“I’m Going Home!”
AMA Discharges and LWBS in the ED
Definitions

• **Against Medical Advice or Discharged (AMA/DAMA)**
  • Patient chooses/requests to leave the hospital before the treating physician recommends discharge

• **Left Without Being Seen (LWBS)**
  • Patient leaves before seeing the provider

• **Left Without Completing Treatment (LWCT)**
  • Patient leaves before completing treatment

• **Left Without Being Discharged (Eloped)**
  • Patient leaves mid-care without being discharged

• **Informed Refusal**
  • Patient refuses some or all aspects of recommended medical care
I’ve Been Here all Night…

- 24 y/o pt comes to the ED at midnight with complaints of flu
- Positive D-Dimer
- CTA is ordered to R/O PE, but is delayed
- The patient wants to leave AMA before results are available
- The physician talks to the patient
- AMA form is signed
- No discharge instructions, no follow-up
- Returns the next day with PE
I Feel Better Now…

• 50 y/o male comes to the ED with complaints of back pain, fever, and confusion
• Sepsis protocol is triggered and work up started
• Pain medication given and he feels better
• Announces he wants to leave
• Physician discusses why the patient should stay, but he refuses
• AMA form signed
• No discharge instructions
• Returns to ED 12-hours later with worsening symptoms
• Labs not redrawn and pt is discharged with dx of flu
• Died the next day
I Don’t Want That…

- 64 y/o female comes to the ED with dx of pneumonia
- Seen earlier and refused admission for pneumonia for unknown reasons
- Refuses intubation and CPAP despite respiratory issues
- She refused transfer to higher level of care, and was admitted to the hospital
- Physician and hospital did not document discussions, reasons for refusal, or have her sign a refusal of treatment form
- Was eventually transferred, but died shortly after transfer
Case Themes – What Did You Notice?

• All these patients left/discharged AMA
• Patient outcomes were poor after discharge
• Documentation incomplete or limited to signed AMA form
• Patients were not provided discharge instructions
• Decisional capacity?
Facts About AMA

• Up to 1-3% of patients seen in the ED leave AMA
• ED patients that leave AMA are more likely to return to the ED, to be admitted as an inpatient, or die within 30 days of leaving AMA
• Asthma AMA pts are 4x more likely to return, and MI AMA pts are 60% more likely to die
• Patients who leave AMA are 10x more likely to sue
AMA: Traits, Presentations, and Reasons

• **Traits**
  - Young, male
  - No health insurance
  - No PCP
  - Substance abuse

• **Common Presentation**
  - ABD pain, N/V
  - Non-specific CP
  - HA, Psych disorders

• **Reasons**
  - Financial
  - Improvement
  - Dissatisfaction/expectations
  - Personal
Provider Response to AMA Discharges

- Insurance will not pay
- “Show them the door”
- “Not my fault, Not my problem”
- A signed AMA form is a good defense
- Patient labeling
The AMA Process

- Patient autonomy
- Decisional capacity
- Communication
- Documentation
AMA: Reducing Risk, Improving Quality and Patient Outcomes

• Respect patient’s right to leave

• Develop and promote strategies to reduce likelihood patients will leave AMA - negotiate

• If patient wishes to be discharged early – hospital and provider goals must be to provide the best care possible
AMA: Reducing Risk, Improving Quality, and Patient Outcomes

• Avoid labeling the patient as AMA threat, utilize a shared-decision making approach to avoid AMA discharge

• Do call-backs for patients that are discharged AMA from the ED

• Educate staff on hospital policy/approach and consider AMA simulation scenarios

• Good defense
• Document:
  • Capacity
  • Signs and symptoms
  • Extent and limitation of the exam
  • Current treatment plan
  • Specific risks of foregoing tx
  • Alternatives to suggested tx
  • Explicit statement of AMA and patient refusal
  • Questions, follow-up, medications, instructions
• Yes, get the AMA form signed!!
LWBS: Facts and Risks

• 0.5 to 8% of ED patients LWBS, national average is 1.7%
• Number greater than patients that leave AMA
• Most likely to leave during busiest times, 3-11pm
• Generally leave due to long wait times – door to provider time of > 56 minutes
LWBS: Facts and Risks

• Mostly lower acuity patients, low urgency, younger, male, no-insurance

• More than half of LWBS patients seek treatment from other sources within 24 hours, and are more likely to require admission/surgery within a week of LWBS

• High LWBS rates coincide with decreased patient satisfaction and decreased safety, can lead to lawsuits

• Financial loss to hospital affecting bottom line

• Can result in EMTALA concerns
LWBS: Reducing Risk, Improving Quality, and Patient Outcomes

- Determine causes for LWBS – ED overcrowding, ED throughput/wait times, available distractions and environmental factors – e.g. comfort of waiting room
- Routinely communicate wait times to patients or reasons for delays
- Consider waiting room rounds by triage personnel to reevaluate patient’s condition
LWBS: Reducing Risk, Improving Quality, and Patient Outcomes

- Post wait times on hospital website that is updated, and consider on-line ED fast track reservations
- Consider using volunteers to improve customer service – beverages/snacks
- Consider implementing rapid medical evaluation with or without a provider in triage to start diagnostic testing and provide reasonable comfort measures
LWBS: Reducing Risk, Improving Quality, and Patient Outcomes

• Consider implementing rapid medical evaluation with or without a provider in triage to start diagnostic testing and provide reasonable comfort measures

• Be conscious of LWBS rates in correlation to other ED throughput metrics, and take appropriate action

• Make the case of ROI to improve patient dissatisfiers that can lead to LWBS

• Staff education on how they can prevent patients from LWBS
QUESTIONS?
Are You Getting Your General Consent to Treat Forms Signed in the ED?
Risk Management Concerns: Absent signed consent to tx forms in the ED

• Apparent agency claims more difficult to get dismissed
  • Missing key piece of evidence

• Hospital remains in the lawsuit for duration of case or is forced to settle out
Risk Management Concerns: Absent signed consent to tx forms in the ED

- Reasons for absent signed consent to tx forms
  - Not available, if paper
  - Wrong medical record, if scanned
  - Not done
    - Forgot to do
    - No one available to get it after hours
    - Responsible person not informed or unavailable
    - Risk manager’s audit did not reveal an issue
Risk Management Concerns: Absent signed consent to tx forms in the ED

• Collect data on signed consent to tx forms in the ED
  • Review should include the who, when, where, how

• Consider switching to electronic consent forms if using paper

• Review person assigned to obtain signature on consent to tx forms – available and appropriate

• Provide education to ED staff that participate in registration on the importance of obtaining signature on the consent form

• Perform risk management audits that are ED focused
Risk Management Concerns: Absent signed consent to tx forms in the ED

Questions?
2019 ED REAP Criteria
ED Core Risk Reduction Practices

- Call backs
- Reassessment of abnormal vital signs
- Structured discharge timeout
Create a Safe Environment for Patients Experiencing a BH Crisis or Emergency

• Safe Room
• Suicide screening
• Patients who screen positive are further assessed
• P&P, processes to safely manage, discharge, and/or transfer patients at risk for suicide
• Education/training
ED Quality Monitoring Process and Outcome Indicators

- **Process Indicators:**
  - Follow up on outstanding test results
  - Consistent suicide screening
  - Consistent safe room procedures

- **Outcome Indicators:**
  - Return to ED with diagnosis of sepsis
  - Patients requiring reversal agents with procedural sedation
  - Patients committing suicide in the ED or after d/c