

UNDERSTANDING THE CAUSES AND PATTERNS OF (LAMA) LEAVE AGAINST MEDICAL ADVICE IN A TERTIARY CARE HOSPITAL



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HISTORY

Jay Prabha Medanta is a super-specialty hospital in Patna, established through a joint venture between the Medanta Group and the Government of Bihar. Named after Mrs. Jay Prabha Devi, it aims to provide accessible and affordable world-class healthcare. The hospital is equipped with modern infrastructure, advanced technology, and expert medical professionals.

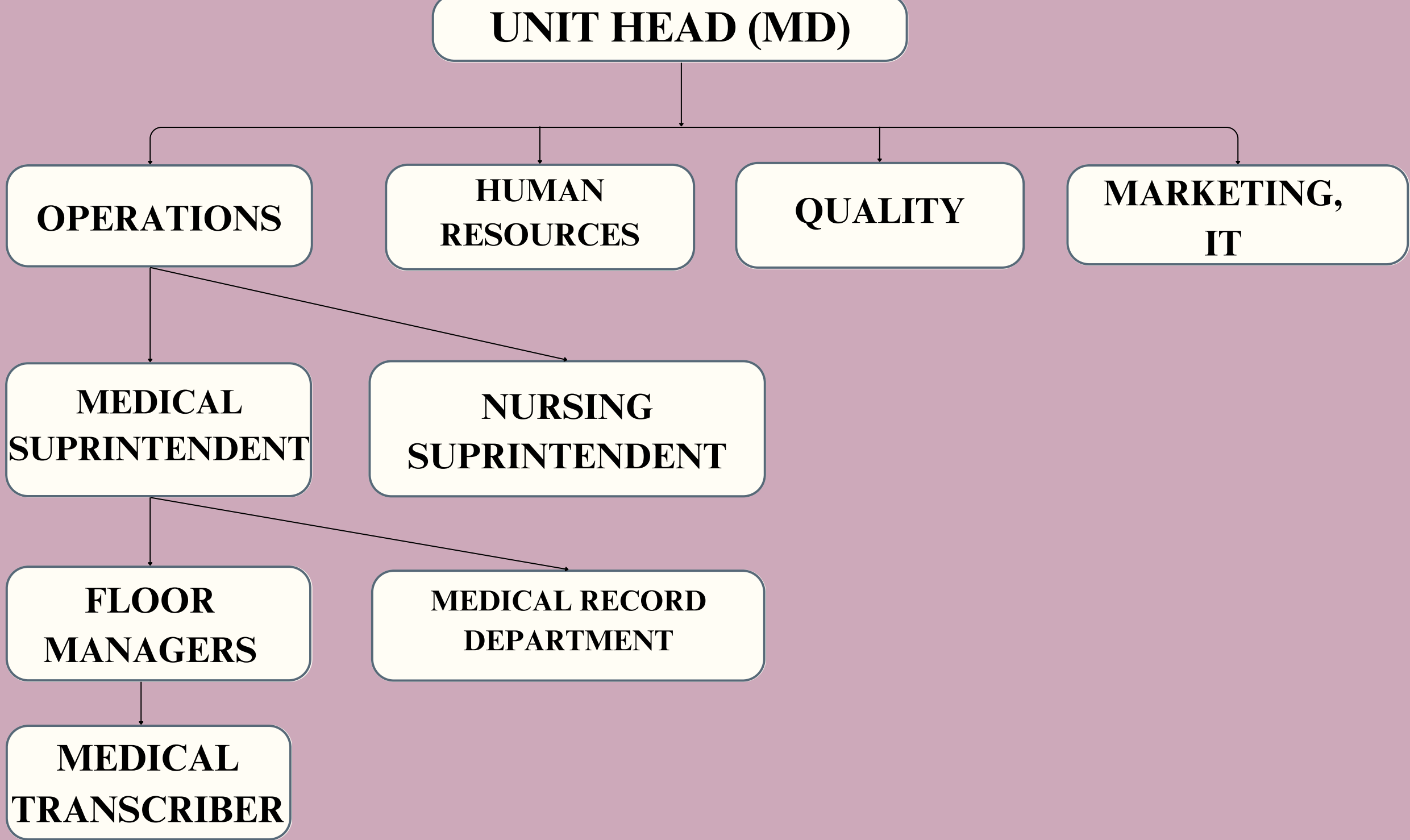
MISSION

To provide high-quality, patient-centered, and affordable healthcare.
To combine compassion with clinical excellence for better patient outcomes.
To promote ethical medical practices and continuous improvement in all services.

VALUES

To become the most trusted healthcare provider in Bihar and eastern India.
To lead in medical innovation, patient safety, and quality standards.
To ensure no patient is denied care due to lack of resources or awareness.

ORGANIZATIONAL CHART



PRACTICAL EXPOSURE

- Real hospital setting, guided by working professionals
- Requires quick thinking, judgment, and adaptability
- Direct interaction with patients, attendants, and staff
- Faced real problems like staff absence, patient non-cooperation, high workload
- Saw real need for teamwork across billing, nursing, doctors, and management

THEORETICAL UNDERSTANDING

- Classrom-based, guided by faculty and books
- Based on structured theory and SOPs
- Mostly through case studies or simulations
- Assumed smooth workflow based on planning
- Taught through organizational charts and case scenarios

STRENGTHS

- Multi-specialty services under one roof.
- Well-trained and experienced clinical staff.
- Modern infrastructure and technology.

WEAKNESS

- Long discharge process and billing delays
- Patient flow management needs improvement
- Language barriers with some rural patients

OPPORTUNITY

- Staff skill development through regular training
- Use of digital tools for patient guidance/navigation
- Can expand outreach in rural regions

THREATS

- High patient load may affect personalized care
- Increasing competition from private hospitals
- Patient dissatisfaction due to delays or lack of communication

CHALLENGES

- High LAMA Rate in Emergencies & ICUs
- Financial Constraints as Primary Cause (42%)
- Patient Shifting to Other Hospitals (13%)
- Delay in discharge due to TPA and cash billing
- Floor-level coordination gaps during staff absence
- Limited counseling services for patients in distress

KEY LEARNING

- Coordination among departments is essential for smooth care.
- Practical hospital management is more dynamic than just theoretical learning.
- Timely communication and clear updates can reduce patient frustration.
- Documentation and SOPs help in maintaining standards
- Empathy plays a huge role in healthcare delivery

SUGGESTIONS

- Implement brief daily family counseling rounds
- Enhancing patient financial counseling - By creating visual charts of costs, subsidies, and PM-JAY/insurance coverage.
- Highlight positive patient outcomes publicly
- Train nursing/floor staff on LAMA protocol handling
- Escalate frequent LAMA cases to department HODs monthly

INTRODUCTION

This study focuses on comprehending the causes and patterns of Leave Against Medical Advice (LAMA) in a tertiary care setting in order to develop strategies for effective intervention. LAMA is a critical issue in hospital management that disrupts patient care continuity, increases health risks, and affects clinical outcomes.

AIM

To analyze the prevalence, causes, and underlying patterns of patients leaving against medical advice (LAMA) in a tertiary care hospital, and to propose actionable strategies to minimize LAMA occurrences and improve patient care continuity.

OBJECTIVES

- To identify the prevalence of LAMA cases
- To classify the primary reasons leading patients
- To propose evidence-based recommendations to reduce LAMA cases and enhance discharge planning.
- To contribute to hospital policy improvement by identifying communication gaps and administrative barriers related to LAMA.

METHODOLOGY

- Study Design- Retrospective Descriptive Analysis
- Study Type- Descriptive
- Study Duration- May 1st – June 30th, 2025
- Sample Size - 275 patients
- Data Source- Secondary data
- Sampling Technique- Purposive sampling
- Tools used for data collection & analysis - Microsoft Excel, Bar graphs

KEY FINDINGS

- Total LAMA cases: 275 (May–June 2025)
- Emergency admissions: 92.4% of total LAMA cases
- Elective admissions: 7.6%
- High-risk units involved: Most LAMA cases occurred in ICUs and High Dependency Units (HDUs)

REASONS

