Study on Monitoring of Lama/Dama Discharges and Initiating Quality Improvement Efforts at Narayana Hrudayalaya Hospital, Jaipur

By

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Study on MONITORING OF LAMA/DAMA DISCHARGES AS AND INITIATING QUALITY IMPROVEMENT EFFORTS

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INSTITUTE OF HEALTH
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IIHMR UNIVERSITY

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Dr. Priyanka Shukla,** student of MBA Hospital and Health Management from The IIHMR University, Jaipur has undergone dissertation training at **Narayana Hrudayalaya Hospital, Jaipur** from **1 st February, 2016 to 30 th April, 2016.**

The Candidate has successfully carried out the study designated to her during dissertation training and her approach to the study has been sincere, scientific and analytical. This training is in fulfillment of the course requirements.

I wish her success in all her future endeavors.

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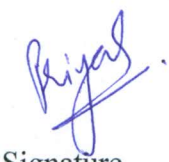
This is to certify that the dissertation titled **"A Study on Monitoring of LAMA/DAMA Discharges and Initiating Quality Improvement Efforts"** and submitted by **Dr. Priyanka Shukla** Enrollment No. **IIHMR-U/MBA-HM/2014-2016/19-1597** under the supervision of **Dr. Mohan Bairwa** for award of MBA in Hospital and Health Management of the University, carried out during the period from **1st February, 2016 to 30 th April, 2016** embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other Institute or other similar institution of higher learning.



Signature

Abstract

Dr .Priyanka Shukla

Topic

Monitoring of Left against Medical Advice / Discharge Against Medical Advice Discharges and Initiating Quality Improvement Efforts at Narayana Hrudayalaya Hospital, Jaipur

Background

Left against medical advice/ Discharge against medical advice is defined as patient discharges or leaves the hospital or health care facility before the treating physician recommends discharge, this has emerged as a pervasive problem in general hospitals. LAMA/DAMA encounters lead to frustration and resentment on the part of clinicians and poor outcomes and worsening health of patients. It is a challenge to provide quality healthcare when patients do not adhere to their physicians recommendations for treatment. The need for a clearly documented system or guidelines for assessing and managing such patient is highlighted.

Objectives

The main objective of the study is profiling of LAMA/DAMA discharges at Narayana Multispecialty Hospital, Jaipur..

To identify the reasons of LAMA/DAMA discharges at Narayana Multispecialty Hospital, Jaipur.

Methodology:

Study setting:

The study was undertaken at Narayana Multispecialty Hospital in Jaipur. The hospital is a 240 bedded multi-specialty hospital.

Study design:

Descriptive study with cross-sectional design

Study Participants: All inpatient admissions in the wards(general, intensive care unit, private ,semiprivate)facilities and leaving against medical advice of the treating consultants were included in the study

Sample size:

107 patients who left/discharged against medical advice admissions in the wards(general ,intensive care unit, private ,semi-private)

Study tools:

Secondary data collection: Direct observation and hospital record review and discussions with the consultants, and nursing incharges. Cause and effect diagram (fishbone diagram).

Primary data collection by : Telephonic Survey comprising of open-ended questions.

Result: The reveals that the patients leaving against medical advice were majority males(63%) of old age group(61-70 years).Out of the 107 subjects leaving against medical advice (n=75) were uninsured patients. Furthermore road traffic incidents (RTA) cases (22%),chronic obstructive pulmonary lung disease(COPD)(17%),hypertension and diabetes mellitus(15%) were diagnosis primarily associated with LAMA/DAMA discharges. The most common reasons for signing against medical advice were financial constraints (n=35),poor prognosis(30,),dissatisfaction with treatment plan(n=12),referral to higher centre(n=5).

Conclusion:

The present study reveals that majority of people who left/discharged against medical advice were:

- Those from low income families under financial burden;
- Those who had poor prognosis; and
- Those who were dissatisfied with treatment plan.

ACKNOWLEDGEMENT

This dissertation is of an immense academic record and value for the student of professional courses of M.B.A hospital and healthcare administration where the students have to be in the industry with the theoretical knowledge; this practical experience gives an extra confidence in their performance.

I feel deeply privileged in expressing our deep gratitude to Dr. Devi Shetty(CMD NARAYANA GROUP),Dr.Mala Airun (Clinical Director),Mr Arunesh Punetha (Facility Director) I am very greatful to Narayana Hrudayalaya Multispecialty Hospital, Jaipur for providing me such a great opportunity for internship in hospital for gaining practical knowledge and providing with continuous guideline and direction.

I would like to express our special thanks to my guide Prof.(Dr.) Mohan Bairwa, Associate Professor ,IIHMR UNIVERSITY ,JAIPUR. His kind attitude and helping hands had made a great impact and had helped us to complete our project. I would like to thank my institution and faculty members without whom this project would have been a distant reality. The language loses its worth while expressing my thanks to Dr. Manikant Jain,Medical Superintendent , Narayana Multispecialty Hospital, Jaipur, Rajasthan.I am grateful of him for permitting me to carry out this work in the hospital.

I am thankful to Dr. Vivek Bhargava ,intensitivst(consultant critical care)a ,ICU and clinical and nursing team Of Narayana Multispecialty Hospital for helping me at each step and every step of my work. The quality team members Dr Nabalina Dutta and Ms. Avni Shrivastava. I m indebted by the contribution made by the floor coordinators team of the hospital.I shall remain indebted to Mr .Nathu Prajapat and team MRD Department for their cooperation in Data retrieval with this piece of work.Finally, and most importantly I would like to thank God for allowing me to complete my project, my beloved parents for blessings, support ,encouragement and wishes for the successful completion of training.

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ABBREVIATIONS

LAMA LEFT AGAINST MEDICAL ADVICE

DAMA DISCHARGE AGAINST MEDICAL ADVICE

DAOR DISCHARGE AT OWN RISK

AMA AGAINST MEDICAL ADVICE

ICD INTERNATIONAL STATISTICAL CLASSIFICATION OF DISEASES AND RELATED HEALTH PROBLEMS

ICU INTENSIVE CARE UNIT

HDU HIGH DEPENDENCY UNIT

CCU CRITICAL CARE UNIT

ITU INTENSIVE CARE UNIT

JCI- JOINT COMMISION INTERNATIONAL USA

NH NARAYANA HEALTH

NICU- NEONATAL ICU

RTA ROAD TRAFFIC ACCIDENTS

IPD IN PATIENT DEPARTMENT

KTU KIDNEY TRANSPLANT UNIT

SICU SURGICAL INTENSIVE CARE UNIT

MRD MEDICAL RECORDS DEPARTMENT

EXECUTIVE SUMMARY

Narayana Hrudayalaya, Jaipur is multispecialty, tertiary hospital and has an Operations and Quality Department making continuous efforts towards improvement of quality and efficiency in the Operations of the hospital. The hospital is JCI accredited, driving various quality improvement initiatives. Quality Indicators are monitored regularly to attain higher levels of patient safety and enable higher quality patient care. The critical care unit in the hospital consists of 20 CCU ,13 HDU,5 KTU,20 micu,7 SICU bedded ICUs, seven in number along with HDUs on the floor. The study was conducted in the period between 01/02/16 to 1/04/ 16 in the critical care units of Narayana Multispecialty Hospital, Jaipur.

Leaving against medical advice or discharge against medical advice has been defined in the broadest terms as any patient who insists upon leaving against the expressed advice of the treating team. Hospital discharge against medical advice may represent failure of medical care Monitoring af LAMA/DAMA discharges and initiating quality improvement efforts is an important step to ensure continuous improvement in quality of care. In the study conducted data for LAMA /DAMA discharges from the month February 2016 to March 2016 was collected from hospital records, hospital information system and telephonic interview was also conducted, to know the reasons of patients leaving against medical advice in all in-patient facilities in the hospital and to suggest measures that should be taken for Quality Assurance focusing on such discharges as a indicator.

Cause and effect Analysis (Fishbone diagram) is a systemic proactive method for evaluating a process by brainstorming process for identifying the possible causes of problems. Data analysis was done by MS Excel.

The results of the above analysis reveals that the patients leaving against medical advice were majority males (63%) of old age group (61-70 years). The most common reasons for signing against medical advice were financial constraints (n=35), poor prognosis (30,), dissatisfaction with

treatment plan (n=12),referral to higher centre(n=5).Out of the 107 subjects leaving against medical advice (n=75) were uninsured patients. Furthermore road traffic incidents (RTA) cases (22%), chronic obstructive pulmonary lung disease (COPD)(17%),hypertension and diabetes mellitus(15%) were diagnosis primarily associated with LAMA/DAMA discharges.

Suggestions have been given for that implementation of some robust measures in the in the hospital to reduce such discharges in the hospital and ensure quality of care

1. INTRODUCTION

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. Children as minors in health decision making may be more vulnerable. Professional liability is a concern for physicians caring for such patients[1]. The medical importance of patients leaving against medical advice has not been well studied in our communities. One aim of this review is to remind health care professionals of this entity hoping this will be a stimulus to carry out more studies on such patients and encouraging to take more initiatives towards clear unified system of management.

Definition

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

LAMA discharges, in which a patient chooses to leave the hospital before their treating physician recommends discharge, constitute up to 2 % of all hospital discharges among medical inpatients (approximately 500,000 US discharges per year).

Compared to patients discharged conventionally, 30-day readmission rates for patients discharged LAMA are 20–40 %higher, and their adjusted relative risk of 30-day mortality may be increased as much as 10 %. Despite the excess morbidity, health care costs, and associated stigma, LAMA discharges are relatively unexamined.

The Patient Protection and Affordable Health Care Act of2010 establishes Medicare payment reductions for hospitals that have higher readmission rates for certain conditions, and may exert enormous pressure to reduce avoidable hospitalreadmissions.5 Because patients discharged AMA are at increased risk of hospital readmission and the excess associated costs, studies that examine ways to decrease LAMA discharges are needed.

Achieving better quality care and improving outcomes for these individuals has been limited in part due to the sparse research illuminating how best to care for and

support this challenging patient population.

LAMA is a well recognized problem in medical practice. It occurs in both in patient wards and emergency departments. LAMA is a universal problem plaguing both rural and urban hospitals. However interest in this area has generally on large urban hospitals and on specific patient groups, such as general medicine or psychiatric patients. Although 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.

Not much has been done in this region in terms of research. Against-medical-advice-discharges continue to be a highly prevalent problem of health care quality, representing as many as 1 – 2% of all hospital discharges.5-7

Patients leave against medical advice when they depart from the hospital earlier than their care team recommends. Research shows that such patients are at an increased risk of adverse health outcomes ranging from medical complications to death.1, 2, 4 Such outcomes have a significant impact both on the overall cost of their care and on their care experience and quality of life.3 Understanding the nature of admissions where patients leave against medical advice is important to finding appropriate solutions, targeted to minimize the resulting effects of these discharges.4

Establishing uniform standards for AMA discharge will allow for rigorous development of rational interventions to prevent or reduce AMA discharges. A proposed standard definition of an AMA discharge is: A patient request for a discharge treatment plan that is outside the range of medically acceptable options. If the patient's preference for care is to decline further inpatient treatment, and if the physician's agreement with that plan would be outside of accepted medical standards (e.g., based on risk, etc.), the discharge would be consistent with the above definition of LAMA.

So far the purpose of the study was to determine the reason of patients leaving against medical advice in Narayana Multispecialty Hopsital, Jaipur, this would help clinicians to intervene earlier to initiate preventive measures in order to prevent rising health care costs improve quality and improvement of treating resources.

The study formulates recommendations for managing and preventing them on the basis of available evidence and proffers strategies for reducing this unwarranted but relatively common clinical entity.

2 .REVIEW OF LITERATURE

The researcher has reviewed studies and journals that stated LAMA is a multifactorial

Etiology involving a great diversity of influences, thus patients leaves the hospital against medical advice for a variety of reasons.

Earlier studies indicated that patients LAMA for reasons like dissatisfaction with their care ,patient 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.

Some researchers consider that most of the cases of discharge against medical advice reflect failure to reach consensus between the attending physician and patients regarding the need for continued inpatient care.

This failure may reflect, , poor communication and lower trust between the physician and the patient. A well recognized fact is that lack of patients trust on medical care providers interferes with communication about diagnosis, prognosis and appropriate treatment.

Studies in developing countries have implicated poor financial and low socioeconomic status as the main reasons for LAMA.

The researcher reviewed the study of Canadian Institute for Health Information(CIHI)shows that compared with people who completed their treatment those who left inpatient care against medical advice were more than twice as likely to be readmitted to inpatient care.

Previous studies have investigated that LAMA is a common phenomenon in hospitals and patients in all units. Brooks et al. found its prevalence to be prevalence to be ranging from3 -51% with a mean rate of 17%. A review of literature of a study by Aalia akhtar Hayat Ahmad and Minas (2013) concluded that the problem of LAMA is associated with the type of hospital setting, staffing pattern and admission and discharge policies.

As demonstrated in the health disparities literature, clinician attitudes towards patients can vary based on patient characteristics. This variability can in turn be associated with varying health care quality.

Similarly, clinician attitudes towards patients wishing to leave LAMA or previously discharged LAMA may be associated with stigma and lower quality care.

Understanding factors associated with a physician's willingness to label a discharge as LAMA can assess how they apply the label in varied settings and situations, and help to inform the creation of a formalized standard. Examining the L AMA form content in general, as

well as evaluating physician and patient attitudes and beliefs about the use of these forms, will help to guide ethically appropriate use of these forms. Qualitative studies that evaluate LAMA informed consent discussions and their chart documentation can identify strengths and inadequacies in the process, and illuminate how patients and doctors talk about these complicated decisions.

There are a number of reasons that patients choose to leave AMA, including:

• Noncompliance with exams, tests, procedures

• Family pressures/responsibilities

• Drug/alcohol dependence

• Feelings of panic;

• Personality disorder;

• Preference for treatment elsewhere

• Psychotic behavior

• Phobic feelings

While further research is needed to inform best practices, highlighting patient-centered care as a response to LAMA discharges can help promote high quality care for this

Population of patients. The 2001 Institute of Medicine report "Crossing the Quality Chasm" established six aims for quality improvement to address key areas in need of progress,

one of which was patient-centeredness. The report defines patient centeredness as, "providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions."

Previous studies have stated that the issue concerns the hospital management, staff, and patient as well as third party where applicable. The staff , especially doctors and nurses, having certified ethical considerations and professional obligations may be faced with issues regarding quality assurance and litigation.

Patients taking LAMA must be educated regarding health issues so that they have the capacity to obtain process and understand the basic health information and services needed to take appropriate decisions.

The most important void in literature on discharges against medical advice is the lack of understanding of why patients choose to leave. Identifying these reasons is essential to the design of any preventive intervention.

3. RATIONALE BEHIND THE STUDY

The rationale behind the study is monitoring the LAMA /DAMA discharges as and initiating quality improvement efforts, an important step in Quality Assurance.

The data of LAMA discharges can be utilized to assess their own performance and managers of the inpatient areas in the hospital to identify problems and ensure quality of care.

The aim of the study is to assess the current status of prevalence of and reasons for patients leaving against medical advice from all wards in inpatient areas in Narayana Multispeciality hospital, Jaipur the need for thorough documentation of all LAMA cases to ensure the availability of high-quality data for healthcare workers involved in preventing LAMA.

4. PROBLEM STATEMENT

What are the reasons of patients leaving against medical advice in all in-patient facilities in Narayana Hrudayalaya Hospital in Jaipur and what measures should be taken for Quality Assurance focusing on such discharges as an indicator?

5. RESEARCH METHODOLOGY

5.1 RESEARCH QUESTION

Ques 1.What are the reasons for discharges against medical advice cases from all in-patient facilities at Narayana Multispecialty Hospital, Jaipur?

What are the measures that can be taken to reduce LAMA/DAMA discharges in the hospital and ensure quality of care?

5.2 AIM

The aim of this descriptive study is profiling and monitoring of LAMA/DAMA discharges and initiating quality Improvement Efforts to achieve operational efficiency in the process at Narayana Multispecialty Hospital, Jaipur.

5.3 OBJECTIVES

1. The main objective of the study is profiling of LAMA/DAMA discharges at Narayana Multispeciality Hospital, Jaipur.

2. To identify the reasons of LAMA/DAMA discharges at Narayana Multispecialty Hospital, Jaipur.

5.4 RESEARCH METHODOLOGY

STUDY SETTING

The study was undertaken at Narayana Multispecialty Hospital in Jaipur. This hospital is a 240 bedded multi-specialty hospital.

STUDY PARTICIPANTS

All inpatient admissions in the wards(general, intensive care unit, private ,semiprivate)facilities and leaving against medical advice of the treating consultants were included in the study

.

STUDY TYPE

Qualitative study

STUDY DESIGN

It is descriptive study with cross sectional design.

SAMPLE UNIT

107 patients who were left/discharged against medical advice were studied for 3 months (February 2016 to April 2016)

SAMPLING METHOD

Patients who got admitted during study period irrespective of duration of illness and mode of admission were recruited through non-probability consecutive sampling and the review of the hospital documents

STUDY TOOL

Direct observation and hospital record review, discussions with the consultants, and nursing incharges, for citing reasons for LAMA. Secondary data was retrieved from Hospital Information System and medical

Cause and effect diagram (fishbone diagram)- It helps to determine the primary and secondary causes of a problem. The complexity of the problem is assessed and taking a objective look after all the contributing factors.

Primary data collection

Tools- Telephonic survey comprising of open-ended questions.

CRITERIA FOR THE STUDY

Inclusion criteria

All the patients who left against medical advice and have signed the LAMA form were included in the study.

Exclusion criteria

Some stakeholders in the study like patient's attendants, who did not want to disclose the reason of LAMA .

Patients who died during the period of study.

6. ETHICAL CONSIDERATION

- Informed consent was taken from the Clinical Director Mrs .Mala Airun and Medical Superintendent Mr. Manikant Jain ,Dr.Vivek Bhargava (Consultant Critical Care) to be a part of the study .The approval of the quality steering committee was sought.
- Ethical and legal committee's approval was sought.
- Privacy and confidentiality was maintained.

7. VALIDITY AND RELIABILITY OF THE STUDY

- Research was carried out under the research guide.
- The researcher was directly involved in data collection, cross checking, data processing and data analysis..
- Regular review of literature

8. DATA COLLECTION METHOD

The methods used included collection of secondary data through day to day observation of events in medical intensive care unit and wards of the hospital, analyzing

the inpatient admission and discharge registers... Secondary data was retrieved from Hospital Information System and medical records. Manually-filed LAMA forms were also reviewed in order to obtain additional information. Primary data was collected by telephonic interviews based on a set of open –ended questions.

9. QUALITY MONITORING /ASSURANCE AND IMPROVEMENT

"Quality is a dynamic state associated with products, services, processes, people and environment that meets or exceeds expectation and helps produce superior value."

Indicator is statistical data or measure to screen an event. Thus it helps in drawing attention to a particular issue and highlights potential problem so that corrective measures can be taken. Monitoring of indicators can help in evaluating quality service in clinical set up and providing higher level of care in standardized manner. Quality orientation is an integral part of patient care.The best possible care at the institutional level is not considered adequate in the present competitive environment. It should be visible, appreciated and comparable.

Quality of service offered, result of intervention and treatment related process can be analyzed to define the scope of improvement. Quality indicator help in achieving these objectives.

Monitoring is routine periodic collection and analysis of data on selected indicators. Monitoring is an important step in Quality Assurance. This data allows teams to assess their own performances and managers to identify performances problems and make corrections to ensure desired outcomes are achieved.

If we are concerned with providing, value to the customers we must consider how we can improve customer value. There are number of principles which are central to the practice of Quality Management:

1. Flow Chart: The entire process is diagrammed from the start to finish with each step of the process clearly indicated.

2. Pareto Chart: The number of occurrence or the costs of occurrence of specific problem are charted on a bar graph. The largest bars indicate the major problem and are used for determining the priorities for problem solving.

3. Check Sheets: A data gathering sheet is prepared that categorize problems or defects. Check sheets information may be put on a Pareto chart.

4. Cause and Effect Diagram: A problem is systematically tacked back to possible cause. The diagram organizes the search for the root cause of the problem. The similar diagram can be used to systematically search solutions to a problem.

5. Histogram: A bar chart showing the comparative frequency of specific measurements. The shape of the histogram can indicate that a problem exist at a specific point in a `

6. Control Chart: One of the main tools of SPC is the control chart. Originally introduced by Dr. Walter Shewart in 1920‟s has revolutionized the way companies in both manufacturing and service industries monitor quality. Broken line graphs illustrate how a process or a point in a process behaves over time. Samples are periodically taken checked or measured and the result plotted on the chart.

10 .DATA ANALYSIS

Data analysis was done by MS EXCEL.

Cause and Effect Diagram was used for enlisting the causes of LAMA/DAMA cases reported during the months.

A tool that the Quality Assurance team can use to group, peoples ideas about the causes of problem.

The complexity of the problem is assessed and taken a objective look after all the contributing factors.

11. RESULTS

The data collected for the study was sorted, classified and tabulated by using MS -EXCEL. In Figures 2-3 we present the basic demographic details of LAMA/DAMA patients. Out of the total 3479 in-patient admissions,107 patients left against medical advice, out of which males were(63%), females were (37%) with age ranging from 61-70 years(old age group) accounting for major number of LAMA cases.

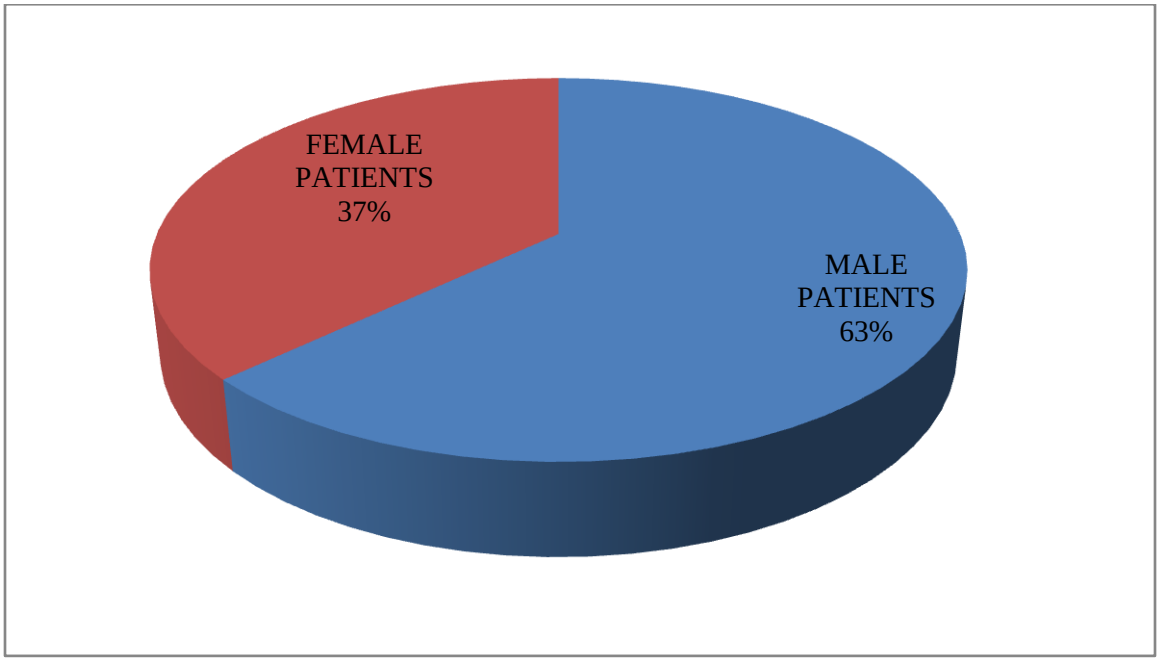


Figure 2.Gender Wise distribution of the LAMA/DAMA cases in the in-patient wards

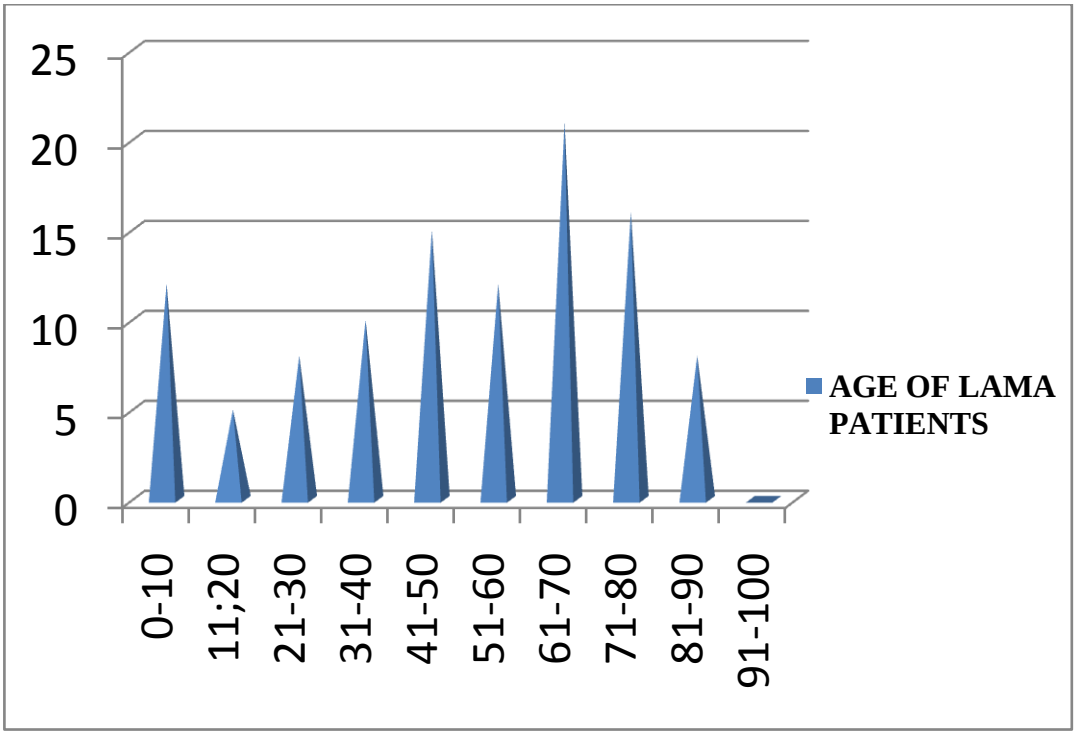


Fig 3. Age wise distribution of the LAMA/DAMA cases

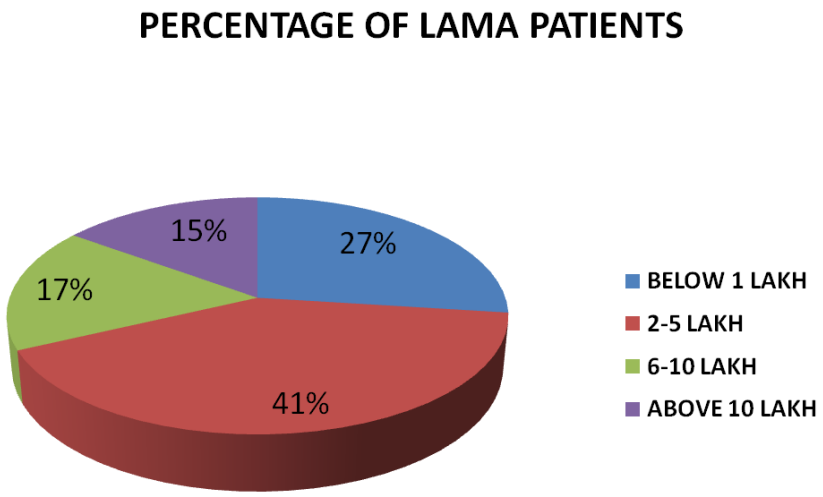


Fig 4.Income wise distribution of LAMA patients

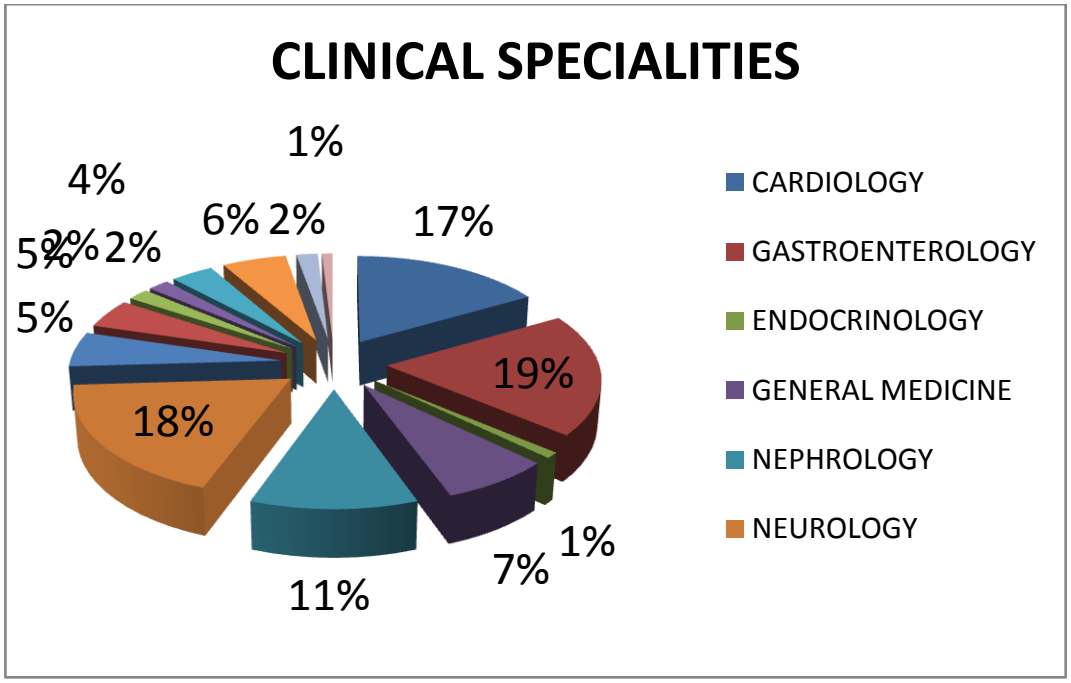


Figure 5.Clinical specialty wise distribution of the LAMA/DAMA patients

Departmentally the data showed that majority of the patients were gastereoentrology cases, followed by neurology and cardiology cases respectively.(Fig 5).

In the study road traffic factures (RTA) represented the highest number of DAMA cases. Chronic obstructive pulmonary lung disease, hypertension and diabetes mellitus, liver diseases were other diagnosis associated with patients leaving against medical advice.

(Fig 6)

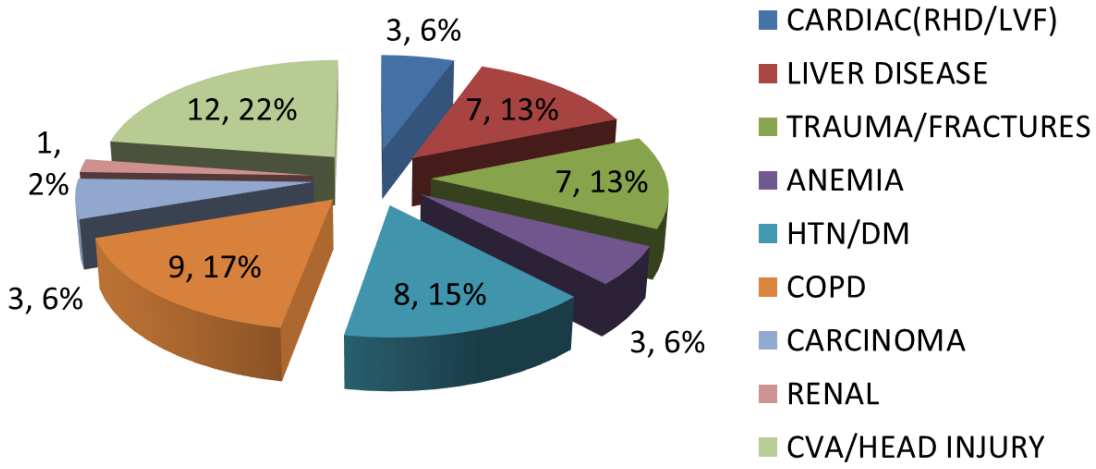


Figure 6.Diagnosis wise distribution of LAMA Patients

Figure 7 , represents that out of the 107 subjects going LAMA (n=75)belonged to the non – sponsored or cash category and only 32 belonged to the TPA category. Mostly patients not were not covered through insurance ,though insurance companies like ESIC(Employee state insurance cooperation)ex-service men contributory health scheme(ECHS) ,Rajasthan State Government have never denied payment because the patient left against medical advice.

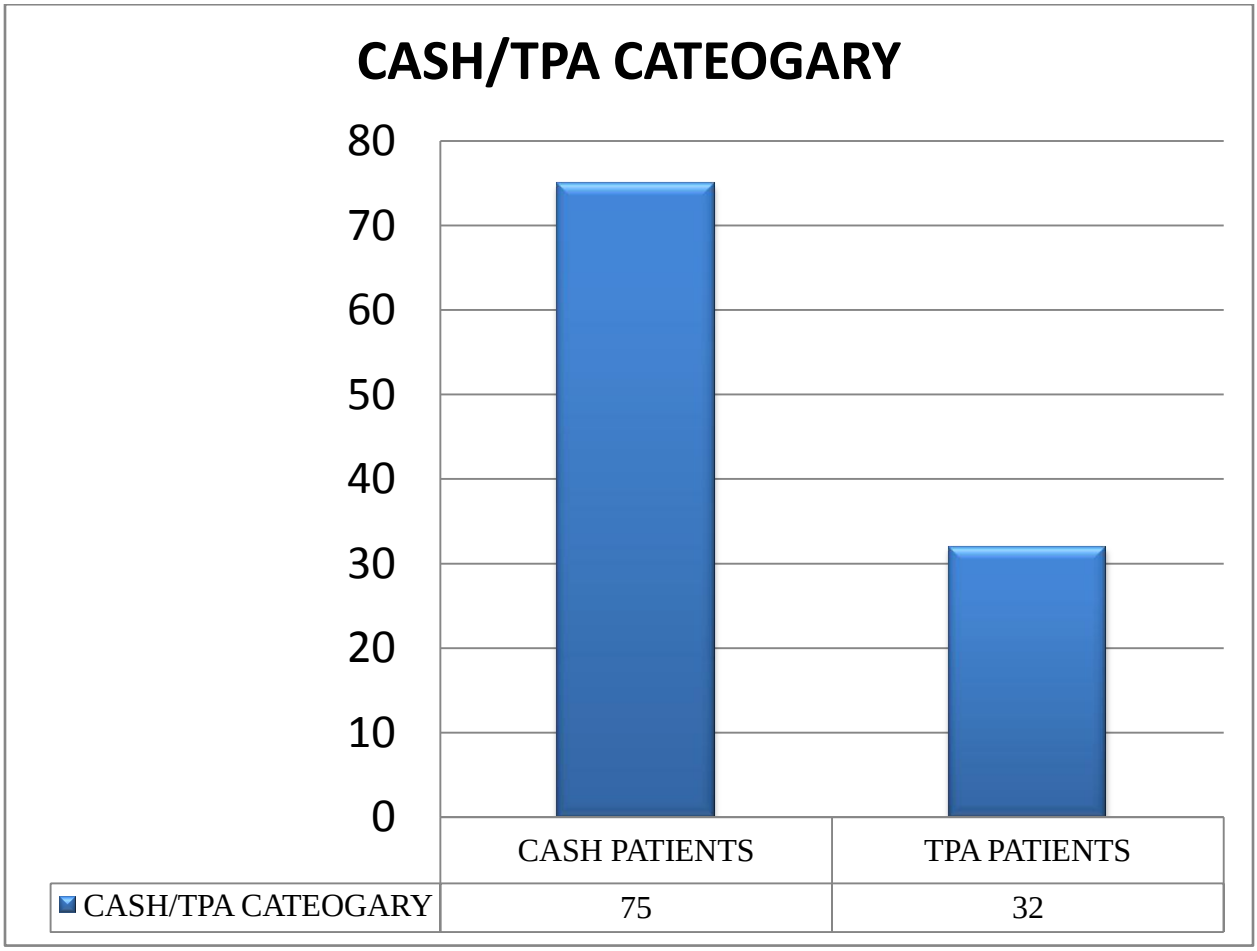


Figure 7. Sponsored /Non sponsored category wise distribution of the LAMA /DAMA patients

The reasons for signing against medical advice are represented in Fig 4.The most commonly cited reasons for leaving the hospital were financial constraints(n=35),poor prognosis(30)

Dissatisfaction with treatment plan (n=12), referral to higher centre(n=5)etc.(Fig 8)

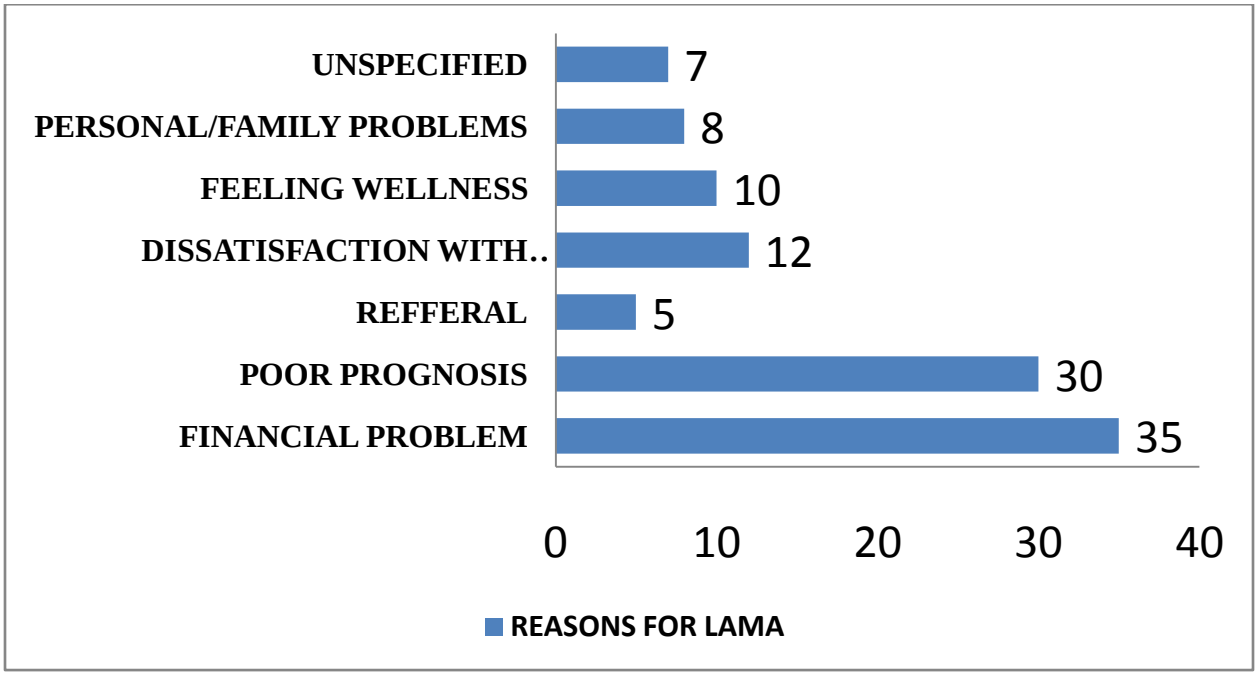


Figure 8.Reasons cited for leaving against medical advice

The study highlighted the importance of considering patient and provider perspectives when identifying patient's reasons for LAMA, some of which can be addressed via improved patient provider perspective.

LAMA as a quality indicator is a yardstick to measure the level of care in the in-patient wards, Quality of care in ICU depends on the complex interaction between patient, machine and care providers

Selection of indicators like LAMA and monitoring the same should be considered most vital and challenging task to bring continuous improvement in the level of care.

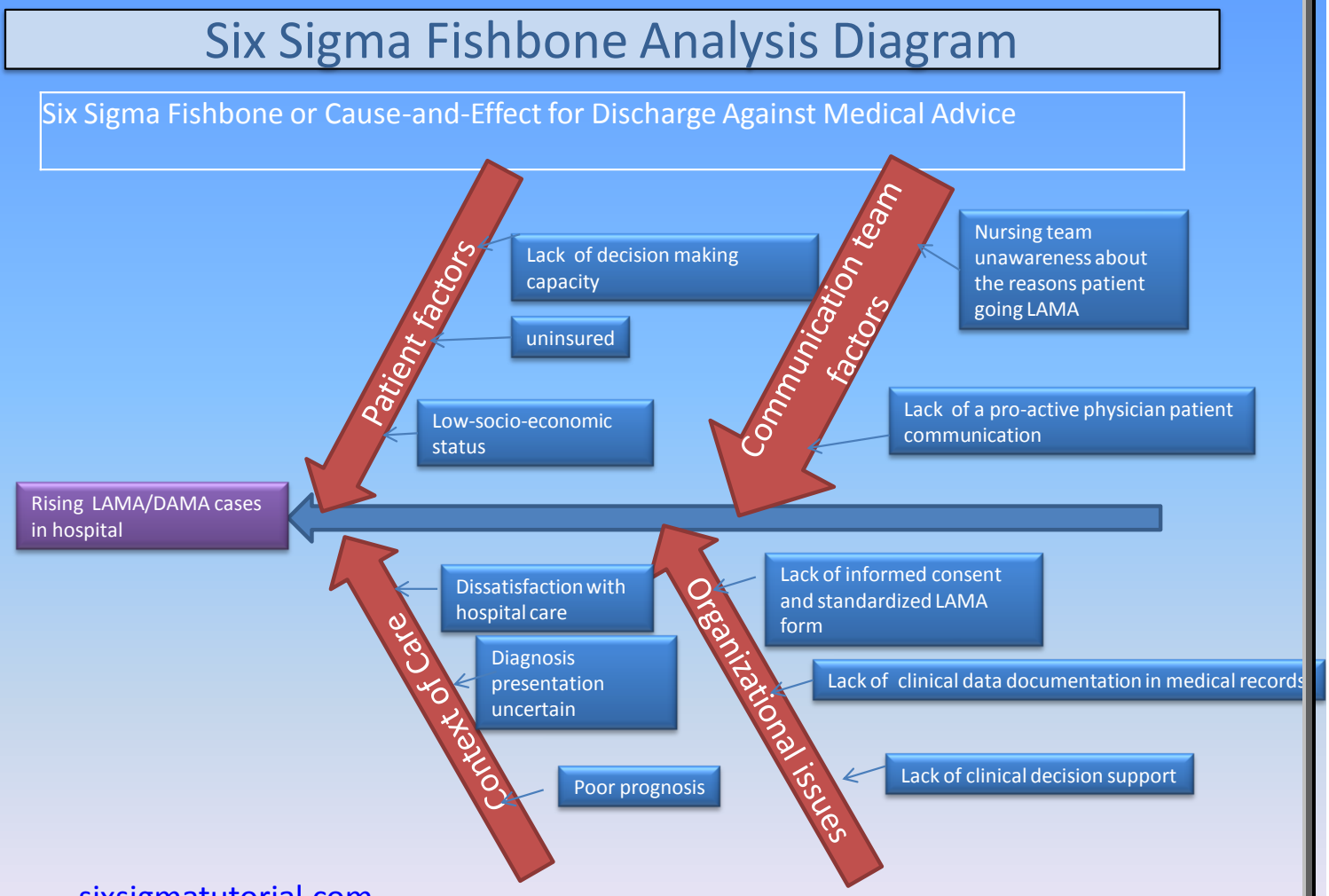


Fig 9 Cause and effect diagram of Discharge against medical advice

12. DISCUSSION

The researcher observed that financial constraints were the most common explanation advanced by patients to justify leaving the hospital against doctors wish. This was also noted in other literatures. (Prospective evaluation of cases of Discharge against Medical Advice in Abuja,Nigeria)) This could be due to widespread poverty and lack of access to National Health Insurance Scheme by majority of our populace. The rising cost of healthcare Hospital discharge against medical advice may represent failure of medical care.

Patients who do not have insurance policies, the decision to take the option of LAMA may be the end of financial support, which explains why the majority of the patients who take LAMA are uninsured.

In India, no person is supposed to be denied urgent care because of the inability to pay. Patients who present with high risk clinical condition pose a greater risk who leave against medical advice.

13. CONCLUSION

The overall picture needs improvement in all critical areas and wards.

The number of people leaving the inpatient facilities against medical advice is because of financial constraints. Since a large proportion of Indian Health care system is financed out of pocket expenses

There is scope of improvement.

According to this study majority of people who left against inpatient care against medical advice were from low-income families under financial burden.

Frequent reasons of discharge LAMA were as follows:

- Financial condition (rising out of pocket expenditure on health, low socio-economic status)/long stay of LAMA patients.
- Poor prognosis (- deteriorating medical condition ,not receiving adequate medical/nursing care)
- Want to go to some other centre.

Hospital managers want to reduce discharge against medical advice, it is better to probe the causes, Based on the causes effective intervention can be implemented which may differ in terms of resource consuming.

14 RECOMMENDATIONS

Patient satisfaction should be introduced in critical care units. The LAMA form should be made consistent with internationally accepted LAMA standards of documentation which included the following : "Signatures of physicians and patient ,date ,time of LAMA ,medical condition ,risks and benefits ,consequences of leaving LAMA ,understanding of consequences of refusing treatment, reason for refusal ,self-care and when to seek medical attention and further follow-up arrangements."

Communication should be encouraged and standardized all across the hospital. Careful supervision of medical staff performance. Communication of the plan of care to the patient when the patient is in emergency department and waiting for a room.

A proactive physician patient communication.. Motivational interviewing of patient attendants to help physicians examine the particular perspective of the patient.

Patients who decide to leave the hospital for personal reasons may be prioritizing financial concerns over health concerns, negotiating about the how's and when's of this decision is a part of a harm – reduction strategy that physicians can undertake to ensure the best care possible, respecting patients right to choose the manner and timing of treatment. Discussing with patients the data on risk for morbidity can help achieving informed consent. Complaints about the lack of clear sympathetic explanations point to deficiencies in communication skills should be applied to prevent discharge against medical advice..

Patients taking LAMA must be educated regarding health issues so that they have the capacity to obtain, process and to understand the basic health information and services needed to take appropriate decisions.

A careful, thorough, and well documented examination is the best defense. The severity of the illness should be assessed as well as the severity of the risk if the patient is discharged.

A standardized LAMA discharge protocol is recommended.

Physicians should offer out-patient therapy. A high risk, the physician should engage in a constructive dialogue with the patient about grievances.

In a low risk case it is a good practice for the physician to explore the patients thinking about the discharge. A good physician –patient alliance is good for follow up care..

Before discharging patient against medical advice, the physician should ensure that the patients withholding of consent for further hospitalization is informed with respect to risks, benefits, and alternatives.

The strengthening of Health Insurance schemes, strict control of traditional medical practices and focused health education are recommended strategies to reduce DAMA.

Informed consent in deciding to leave LAMA is one of the most important elements of care for patients who make this decision. Informed consent in discharge planning is a fairly straightforward process. clear documentation of the medical records of that of LAMA in the medical record, ensures the best care possible for the patient and may reduce liability. A signed informed consent or refusal is the cornerstone of. Informed consent means the patient arrived at their decision with thorough discussion and full understanding of the risks and benefits,

Patients whom leave against medical advice are a risk to themselves and represent potential medical-legal risk. In these situations, physicians should try to educate patients on what symptoms and signs should prompt them to seek further medical attention.

Documentation of leaving against medical advice. In medical record document the discharge instructions provided.

A signed LAMA form is acknowledgement that a discussion with the patient of the risks of discharge has occurred. A signed LAMA form is potentially useful if issues about the assessment and informed discharge arise later .In these circumstances physicians should ask the nursing staff to witness that an assessment and discussion have occurred.

If a patient refuses to be a part of the discharge discussion or refuses to sign a LAMA form this should also be documented. Identifying the vulnerable group and monitoring hospital stay of patients should be done.

When a patient wishes to leave against medical advice, the healthcare practitioner managing his or her care should initiate a calm, frank discussion with the patient regarding the reasons behind this desire. The practitioner should explain the risks associated with leaving and the care that the patient will need, as well as resources for care outside the hospital.

- Follow up with patients who leave against medical advice within a short period of time. Ensure that they are aware of further resources (such as local clinics) for their healthcare and that they are following the instructions from the healthcare provider given at discharge.
- Ensure that the care team is not providing misinformation about insurance and reimbursement. In most situations, insurance will cover their stay, even if patients choose to leave against medical advice. Ensure that erroneous information is not used in a misinformed attempt to coerce a patient to stay.

COMPREHENSIVE LAMA FORM & DISCHARGE INSTRUCTIONS:REQUIRED COMPONENTS
Formalities: Signature of physicians and patient
Date and time of AMA discussion an form execution
Personalized to patient:
Medical condition
Specific risks and benefits of proposed treatment and alternatives
Reports results of mental capacity assessment
Patient understanding of proposed treatment
Patient understanding of consequences of refusing treatment
Patient reason for refusal of admission or treatment
List of follow-up instructions
Self care and when to seek medical attention

TABLE 1.FORMAT OF A COMPREHENSIVE LAMA FORM

15. LIMITATIONS OF THE STUDY

1. Failure to document LAMA discharge order despite verbal order by the consultant.

2 .As a single institutional study its generalizability is restricted to only one hospital.

3. Readmission of LAMA cases could not be identified by the hospital management information system.

4 .The study setting looks at the hospital as a whole not a particular department like the emergency room or specific specialty.

16. INSTRUMENTATION

SELECTED SURVEY QUESTIONS AND POTENTIAL RESPONSES ASKED DURING TELEPHONIC INTERVIEW BY PATIENT ATTENDENTS AND FAMILIES

Ques 1.Why did you sign out against medical advice?

1. Financial constraints ☐
2. Poor prognosis ☐
3. Family matter ☐
4. Dissatisfaction with treatment plan ☐
5. Referral to other hospital ☐

Ques 2.Do you have health insurance?

Yes ☐ NO ☐

Ques 3.Will you seek medical attention at another medical centre?

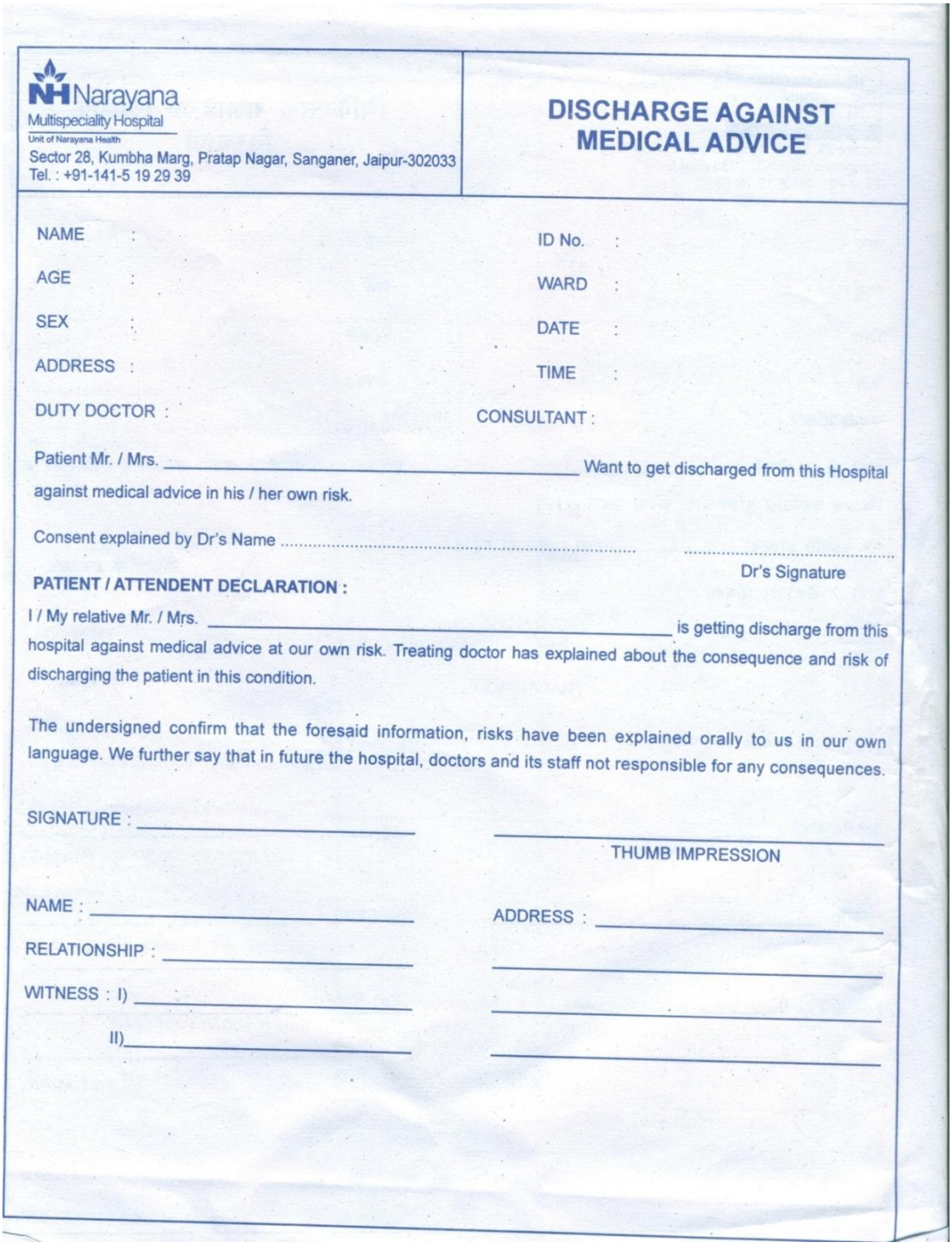
Yes ☐ No ☐

Ques 4.What is your annual income?

1. Below 1 lakh ☐
2. Between 2-5 lakh ☐
3. Between 6-10 lakh ☐
4. Above 10 lakh ☐

ANNEXURE

LAMA CONSENT FORM



NH Narayana
Multispeciality Hospital
Unit of Narayana Health
Sector 28, Kumbha Marg, Pratap Nagar, Sanganer, Jaipur-302033
Tel. : +91-141-5 19 29 39

DISCHARGE AGAINST MEDICAL ADVICE

NAME :
ID No. :
AGE :
WARD :
SEX :
DATE :
ADDRESS :
TIME :
DUTY DOCTOR :
CONSULTANT :

Patient Mr. / Mrs. _____ Want to get discharged from this Hospital against medical advice in his / her own risk.

Consent explained by Dr's Name ....
Dr's Signature

PATIENT / ATTENDENT DECLARATION :

I / My relative Mr. / Mrs. _____ is getting discharge from this hospital against medical advice at our own risk. Treating doctor has explained about the consequence and risk of discharging the patient in this condition.

The undersigned confirm that the foresaid information, risks have been explained orally to us in our own language. We further say that in future the hospital, doctors and its staff not responsible for any consequences.

SIGNATURE : _____ _____
THUMB IMPRESSION

NAME : _____ ADDRESS : _____

RELATIONSHIP : _____ _____

WITNESS : I) _____ _____

II)_____ _____

17. BIBLIOGRAPHY

- .Cause and Effect Analysis, "Institute for, Healthcare Improvement, 2004, pdf by M.R.A Abdalla.

  Aalia Akhtar Hayat, Muhammad Munir Ahmed and Fareed Aslam Minhas: "Patients Leaving Against Medical Advice:An Inpatient Psychiatric Hospital Based Study.
- Mohamed Al-Ghafri, Abdullah Al-Bulushi, Ahmed Al-Qasmi: "Prevalence of and

  Reasons for Patients LeavingAgainst Medical Advice from Paediatric Wards

  in Oman. ";A journal in Sultan Qaboos University Med J, February 2016, Vol. 16."
- Reconsidering Against Medical Advice Discharges: Embracing Patient-Centeredness to Promote High Quality Care and a Renewed Research Agenda: A study by VA National Center for Ethics in Health Care, NYU School of Medicine, New York, NY, and USA.