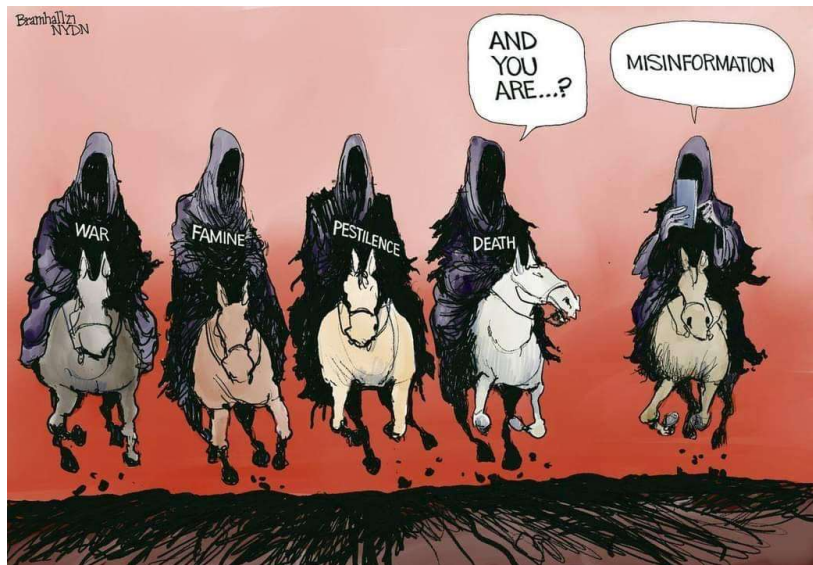
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1. **Have any of you had education on the Against Medical Advice (AMA) discharge?**
2. What is an AMA discharge?
3. What guideline governs this kind of discharge?
4. What patients receive more AMA discharges?
5. Do we have to utilize the AMA discharge forms for this?
6. What kind of medicolegal protection do these forms provide?
7. Do we have to provide prescriptions and F/U to these patients?
8. Are patients liable for their hospital bill when discharged AMA?
9. What is your system when being called by nursing for an AMA discharge?
10. Does the 2012 Medicare Hospital Readmission Program influence these discharges?

Questions

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Misinformation



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Agenda

- **Background**
- The 5 Myths of AMA Discharges
- Ask-Tell-Ask Model
- AMA Universal Precautions Model
- Documentation
- Examples
- Final Recommendations

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Background

- Against medical advice (AMA) discharges - **when a patient leaves the hospital before reaching a physician recommended end point**
- There is **no formal definition** of discharge against medical advice or standards for the designation
- Occurs in **1-2%** of hospital discharges in the US – 500,000 times per year
- Associated with **increased 30-day hospital readmission and mortality rates**
 - 30-day readmission rates are 20%-40% higher than standard discharges
 - 30-day mortality rates are increased as higher as 10%

Alfandre D. Annals for Hospitalists Inpatient. Notes - Challenging the Myths of the Against Medical Advice Discharge. Ann Intern Med. 2021 Oct;174(10):HO2-HO3. doi: 10.7326/M21-3450. PMID: 34662167.

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AMA Discharge – Boca Raton Regional Hospital

- 548 AMA discharges reviewed out of a total of 354,766 discharged from January 2020 – January 2021 (during the pandemic but felt little influence) at this Florida hospital
- Nearly 60% of AMA discharges were men
- Mean age of 56 years
- Average stay was 1.64 days
- In 1/3 of cases, there was no documented reason for departure
- 20% of cases - associated with hospital related factors linked to treatment
- 44% of cases – patient related factor for leaving AMA

Jaklevic MC from SGIM 2022. Hospital factors drive many discharges against medical advice. Family Practice News. May 2022. 18.

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AMA Discharge – Boca Raton Regional Hospital

- **Hospital-related** reasons patients cited for leaving AMA
 - General wait times – 3.5%
 - Provider wait times – 2.6%
 - Provider care – 2.9%
 - Hospital environment – 2.7%
 - Wanting a private room – 2%
 - Seeking medical care elsewhere – 6.2%
- **Patient-related** factors for leaving AMA
 - Refusing treatment – 27%
 - Feeling better – 3.5%
 - Addiction problems – 2.9%
 - Financial complications – 2.9%
 - Dependent care – 2.4%
- Eloped – 1.8%

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Guidelines

- **No** organizing body has published **standards** for defining or performing an AMA discharge, including The Joint Commission
- This allows variable practice patterns among physicians

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Rules & Regulations - Policy

- **Rules and Regulations**
If a patient insists on leaving the Hospital against medical advice, or without proper discharge, a notation of the incident will be made in the patient's medical record, and the patient will be asked to sign the Hospital's release form
- There is **no formal policy**
- Print a form that has the patient's name on it and explains that they are releasing the institution, its agents, and physicians from liability
- The patient and witness sign the form and it goes into the chart

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AMA Discharge Definition

One definition of discharge AMA

1. Is triggered by the request or insistence of the patient, and
2. Occurs prior to the medically indicated work-up, treatment, or discharge planning has been completed, and
3. The work-up, treatment, and discharge planning cannot safely be performed on an outpatient basis or is highly unlikely to happen in the outpatient setting, and
4. The patient has decision making capacity

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Background

- Worse disparities are found in..
 - African Americans
 - HIV
 - Persons experiencing homelessness
 - Patients with mental illness
 - Patients with substance use disorders
 - Medicaid insurance
 - Younger age
 - Male sex
 - Lower socioeconomic status
 - Asthma
 - Cirrhosis comorbidity
 - Prior AMA discharge history
- Disproportionately affects vulnerable populations

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Background

- Patients regularly report feeling **stigmatized** by physicians when leaving AMA
- In some instances, they report a **reduced willingness to follow up** for care because of perceived mistreatment
 - 25% of patients discharged AMA from an ED reported not wanting to return for follow-up care
- These can **label a patient** in a way that can taint future interactions with the health care system
- A **holistic** approach is needed for these challenging encounters

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Background

- Patients may have **extenuating circumstances or competing necessity** to justify their need to leave
 - Limited care options for their dependents
 - Work obligations
 - Wait time
 - Communication problems
 - Teaching hospital setting with multiple evaluations
 - Poor quality hospital care
 - Tobacco, alcohol, or substance withdrawal
 - Numerous other factors..

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Background

- Clinicians may have been acculturated during training to believe that an AMA discharge may also be **seen as a way of formally distancing themselves from the patient's request for a nonstandard or unsafe discharge plan**, thus deflecting any potential blame for worse patient outcome

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Hidden Curriculum

- The clinical management of discharge AMA is **not routinely taught** in medical training
- As a result, physicians learn about discharge AMA via the hidden curriculum, resulting in perpetuation of **myths and the absence of a consistent framework**
- Some discharges AMA are inevitable, but many are **preventable**

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Background Summary

- No formal education
- No formal definition
- 1-2% of hospital discharges are AMA
- 1/3 of cases have no documented reason for departure
- 20% of the time – associated with factors linked to treatment – we may be able to influence that
- No standard or guideline
- Disproportionately affects vulnerable populations
- Patient stigmatization and conflict

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Agenda

- Background
- **The 5 Myths of AMA Discharges**
- Ask-Tell-Ask Model
- AMA Universal Precautions Model
- Documentation
- Examples
- Final Recommendations

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Myth 1: When a patient declines the recommendation to remain hospitalized, a physician must discharge the patient AMA

Myth 2: Use of AMA discharge forms is beneficial to patients and physicians

Myth 3: The use of designated AMA forms will absolve legal liability

Myth 4: Physicians are not obligated to provide other treatments and services at discharge when a patient leaves AMA

Myth 5: Patients will be liable for their hospital bill if they leave AMA

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Myth 1

When a patient declines the recommendation to remain hospitalized, a physician must discharge the patient AMA

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Myth 1 – Discharge AMA

- Patients with decision-making capacity have the **right to decline** recommended care and leave the hospital
- The physician's primary ethical and legal obligation is to discuss with the patient the **risks and benefits** of the recommended option and its alternatives and the expected consequences of the patient's declination of further inpatient care
- This should be well **documented**
- Beyond this there is **no obligation to specifically discharge the patient AMA**

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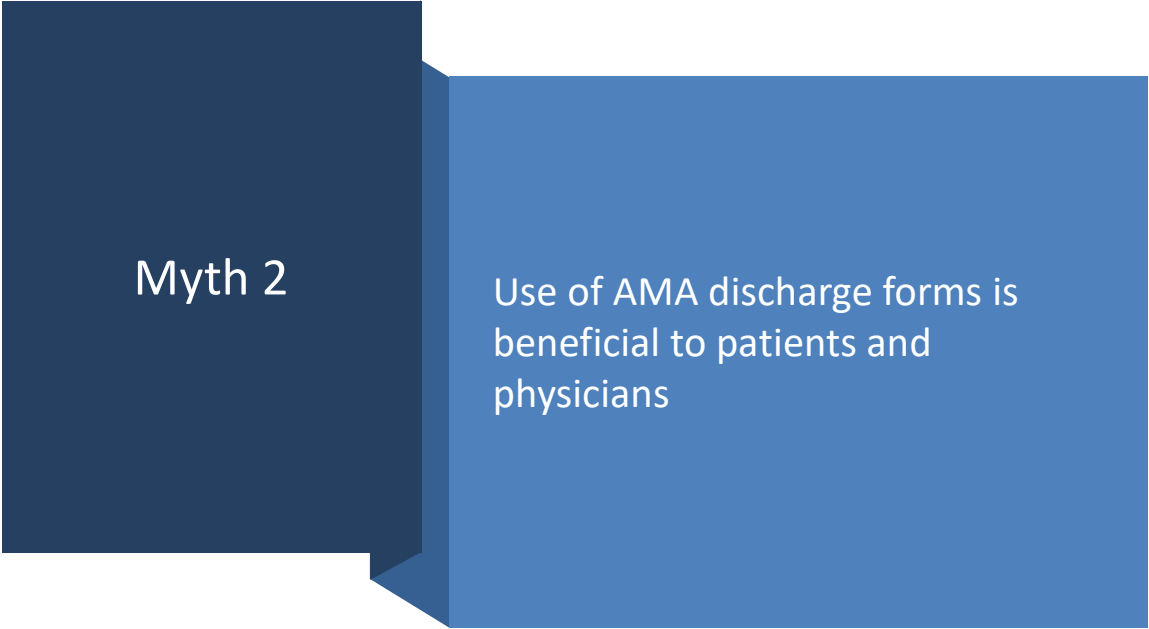
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Myth 1 – Discharge AMA

- There is **no established consensus** about what constitutes an AMA discharge
- The AMA discharge can be **confrontational and stigmatizing**
- Given this AMA discharges should be **reserved** for discharges that fall well outside accepted standards of medical practice

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Myth 2

Use of AMA discharge forms is beneficial to patients and physicians

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Myth 2 – AMA Discharge Forms

- AMA discharge form is a **standardized document that requests the patient's signature** and describes the circumstances of the patient's request to leave the hospital against the physician's recommendation
- It is in the physician's and their institution's interest to ensure **high quality documentation** around discharge
- The process of using an AMA form offers **no established benefits** over standard documentation within the chart

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Myth 2 – AMA Discharge Forms

- The use of AMA forms may introduce **strife into a situation that requires trust and open communication**
- AMA **forms are not evidence-based risk communication tools**
- They have **not been shown to improve the informed consent discussion** of the patient's choice to leave
- When these forms include contractual or stigmatizing language and waivers of liability, **they promote a legalistic rather than patient centered perspective** and can reduce the patient's voluntariness in decision making

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Myth 2 – AMA Discharge Forms

- All competent patients have the **right to decline** recommended inpatient treatment, the ethical and legal standard is that the physician obtain the patient's **informed consent** to leave by communicating the risks, benefits, and alternatives to leaving and fully documenting the conversation in the medical record
- The additional step of formalizing the discharge as AMA and providing AMA forms for the patient to sign have **never been demonstrated to improve quality**
- The **request for a patient signature to decline such treatment has not been demonstrated to improve risk communication and is not considered best practice** for informed consent
- When the **physician's motives for this behavior are punitive or directed primarily at reducing liability**, it may distract the physician from their fiduciary duty to put patients first

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Myth 3

The use of designated AMA forms will absolve legal liability

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Myth 3 – Legal Liability

- There is a misconception related to legal protections conferred by designated AMA forms
- **No evidence that these forms provide superior liability protection** over standard documentation
- Signing an AMA discharge form does not absolve legal liability
- Liability appears to be **lowest when** the physician..
 - Elicits patient's values with shared-decision making
 - Uses a harm-reduction approach when the patient's preferences are incongruent with the physician's
 - Clearly documents these discussions in the medical record

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Myth 3 – Legal Liability

- When clinicians assert they are bound by duty to discharge a patient AMA, they may be conflating a presumed legal obligation to formally designate the discharge as AMA in the medical record with their actual obligation to obtain the patient's informed consent for discharge
- The literature has shown that it is not the specific designation of AMA that confers liability protection, but rather the proper execution of the discharge process
- Malpractice claims, which are associated with patient perceptions of feeling deserted or devalued, might be more likely with AMA discharges when they result from flawed and stigmatizing communication

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Myth 4

Physicians are not obligated to provide other treatments and services at discharge when a patient leaves AMA

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Myth 4 – Treatment and Service Obligations

- Physicians may incorrectly assume that a patient's decision to decline further inpatient care absolves their responsibility to provide other treatments and services at the time of discharge; such as prescriptions and follow-up appointments
- Physicians are not obligated to prescribe treatments or services that are not medically indicated, but they **should design a treatment plan that meets the patient's medical needs and minimizes harm**
- By considering the risk for the current illness and the risks and benefits of the treatment, physicians can rationally decide which treatments are medically appropriate and reasonable to provide at discharge

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Myth 5

Patients will be liable for their hospital bill if they leave AMA

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Myth 5 – Financial Responsibility

- A study examining 453 AMA discharges found that **no payment was denied owing to AMA discharge status in any of the cases**
- Survey of physicians have found that 68% of residents and 44% of attending physicians believed that patients would be financially responsible if they left AMA
- Similar percentages of physicians reported informing patient of this

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Myth 5 – Financial Responsibility

- Another study found 85% of trainees and 67% of attending physicians incorrectly informing patients on this matter
- Physicians **sharing this misinformation can breed distrust and coercively undermine patients' ability to make a voluntary choice**

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General Points

Against Medical Advice Discharge

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AMA Discharge

- Patients may prefer **reasonable alternatives** that advance other values
- **Ultimately you need to make a judgement about the medical appropriateness of the discharge**
- You will need to decide if it falls outside acceptable standards of medical care or is medically acceptable given the patients preferences, even if it may not completely align with the original treatment plan and recommendations

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AMA Discharge

- **Decisions about entering or leaving the hospital are not ethically different from other health care decisions**
- Use the best evidence and **shared decision making** to compare the medically acceptable options and help the patient decide which choice is best for them
- Take into account their **preferences and values**
- Recommend the medical option that will maximally promote the patient's health (usually hospitalization)

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AMA Discharge

- These scenarios can often highlight a breakdown of the physician-patient relationship
- This can **promote a patient versus physician mentality** to the conflict
- Formalizing the failure with an AMA form is unlikely to benefit the patient's care
- Rather, respond with empathy and understanding and come to a shared decision with the patient to alleviate concerns

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Shared-Decision Making and Harm Reduction

- **Shared-decision making** involves physicians and patients making healthcare decisions together by combining the patient's values and preferences for care with the physicians' expertise and knowledge of medical evidence
- **Harm reduction** practices seek to reduce the adverse health consequences that may come from unhealthy behaviors while assuming that patients will likely continue such behaviors
- Quality discharge planning should provide the "**right care for the right patient at the right time**" that moves beyond the false choice of either remaining in the hospital under the conditions specified by the physician or leaving AMA

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- **Ask-Tell-Ask Model**
- AMA Universal Precautions Model
- Documentation
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Ask-Tell-Ask Method

- One approach is the **“Ask-Tell-Ask” method**
 - Explore the patient’s knowledge regarding the reason for hospitalization
 - Fill gaps in their understanding
 - Invite them to share in a decision
 - Then confirm that the decision is consistent with stated goals and preferences
- If the patient decides to leave the hospital, **standard discharge procedures** are followed

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AMA Universal Precautions

- **“AMA universal precautions”** to prevent discharge AMA
 1. Treat substance withdrawal and pain
 2. Communicate compassionately and non-judgmentally
 3. Proactively manage bothersome physical and emotional symptoms
 4. Utilize psychiatric consultation early

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1. Treat Substance Withdrawal and Pain

- Substance withdrawal, including nicotine, and uncontrolled pain are the **top reasons** that patients request discharge
- It is felt this could **reduce discharged AMA by 50-60%**
- An acute hospitalization is usually not the ideal time to reduce opioids and benzodiazepines – keep patients safe and comfortable so that they can receive treatment for the immediate medical problem
- Patients on chronic opioids may need higher than expected opioid doses in the hospital

Holmes EG, Cooley BS, Fleisch SB, Rosenstein DL. Against Medical Advice Discharge: A Narrative Review and Recommendations for a Systematic Approach. Am J Med. 2021 Jun;134(6):721-726. doi: 10.1016/j.amjmed.2020.12.027. Epub 2021 Feb 18. PMID: 33610522.

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2. Communicate Compassionately and Non-judgmentally

- Poor communication is another top reason for requesting early discharge
- In one study, 75% of patients who left the hospital AMA gave warning of their intention to leave
- **Speak directly** to the patient about their intentions can be helpful in proactively addressing concerns and initiating discharge planning
- Additional **investment in time** may be necessary to improve communication with some patients
- Attentively solicit the patients concerns and describe the plan in detail to them
- Follow the general **theme of under-promising and over-delivering**
- Trusted supports can help reinforce the medical plan

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3. Proactively Manage Bothersome Physical and Emotional Symptoms

- Recommend early and targeted treatment of distressing symptoms, including nausea, anxiety, insomnia, and fear of procedures

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Acknowledge and Alleviate Concerns

- **Acknowledge** the patients concerns
- Consider taking small steps to **alleviate** the patients concerns, you may change their mind to leave
 - Limiting overnight vital signs
 - Orchestrating a room change
 - Limiting blood draws
 - Other changes are possible

Rudofker EW, Gottenborg EW. Avoiding Hospital Discharge Against Medical Advice: A Teachable Moment. *JAMA Intern Med.* 2019 Mar 1;179(3):423-424. doi: 10.1001/jamainternmed.2018.7286. PMID: 30615026.

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4. Utilize Psychiatric Consultation Early

- Psychiatry or Palliative care consultation can be helpful
- Literature suggests this **may decrease AMA discharges**
- Avoid consulting them late when there is a crisis

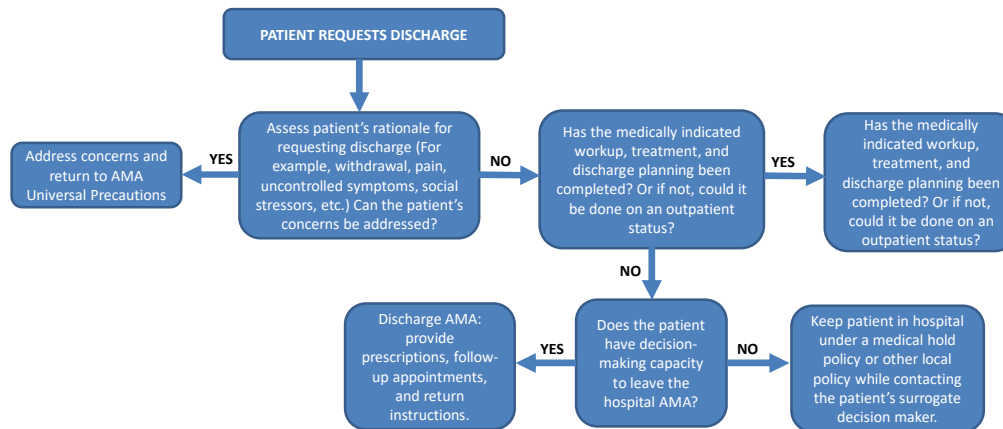
Holmes EG, Cooley BS, Fleisch SB, Rosenstein DL. Against Medical Advice Discharge: A Narrative Review and Recommendations for a Systematic Approach. Am J Med. 2021 Jun;134(6):721-726. doi: 10.1016/j.amjmed.2020.12.027. Epub 2021 Feb 18. PMID: 33610522.

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Systematic Response to Against Medical Advice Discharge

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Method For a Systematic Response to Discharge Against Medical Advice Request



Holmes EG, Cooley BS, Fleisch SB, Rosenstein DL. Against Medical Advice Discharge: A Narrative Review and Recommendations for a Systematic Approach. Am J Med. 2021 Jun;134(6):721-726. doi: 10.1016/j.amjmed.2020.12.027. Epub 2021 Feb 18. PMID: 33610522.

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Method For a Systematic Response to Discharge Against Medical Advice Request

- Enlist trusted **supports**
- **Avoid coercive strategies** such as withholding prescriptions, not arranging follow-up, or saying that insurance will not cover the hospitalization
- If patient still wants discharge, consider whether this discharge truly warrants an AMA designation
- If truly need an AMA discharge assess the patient's **decision-making capacity**
- May **consider not using any AMA form**
- Perform an **appropriate discharge**

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Agenda

- Background
- The 5 Myths of AMA Discharges
- Ask-Tell-Ask Model
- AMA Universal Precautions Model
- **Documentation**
- Examples
- Final Recommendations

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AMA Discharge Documentation

- Record the specific events leading up to the discharge AMA
- Use descriptive, fact-based information and avoid emotionally laden language
- Objectively describe attempts at collaborative decision-making with the patient
- Outline the patient's rationale for discharge
- Review attempts to encourage the patient to stay
- Description of the completed capacity evaluation
- Medications prescribed
- Recommended follow-up
- Return instruction

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Institutional Conflict

- Medicare's Hospital Readmission Program, introduced in 2012, generally excludes an initial admission ending in an AMA discharge
- May provide a rationale, and perhaps financial incentive, to discharge patients AMA in order to **limit CMS readmission penalties**
- Physicians who wish to promote stronger patient-centered discharge practices may find that avoiding or limiting AMA discharges may conflict with their institution's policy
- Physicians should **advocate to ensure that any proposed practice is legally compliant but also promote improved shared-decision making and reduced stigma** for this population

Alfandre D, Brenner J, Onukwughu E. Against Medical Advice Discharges. J Hosp Med. 2017 Oct;12(10):843-845. doi: 10.12788/jhm.2796. Epub 2017 Aug 23. PMID: 28991952.

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EXAMPLES

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Example 1

Patient presenting with an acute NSTEMI whose chest pain has resolved after a couple of hours of initial treatment and is now requesting immediate discharge

- If the patient does not respond to a conversation explaining the inability to adequately care for this condition without continued hospitalization you could conclude that such a discharge would not meet the usual standards of medical practice
- It could be appropriate to label the discharge here AMA and adequately inform the patient that their decision could be life-threatening
- The use of an AMA form may offer no additional benefit over documentation in the chart

Alfandre D. Annals for Hospitalists Inpatient Notes - Challenging the Myths of the Against Medical Advice Discharge. Ann Intern Med. 2021 Oct;174(10):HO2-HO3. doi: 10.7326/M21-3450. PMID: 34662167.

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Example 2

A stable, immunocompetent patient with moderate lower-extremity cellulitis who has received 12 hours of IV antibiotics with only minimal improvement and requesting immediate discharge

- You may be more comfortable discharging after another 24 hours of treatment and more definite clinical improvement
- Early discharge with oral antibiotics and close outpatient follow-up would likely be in accord with accepted standards of practice
- You may choose not to label the discharge as AMA

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Example 2

- You could respond with language such as..
 - “I recommend you stay hospitalized because it’s more likely to keep you healthy and safe. But I also recognize that you have competing priorities that make this decision difficult for you. Let’s work together to create a medically acceptable plan that works for you.”
- The focus should be on formulating a plan that is acceptable to the patient and mitigates any harm related to the discharge

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Final Recommendations

- Treat all discharges similarly
- Avoid designating an inpatient discharge as AMA
- Document decision making capacity
- Ensure there is objective documentation of the patient's informed choice to leave the hospital
- When patients wish to leave the hospital prior to a physician-recommended clinical endpoint, engage in shared decision making with a focus on providing all medically reasonable treatment options that promote harm reduction
- If you choose to designate a discharge as AMA, approach the discharge planning process consistently and with patient-centered principles by optimizing shared-decision making and harm reduction

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Final Observation

- No two patient scenarios will be alike
- **Not promoting a “cookie cutter” process**
- Think about all we have mentioned today when tackling the “AMA Discharge”

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AMA Discharge – Questionnaire Answers

1. When a patient declines the recommendation to remain hospitalized, a physician must discharge the patient AMA? (Yes/**No**)
2. Use of your institutions AMA discharge forms is beneficial to patients and physicians? (Yes/**No**)
3. The use of your institutions designated AMA forms will decrease legal liability? (Yes/**No**)
4. Physicians are not obligated to provide other treatments and services at discharge when a patient chooses to leave AMA? (Yes/**No**)
5. Most medical insurance plans will subject a patient to be liable for a higher portion of their hospital bill if they choose to leave AMA? (Yes/**No**)

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Guiding Principles

- Empathy
- Calm
- Curious
- Non-judgmental
- Shared-decision making
- Harm reduction

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References

1. **Alfandre** D. Annals for Hospitalists Inpatient Notes - Challenging the Myths of the Against Medical Advice Discharge. *Ann Intern Med.* 2021 Oct;174(10):HO2-HO3. doi: 10.7326/M21-3450. PMID: 34662167.
2. **Alfandre** D, Brenner J, Onukwugha E. Against Medical Advice Discharges. *J Hosp Med.* 2017 Oct;12(10):843-845. doi: 10.12788/jhm.2796. Epub 2017 Aug 23. PMID: 28991952.
3. Holmes EG, Cooley BS, Fleisch SB, Rosenstein DL. Against Medical Advice Discharge: A Narrative Review and Recommendations for a Systematic Approach. *Am J Med.* 2021 Jun;134(6):721-726. doi: 10.1016/j.amjmed.2020.12.027. Epub 2021 Feb 18. PMID: 33610522.
4. Jaklevic MC from SGIM 2022. Hospital factors drive many discharges against medical advice. *Family Practice News.* May 2022. 18.
5. Rudofker EW, Gottenborg EW. Avoiding Hospital Discharge Against Medical Advice: A Teachable Moment. *JAMA Intern Med.* 2019 Mar 1;179(3):423-424. doi: 10.1001/jamainternmed.2018.7286. PMID: 30615026.

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