A Study to evalaute Percentage for Leave against Medical Advice in IPD and Emergency and to describe the demographic profile of LAMA patients in Thumbay Hospital, Ajman

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INTRODUCTION

- LAMA has been defined in the broadest terms as any patient who insists upon leaving against the expressed advice of the treating team.

- Escape (absence without leave, absconding, or elopement), whereby the patient leaves the hospital without notification by escaping from an involuntary unit or walking out of a voluntary unit, also has been considered by some clinicians and researchers to be a form of leave against medical advice.

- Patients who leave against medical advice are both a concern and a challenge for individuals in the health care field, because discharge against medical advice may expose patients to an increased risk of adverse medical outcomes including morbidity and mortality.

LITERATURE REVIEW

- I have done 6 literature reviews from journals, publications and articles.
- Lama is an overall challenge across the world though it's a rare phenomena.
- Authors like Ibrahim al ayed , David j lfred , Edward doyle's main objective was to identify the prevalence ,predictors, causes and interventional strategies to avoid lama. Most of the LAMA occurs in emergency and IPD department. Report of LAMA incidence is widely variable ranging between >20% in large urban hospitals, especially among alcoholics ,drug abusers and psychiatric patients, to <4% for medical admission and <1% in small rural hospitals and medical wards. Underreporting certainly exists. LAMA studies in children are scanty, mostly retrospective and of fewer sample size despite the vulnerability of children·
- Demographic data of the patients has helped to study the pattern of lama, like younger age, male gender low socio economic status, non insurance, alcohol, drug abuse patients ,persons with less social support are the risk factors.

LITERATURE REVIEW CONTD……

- According to many authors, common causes of LAMA was dissatisfaction with their care ,patients care expected a shorter stay, need to take care of personal, family or financial affairs, patients felt better, patients are not improving and not receiving adequate nursing/medical care, preference for another hospital, beliefs that the condition was terminal, dislike of the hospital environment, and not wanting to be used for learning/teaching purposes or for financial difficulties.
- Overall costs of caring for an individual patient over time may be higher for patients who leave the hospital prematurely.
- Strategies adopted to prevent lama :communicating extensively with respect to all facets of care, while avoiding conflict, and providing a caring and accepting environment for the patient. Physician-patient communication skills should be applied to prevent discharge against medical advice. Complaints about the lack of clear, sympathetic explanations point to deficiencies in communication, and failure to appreciate that, in some circumstances, the emotional needs of patients may be as important as their physical needs. Negotiable management options, good clinical care, and thorough documentation IS very important.

RESEARCH QUESTION

Q1"What is the Percentage for leave against medical advice in IPD and Emergency department?

Q2 " What are the factors associated with LAMA Patients in IPD and Emergency Department?

AIM

To Study the process ,Percentage and causes of LAMA patients in IPD and Emergency Department.

OBJECTIVES

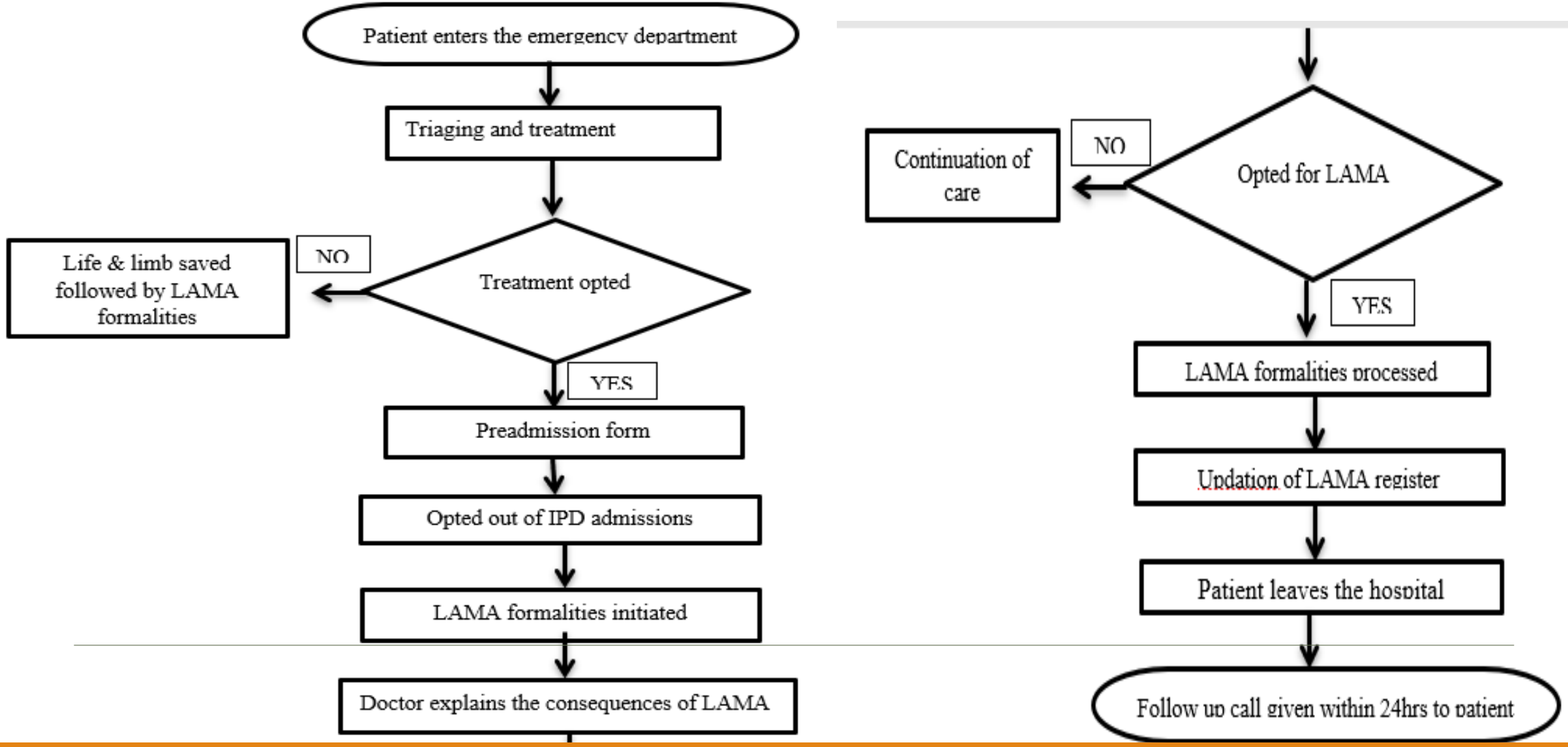
- To evaluate Percentage of LAMA Patients in IPD and Emergency department of Thumbay hospital, Ajman
- To Describe the demographic profile of LAMA patients at Thumbay hospital, Ajman

METHODOLOGY

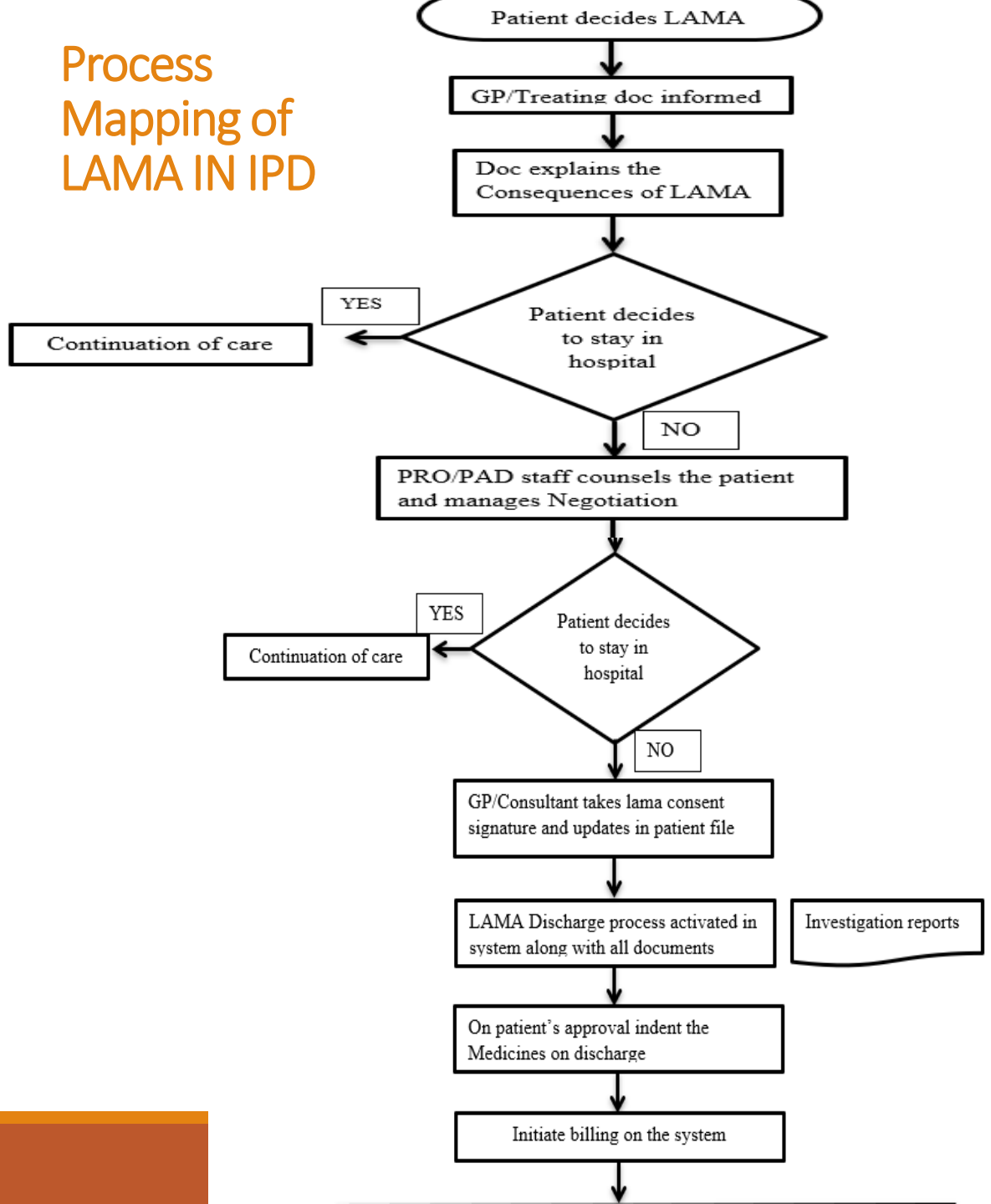
Place of study –Thumbay Hospital, Ajman
Study area – IPD and Emergency department
Sampling Technique- All Patients registered for 3months
Study duration – 3 months
Sample size- 261 patients

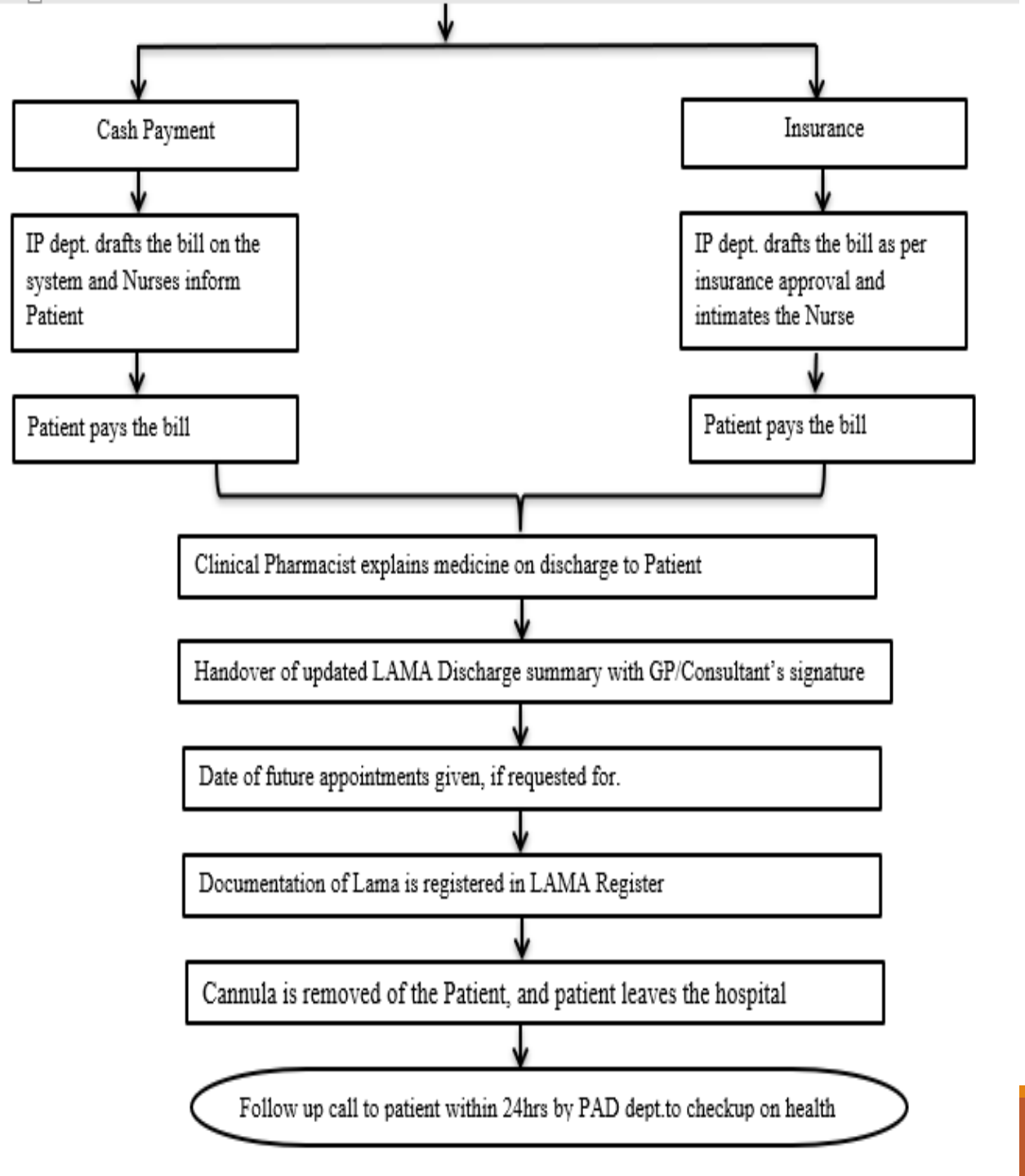
- **Study tools-** To obtain rate and reasons for LAMA retrospective data collection was done in the form of excel sheet.
- To obtain accurate Process Mapping of LAMA of IPD and Emergency ,Interview with Nurses, PADand shadowing of the patients was done**.**
- Demographic data of LAMA patients were obtained by retrospective approach in which data was collected from hospital management information system
- **Research Design** – Cross sectional Descriptive study
- **Research Approach**: Quantitative approach
- **Inclusion Criteria-** All patients from IPD AND EMERGENCY DEPARTMENT
- **Exclusion Criteria** – Day care and OPD patients
- **Limitation**- No face to face interview with the patients or bystander and Consultants

Process Mapping of LAMA IN EMERGENCY DEPT.



Process Mapping of LAMA IN IPD





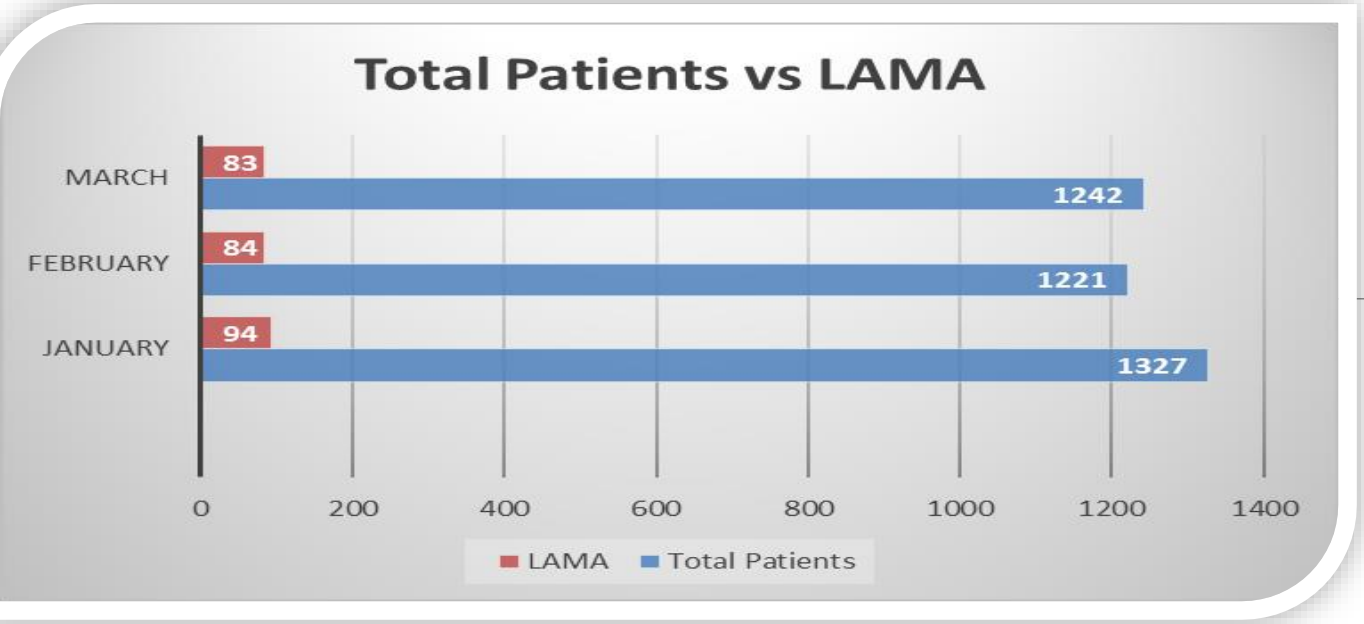


Fig. 1 Total Admissions against total LAMAs for 3months

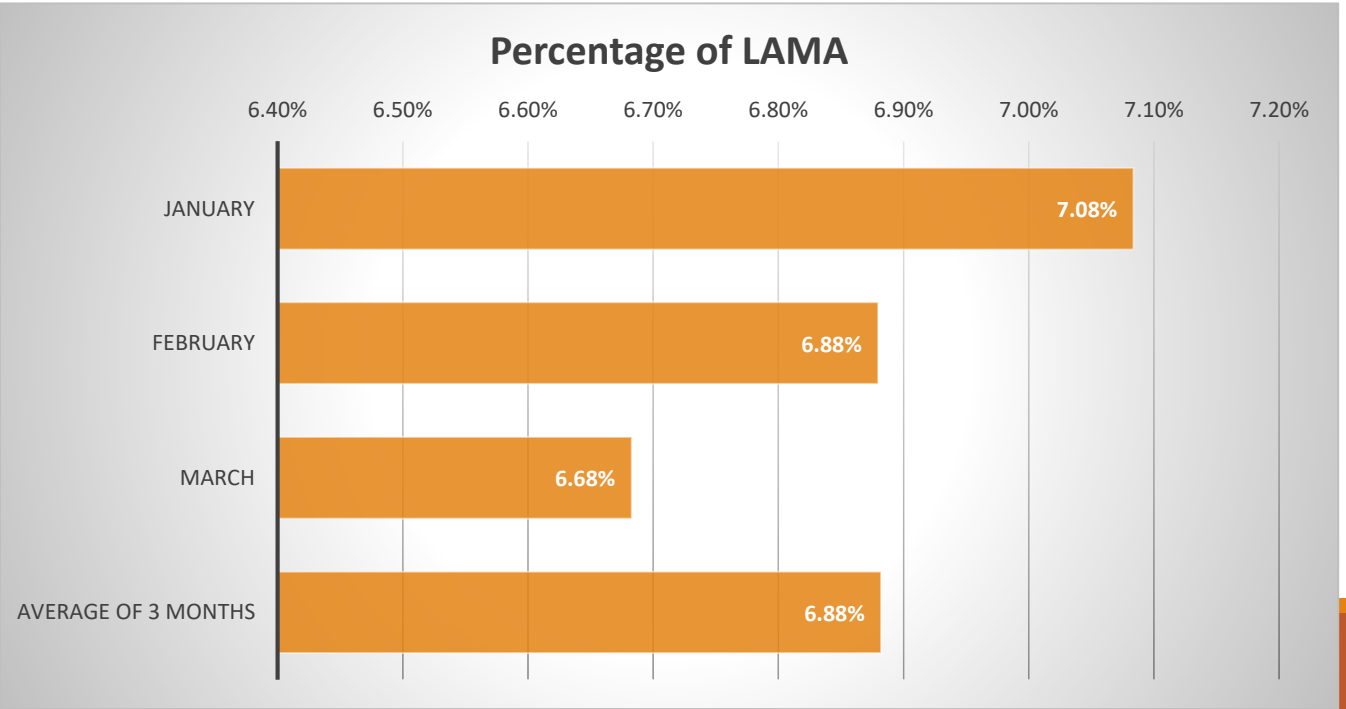


Fig 2 Total Percentage of LAMA for 3 months respectively with the average of 3 months

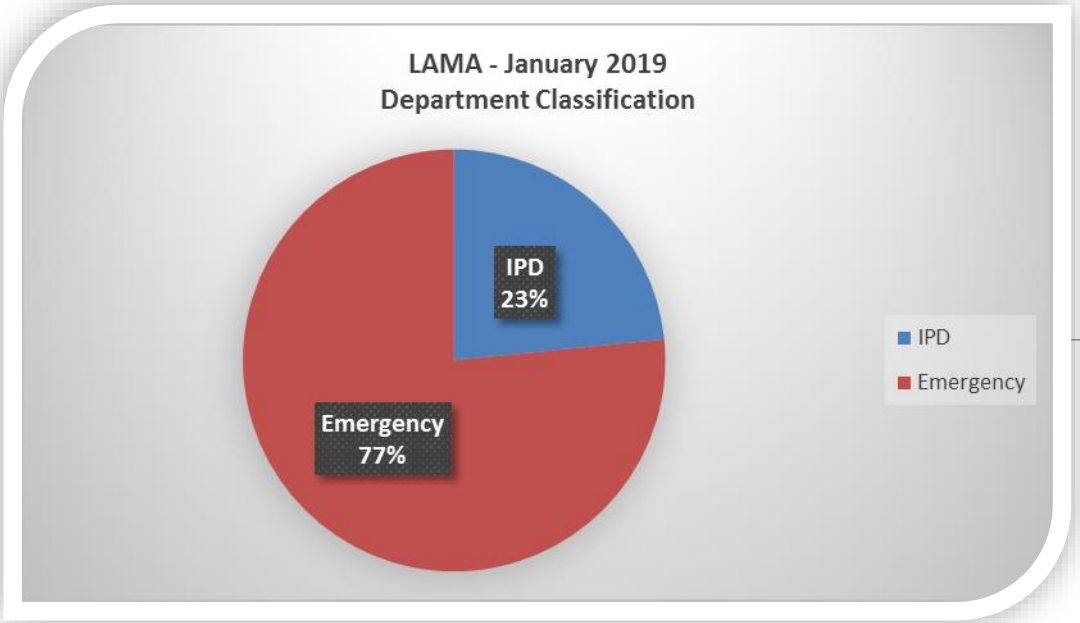


Fig 3 Percentage of Lama in IPD and Emergency for January

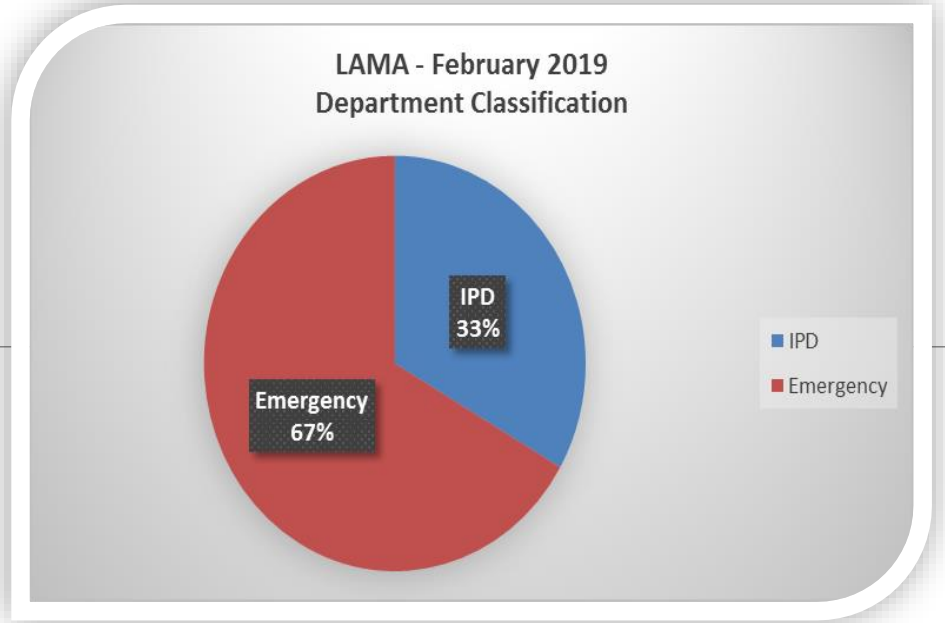


Fig 4 Percentage of LAMA for IPD and Emergency in Febuary

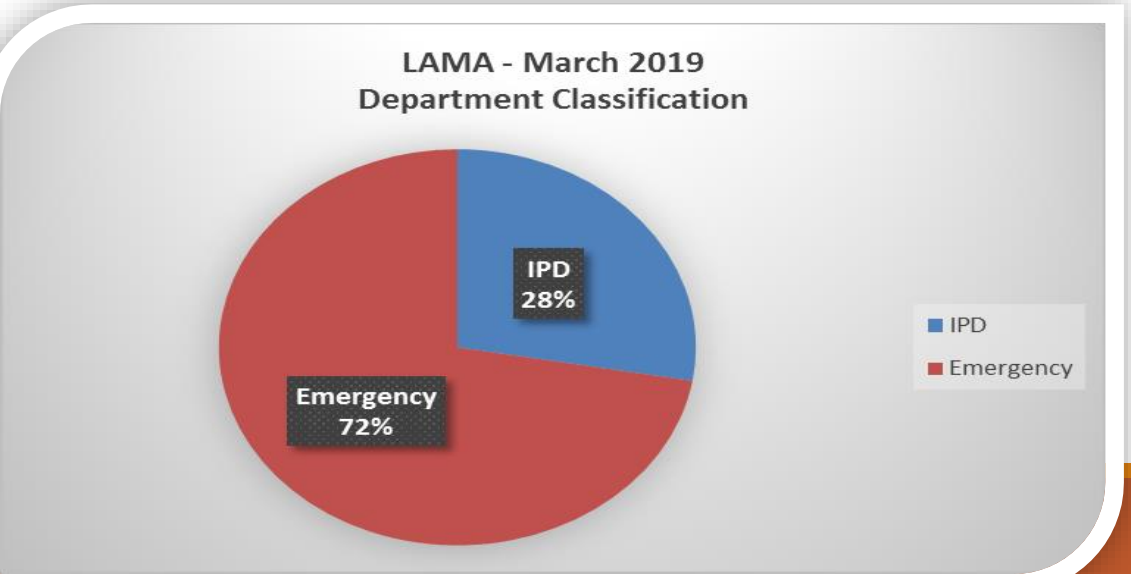
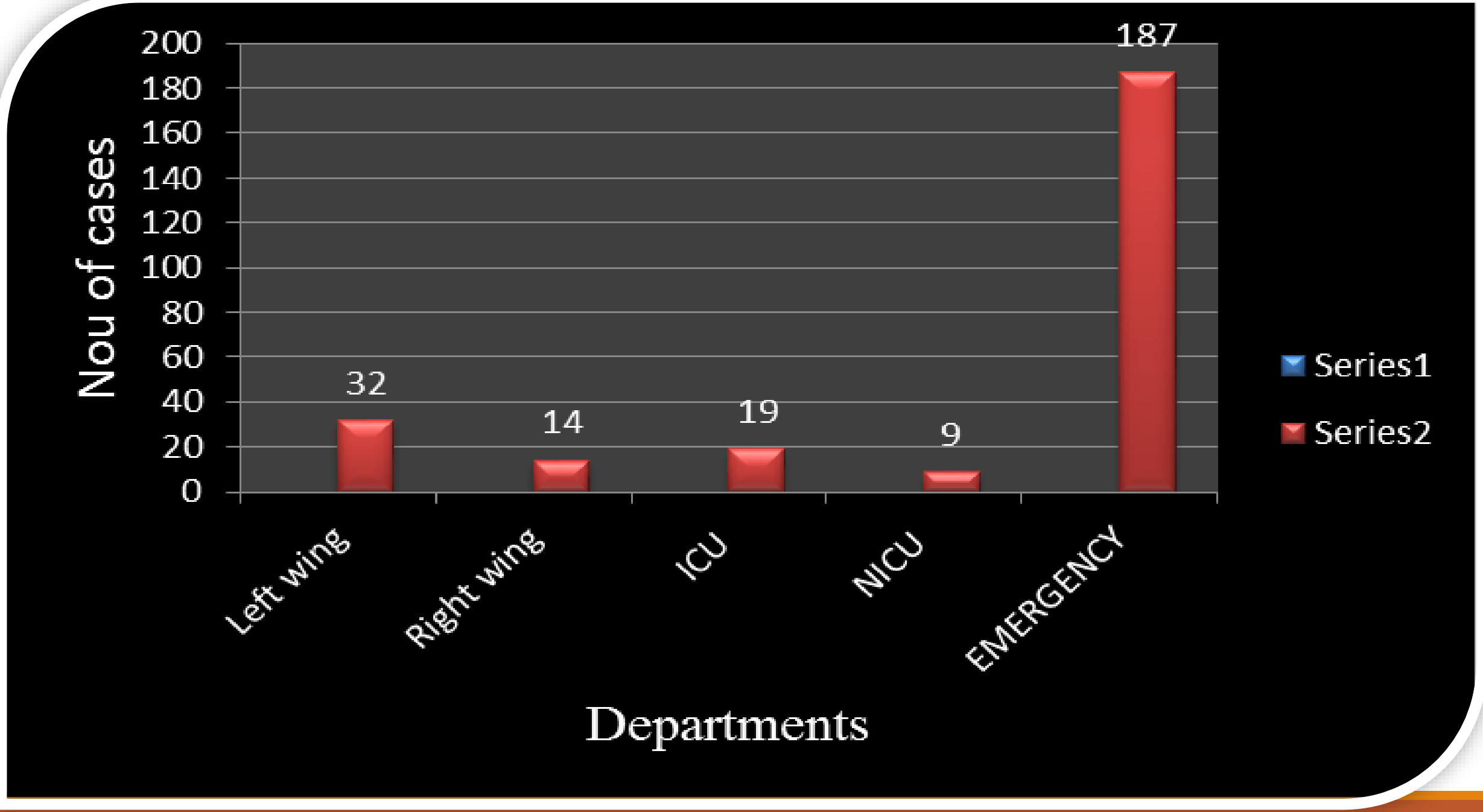


Fig 5 Percentage of LAMA for IPD and Emergency in March


Nou of cases
200
180
160
140
120
100
80
60
40
20
0
32
14
19
9
187
Left wing
Right wing
ICU
NICU
EMERGENCY
Departments
Series1
Series2

Characteristics of LAMA

➢ **Age distribution**:

	Age Group	% of LAMA
NEONATE	0-1MONTH	3.44%
INFANT	1MONTH-2YEARS	6.13%
CHILDREN	3- 12 YEARS	10.72%
ADOLESCENT	13-17	4.59
ADULT	18-55	45%
ELDERLY	56-80	9.96%

➢ **Gender distribution**: Male- 37.93%

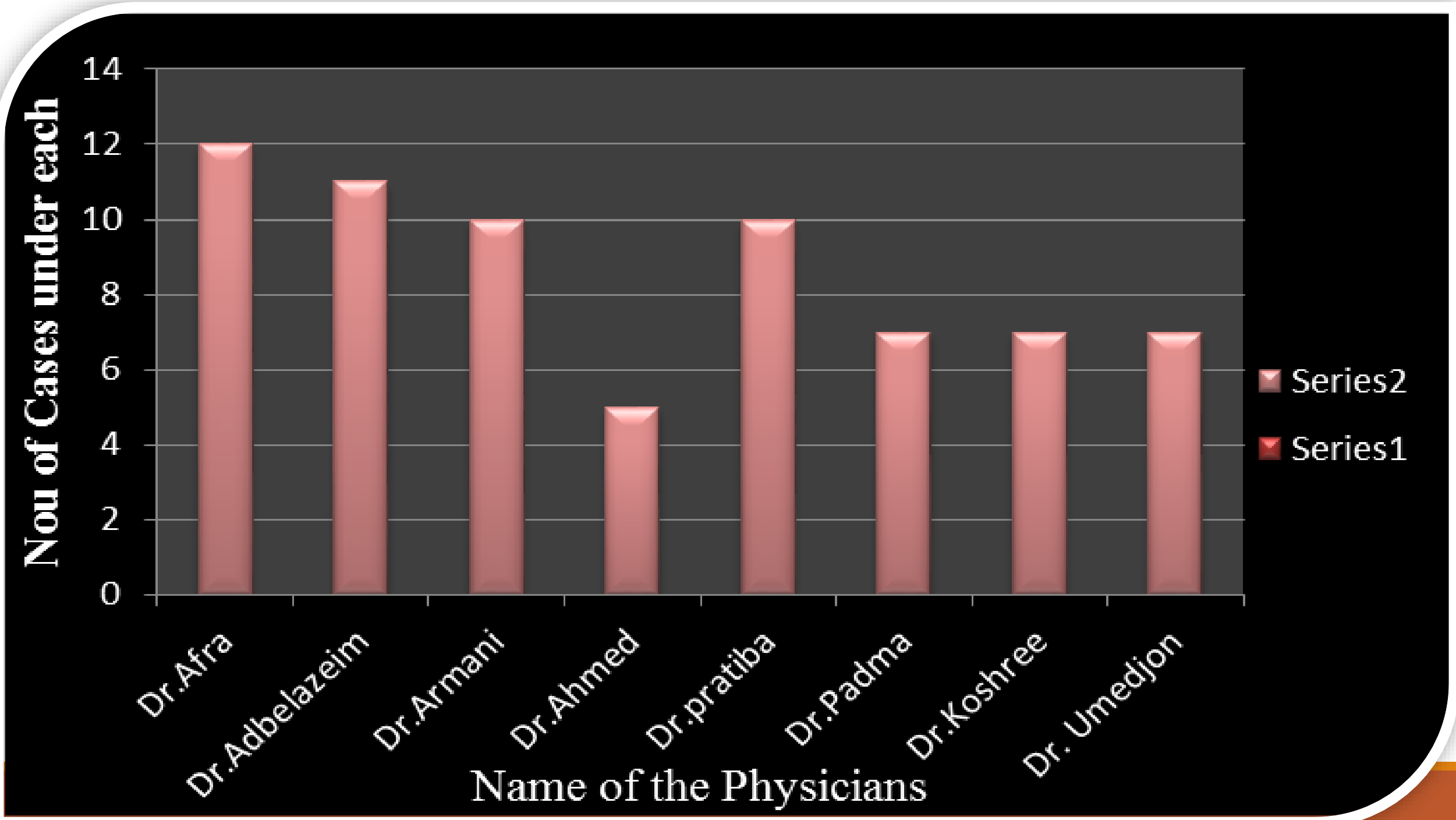
Female – 62.06%

➢ **Nationality distribution**: Natives (U.A.E)- 33.716%

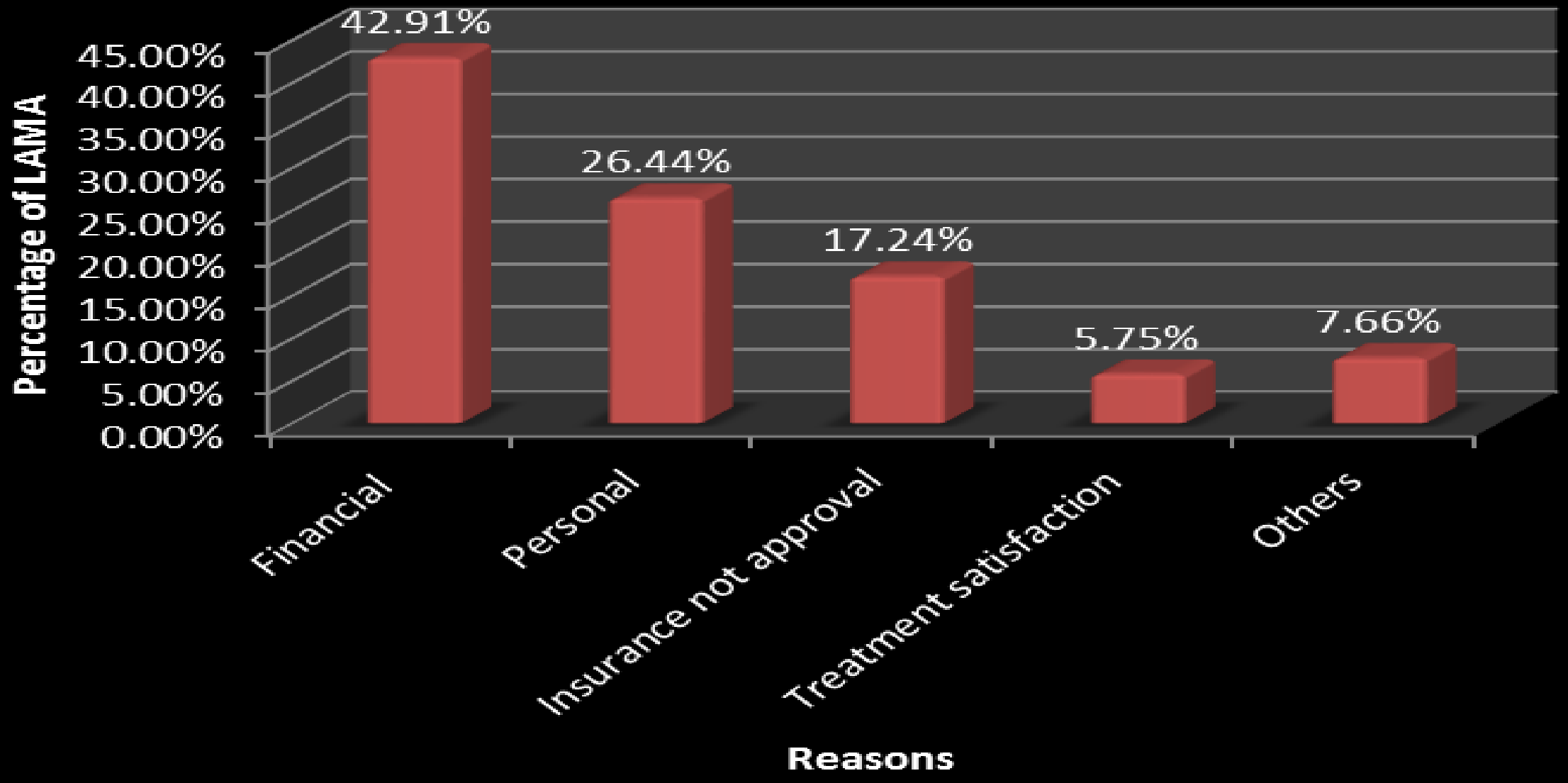
Expats – 66.283%

➢ **Marital status**: Single- 28%

Married -70%


Nou of Cases under each
14
12
10
8
6
4
2
0
Dr.Afra
Dr.Adbelazeim
Dr.Armani
Dr.Ahmed
Dr.pratiba
Dr.Padma
Dr.Koshree
Dr. Umedjon
Name of the Physicians
Series2
Series1

Reasons for LAMA



DISCUSSION

- The highest amount of Lama is seen in Emergency dept. in all 3 months with January being the highest lama in emergency dept. with 7.7%. The average 3 months of total admissions was 1263.33 ,out of which lama on an average for 3 months was 6. 88%.Maximum LAMA's was observed in Emergency dept. and Left wing ward. Highest LAMA for 3 months was seen under Dr.Afra, Dr. Adbelazim and Dr.Pratiba. .The maximum reasons for lama was Financial reason being 43% ,personal reason 27% with no specific reasons and insurance rejection 18%.

- The follow-up call was being made to the lama patients for a general health feedback but conversion rates was not high .Going in depth with the Lama patients with apt communication and getting in to the root cause is vital to avoid probability of Lama.

SUGGESTIONS

- Depending on the socio demographic status of the patient, Better Deals, Health care packages can be provided to the patients.
- Patients with lower socio economic status ,Provision of Payment can be done through EMI System within a period of 1month in an extreme cases.
- In order to know the specifications of personal reason, apt communication with human touch is a must between PDA department and patient and Consultant and Patient so that detailing can help the hospital in better understanding of the patient's situation and accordingly work on the same. Physician Patient Communication skills must be applied to avoid unnecessary LAMA

SUGGESTIONS CONTD.....

- Briefing the patient at the very initial period during admission about their insurance coverage plan and making them fully aware about the inclusion and exclusion criteria of their insurance plan and making them prepared for OPE in the future.
- Giving the authority to the patient in the beginning of the treatment to choose the treating Physician of his/her NATIONALITY/GENDER choice in order to avoid any discomfort.
- Incase of any discomfort, dissatisfaction in between the treatment with the doctor or any hospital staff - Arranging one to one meet with the patient and PAD department (if needed even higher management) and getting in to the root cause of the problem in the most empathetic, considerate and humble way and by communicating extensively with respect to all facets of care, while avoiding conflict, and providing a caring and accepting environment for the patient.


Thank You!