A STUDY ON IDENTIFYING THE REASONS CAUSING LAMA DISCHARGES & WAYS OF REDUCING IT AT PARAS' HOSPITAL, UDAIPUR

DISSERTATION SUBMITTED TO

THE IIHMR UNIVERSITY, JAIPUR

for the partial fulfillment for the award of the degree of

Master of Business Administration (MBA)

In

Hospital and Health Management

By

Neha Gupta

Under the Guidance and Supervision of

Dr. Neetu Purohit

2023

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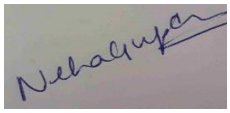
DECLARATION BY STUDENT

I hereby declare that this dissertation titled **A study on identifying the reasons causing LAMA (Leave Against Medical Advice & ways of reducing it at Paras Hospital, Udaipur** is the bonafide record of my original research work. I declare that it has not been submitted to any other university or institution for the award of any degree or diploma. Information derived from the published or unpublished work of others has been duly acknowledged in the text.



Neha Gupta

June 2023

CERTIFICATE BY THE ORGANIZATION

PARAS HEALTH

PJKH/HR-Misc./2022/00013

Date-31st May'2023

TO WHOM SO EVER IT MAY CONCERN

This is to certify that **Ms. Neha Gupta** has successfully completed her internship in **Medical Administration Department** under the guidance of **Dr. Gaurav Bindal – Medical Superintendent – Medical Administration** at **Paras Hospital, Udaipur** with effect from **15th Mar, 2023 till 31st May, 2023.**

We certify that her conduct at assigned work was good and as per the organization requirement.

We wish her all the best in her future endeavors.

For Paras Hospitals

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Tel.: 0294-666-9999, +91 8929016897 | contact.udaipur@parashospitals.com | www.parashospitals.com | CIN: U85110HR1987PTC035823

CERTIFICATE

This is to certify that Neha Gupta in partial fulfilment of the requirements for the award of the degree **of MBA (Hospital and Health Management** from the IIHMR University, Jaipur has successfully completed her internship at Paras Hospital, Udaipur during **March 15- May 31, 2023**.

Place: Preceptor/Head of the Organization

Date: Name of the organization

CERTIFICATE

This is to certify that dissertation titled **A study on identifying the reasons causing LAMA (Leave Against Medical Advice & ways of reducing it at Paras Hospital, Udaipur** is a record of the research work undertaken by Neha Gupta in partial fulfilment of the requirements for the award of the degree of MBA (Hospital and Health Management) the IIHMR University, Jaipur under my guidance and supervision and her approach to the research study has been sincere, scientific, and analytical.

Dr Neetu Purohit
Faculty Guide
IIHMR University, Jaipur

Dr Mahender Kumar
School Dean
IIHMR University, Jaipur

Date

ACKNOWLEDGEMENT

I would like to express my heartfelt gratitude to Paras Hospital, Udaipur for providing me with this wonderful opportunity to complete my internship from their institution.

It was an incredible journey of learning & personal growth, and I am sincerely thankful for the guidance, support and knowledge imparted to me during my time there.

I extend my deepest thanks to my organizational mentor Dr Gaurav Bindal, the **Medical Superintendent of Paras Hospital, Udaipur**. His vision, expertise and dedication to patient care have been truly inspiring.

I would also like to express my gratitude to my organizational guide Dr Chetna Gurjar, the **Assistant Medical Superintendent**, for her unwavering support and guidance throughout my internship.

Furthermore, I would like to extend my appreciation to my mentor from IIHMR University, Dr Neetu Purohit (Professor) for her expertise and guidance in shaping my understanding of research by giving insightful feedback and support.

Hereby, I present my report with highest gratitude and humility.

Neha Gupta

ABSTRACT

Introduction

In the complex landscape of healthcare, to promote positive health outcomes, healthcare facilities need to ensure patient adherence to treatment plans and medical advice. However, Leaving Against Medical Advice (LAMA) discharges – is a situation where patients voluntarily decide to leave the healthcare facility before finishing their prescribed course of treatment which represent a substantial concern for healthcare providers.

The decision to leave against medical advice is multifaceted and can stem from various factors. Exploring and analysing these underlying reasons is essential to gain insights into patient perspectives, identifying common themes and developing strategies to address the root causes of LAMA.

Also, it is crucial for healthcare providers to improve patient care, enhance patient satisfaction.

Research Question

What is the percentage of LAMA cases and what are the reasons for patients opting for LAMA?

Objectives

1. To calculate the percentage of LAMA cases from ED and IPD respectively.
2. To identify and analyse the reasons causing LAMA discharges.
3. To understand the conversion pattern of LAMA patients from ED to OPD and IPD admissions.

Methodology

To conduct this study a mix of both qualitative and quantitative approach was used. It is a Retrospective-Observational study conducted in a hospital setting – Paras Hospital, Udaipur.

The study was conducted in the duration between 1st of April 2023 to 31st of May i.e., for 2 months. The study population inclusion criteria were all the IPD patients including critical care and Emergency Department Footfall. While the exclusion criteria included all Day Care IP patients.

The sample size of the study comprised of 1922 patients. The data for the study was collected through HIS, emergency department registers, through observation, telephonic interview with the LAMA patients. The analysis of the data was done with the help of MS Excel.

Result

The ED Footfall was recorded as 602, from which 470 patients were advised admission out of which 50 patients opted for LAMA. The calculation of % of LAMA cases resulted around 10.5 % from the emergency department.

The total patients admitted in the 2 months duration were around 1740 out of which 1684 discharges were normal, 6 patients got discharged on request, 10 patients got expired while 34 patients Left Against Medical Advice.

The calculation of % of LAMA cases from IPD resulted to be around 2%.

Most LAMA reasons occurred from emergency department was due to patient-related variables states that the most common reason for LAMA is given as the patient is feeling better and wishes to show up in OPD for review with consultant next day (30%), feeling better (16%), and second opinion (8%). Rest of the reasons were Hospital-related (14%) which indicated the dissatisfaction front on the grounds of staff behaviour, treatment plan, other facilities, waiting time, etc.

The analysis of LAMA cases speciality wise states that the maximum no. of LAMA cases is from the Cardiology speciality i.e., 36 % of the total LAMA cases, from Neurology 20 % and from Gastroenterology 14 %.

The conversion pattern observed for ED to OPD & ED to IPD was such that there was total 7 patients out of 50 LAMA cases who showed up in the OPD next day while 1 patient got converted in IPD after opting for LAMA from emergency.

The patients who bounced back were from following categories of reasons: Feeling Better & Next Day OPD Review (37.5%), Personal Reason (37.5%), Second Opinion (12.5%) & Feeling Better (12.5%).

The maximum percentage of conversion is in Urology i.e., 100%, while in Internal Medicine 33.33%, General Surgery 25%, Gastroenterology 28.57% & Cardiology 16.66%.

The reasons for LAMA from IPD are mostly due to patients wanting to go on his own responsibility (32.3%), While 2nd most common reason was the financial concern faced by the patients (20.6%). Patients opting LAMA to go to other metro city or hospital for further treatment was around 14.7%. Some patients opted due to personal reasons (11.8%).

The Hospital-related variables comprised of approx. 20% where most common reason were dissatisfaction with the treatment plan, unhappy with the staff behaviour, unsatisfied with the facilities.

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ABBREVIATIONS

LAMA – Leave Against Medical Advice

ED- Emergency Department

IPD – In-Patient Department

OPD – Out-Patient Department

ICU – Intensive Care Unit

DOR – Discharge on Request

CHAPTER 1

INTRODUCTION

In the complex landscape of healthcare, to promote positive health outcomes, healthcare facilities need to ensure patient adherence to treatment plans and medical advice. However, Leaving Against Medical Advice (LAMA) discharges – is a situation where patients voluntarily decide to leave the healthcare facility before finishing their prescribed course of treatment which represent a substantial concern for healthcare providers.

LAMA discharges can be harmful to a patient's health and well-being as the consequences can involve risks associated with inadequately treated medical condition, raising the possibility of complications, recurrence, readmission and in some cases even loss of life. The decision to leave against medical advice is multifaceted and can stem from various factors. Exploring and analysing these underlying reasons is essential to gain insights into patient perspectives, identifying common themes and developing strategies to address the root causes of LAMA.

Also, it is crucial for healthcare providers to improve patient care, enhance patient satisfaction and minimize the potential negative consequences associated with premature departures.

This study therefore aims to identify factors that contribute to LAMA discharges from the Emergency ward and the In-patient wards of the hospital. Additionally, it also aims to reduce LAMA rates, enhance patient engagement and adherence to medical treatment along with LAMA conversions which indicates the number of readmissions and OPD conversions after taking LAMA.

The factors influencing LAMA can fall within two broad categories – patient related variables such as the demographic characteristics, socio-economic factors, mental health conditions, patient education, lack of trust, patient medical history, behaviour and attitude towards treatment, diagnosis, etc. and healthcare provider related variables such as facilities offered by the hospital, communication, patient counselling, attitude and behaviour of the staff, hospital policies, experience of the healthcare practitioner, etc..

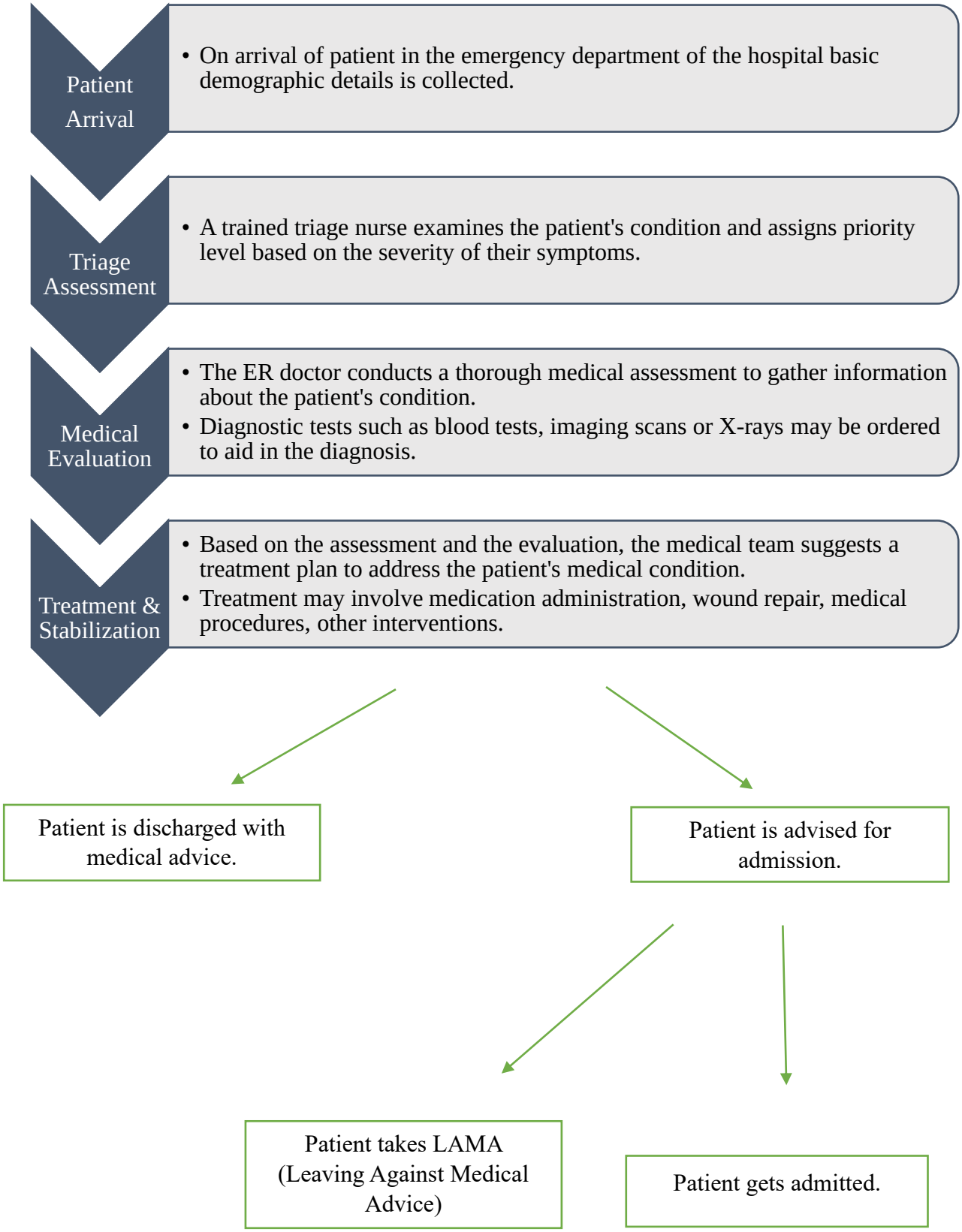
The findings of this study are expected to contribute to developing evidence-based strategies for reducing LAMA rates, improving patient safety, and optimizing resource allocation within the hospital setting.

The process of discharge takes place from the Emergency department, IPD, IP Day-care services.

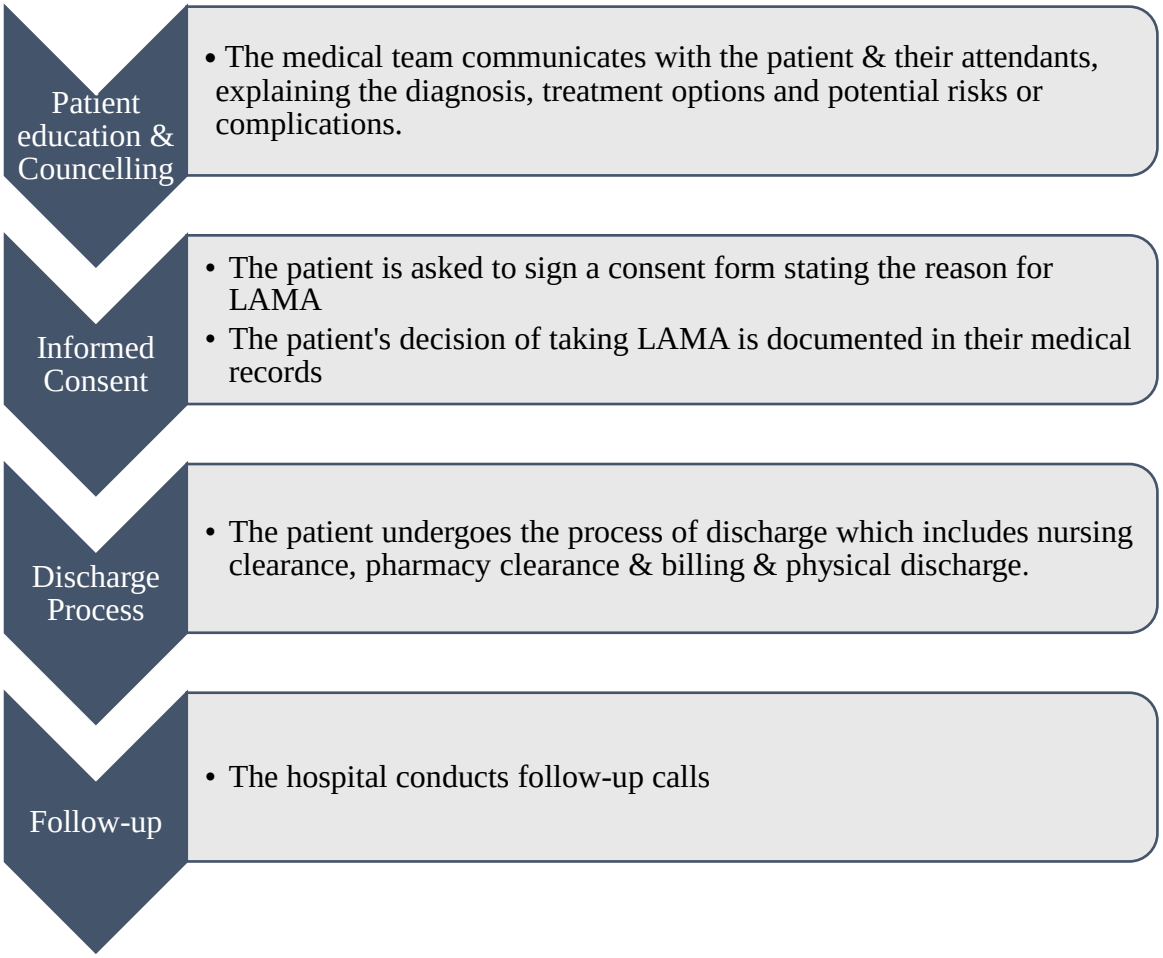
The Emergency department (ED) of the hospital acts as a crucial entry point for patients needing immediate emergency care for severe health condition such as accidents, illness, and life-threatening situations. Compared to other hospital departments, the ED presents special challenges for medical professionals. In circumstances where time is of the essence, they need to quickly assess patients, make crucial choices, and start the necessary therapy or procedure.

In addition to providing emergency medical care, the ED also acts as a centre for diagnostic tests, advice, and if necessary, the coordination of patient admissions to other departments of the hospital. It oversees organising the initial stabilization of patients and making it easier for them to transition to the proper level of care, whether that be inpatient admission, transfer to specialized facilities, or discharge the patient with proper follow-up instructions. In some situations, patient may opt for LAMA (Leave Against Medical Advice due to various reasons which we will discuss further in this study.

The process flow of Emergency Department:



Process after patient opts for LAMA:



The in-patient department of the hospital is a specialised section that offers medical care and treatment to patients who need to be admitted for a specific amount of time. Patients who require extensive medical care, surgery, medical procedures, or ongoing management of complicated medical disorders.

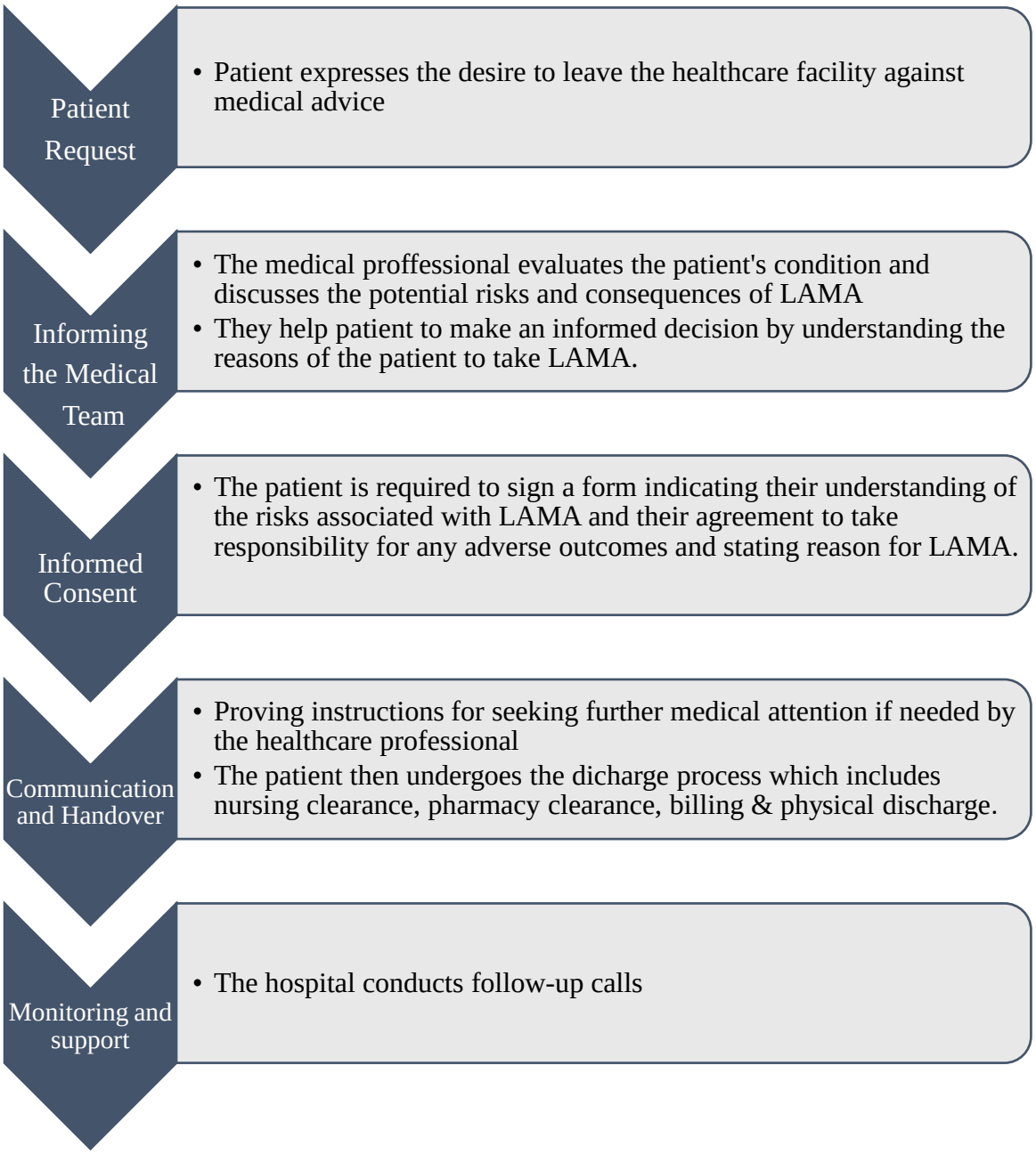
When a patient is admitted to the in-patient department, a team of healthcare professionals, including doctors, nurses, specialists, and support workers, provide them with round-the-clock care. These experts work together to identify, address, and manage a range of illness, wounds, and medical ailments.

The im-patient department provides a range of facilities to the patient including Intensive Care Units (ICUs), surgical rooms, patient rooms, and other diagnostic and treatment areas.

Depending on the severity of the disease and patient condition, the required course of treatment is suggested by the medical team for which the patient stays in the hospital in-patient department after which the patient gets discharged with medical advice or is referred somewhere else for further treatment.

In some situations, the patient or his attenders choose to leave the health facility before the completion of the treatment plan and against the medical advice. In such situation the hospital follows the following protocol for the patient's discharge.

Process flow of LAMA discharges from IPD:



RESEARCH QUESTION

What is the percentage of LAMA cases and what are the reasons for patients opting for LAMA?

OBJECTIVES

1. To calculate the percentage of LAMA cases from ED and IPD respectively.
2. To identify and analyse the reasons causing LAMA discharges.
3. To understand the conversion pattern of LAMA patients from ED to OPD and IPD admissions.

CHAPTER 2

LITERATURE REVIEW

Table1

TITLE	AUTHORS (YEAR)	STUDY LOCATION	METHODOLOGY	FINDINGS
Factors Contributing to Leaving Against Medical Advice (LAMA): A Consideration of the Patient's Perspective	Eddieson Pasay-An; Romeo Mostoles, Jr; Sandro Villareal; Reynita Saguban 2023	Govt.-Subsidised Hospital in City of Hail, Saudi Arabia	• Purposive and snowball sampling • Sample size-13 • Study Duration-3 months	Based on the accounts of the 13 participant patients, five themes were discernible: 1. Knowledge of health 2. Self-diagnosing 3. Extended wait time 4. Communication problem 5. Unclear explanation about their condition
Prevalence of and Reasons for Patients Leaving Against Medical Advice from Paediatric Wards in Oman	Mohamed Al-Ghafri; Abdullah Al-Bulushi; Ahmed Al-Qasmi 2016	Intensive Care Unit, Royal Hospital, Muscat, Oman	• Of 11,482 regular discharges, 183 cases of LAMA • Study Duration-2 years	Dissatisfaction with the therapy, a desire for a second opinion and social and/or financial considerations were the three categories used to classify the causes of LAMA. The findings suggest that to reduce LAMA, early interventions and improved communication between the treating team and family are required.
LAMA from In-Patient Orthopaedic Treatment	S O Popoola; N O C Onyemaechi; J N Kortor; K S Oluwadiya 2013	Federal Medical Centre, Makurdi (FMCM), Benue State, North Central Nigeria	• Overview of admissions for 12 months • Sample Size-417 total out of which 58 LAMA	The main causes of LAMA were disagreements over the course of therapy and lack of financial resources. The home of the traditional bone setter was the main stop after taking LAMA. A well-equipped orthopaedic division inside the hospital, health insurance for all

				inhabitants, and increased educational awareness are all suggestions.
Study of the Impact of Quality of Patient Care on Discharge Against Medical Advice Patients in a Tertiary Care Hospital	Awasthi Raj L; Rajesh Kamath, Somu G., Biju Soman, Brayal D' Souza; Sagarika Kamath, Sneha R. Bhat 2017	Kasturba Hospital, Manipal	• Sampling technique- DAMA patients • Sample size- 200 • Cross-sectional study design • Study Duration-7 months	According to the study's findings, quality-related issues fall into the following sub-areas: Desire to transfer to another hospital (77.5%), lack of improvement in the patient's condition (45%), dissatisfaction with the care (44.5%), ineffective staff (27%), ineffective care (20.5%), worsening symptoms (18.5%), neglect by hospital staff (16%) and uncomfortable hospital stay (11.5%).
DAMA from NICU in a Tertiary Hospital of Central Nepal: A Descriptive Cross-Sectional Study	Ram Prasad Pokharel, Radha Bhurtel 2020	NICU of College of Medical Sciences Teaching Hospital, Central Nepal	• Study Duration-1 year • Sample Size- 110 Neonates	Poor financial situation (58%), followed by a lack of progress (21%), was the main factor in parents' decision making.
Reasons for Discharge Against Medical Advice: A Case Study of Emergency Departments in Iran	Kaveh Noohi, Saaneh Komsari, Nouzar Nakhaee, and Vahid Yazdi Feyzabadi	ED of four Teaching Hospitals in Kerman, Iran	• The sampling was based on census. • Sample size- 121 DAMA cases • Study Duration- 2 months	Out of the total admissions, there were 121 cases of DAMA (5.6%). Hospital environment (41.2%), issues relating to patients (43.9%) and cases involving medical staff (35.2%).
LAMA from In-Patients Department Rate, Reasons and Predicting Risk Factors for Re-visiting Hospital Retrospective Cohort from a Tertiary Care Hospital	Obada Hasan, Muhammad Adeel Samad, Hamza Khan, Maryam Sarfraz, Shahryar Noordin, Tashfeen Ahmad, Gul Nowshad	Tertiary Care University Hospital in Karachi, Pakistan	• Study Duration- 1 year • Sample size- 429 LAMA patients accounting for 0.7% of total admissions.	Out of the 429 patients, 147 (34.3%) patients revisited the hospital within 30 days. 61% of these 'bounced-back' LAMA patients had worsening or persistence of same problem or new problem/s developed.

CHAPTER 3
METHODOLOGY

STUDY DESIGN: Retrospective-observational study

STUDY SETTING: Paras Hospital, Udaipur

INCLUSION CRITERIA: All IPD patients, critical care IP, Emergency footfall

EXCLUSION CRITERIA: Discharged patients from ED, Day care IPD patients

STUDY TOOLS: LAMA audit tool, Telephonic interview, Bar-chart, and graphs

DURATION OF STUDY: 2 Months

SAMPLE SIZE: 1922

DATA COLLECTION PROCEDURE: Frome HIS, Electronic Medical Records (EMR), Observation, Telephonic Interview

DATA ANALYSIS: -

Descriptive Statistics used to analyse the data as follows:

- ✓ Calculate % of LAMA cases.
- ✓ Categorize the reasons for LAMA.
- ✓ Calculate the frequency and percentage of cases associated with each reason for LAMA along with speciality wise categorization.
- ✓ Visualise the reasons using bar charts and graphs to display distribution.
- ✓ Calculate LAMA to OPD conversion rate that is the number of patients coming for OPD follow-up after taking LAMA from ED.

ETHICAL CONSIDERATION: -

The study adheres to the ethical principles and guidelines, informed consent from hospital administration and ensuring the confidentiality as well as the anonymity of the patient data.

CHAPTER 4

RESULT

The above study aimed to investigate the percentage of LAMA cases occurring from ED and IPD respectively in the months of April and May of the Paras Hospital, Udaipur.

Additionally, the objectives were to identify the reasons causing LAMA discharges and categorize them to understand the percentage associated with each reason.

We also aimed to understand the conversion pattern of the LAMA patients from ED to OPD review and into IPD admissions.

The data collected from the ED registers and HIS.

To Calculate the percentage of LAMA cases in Emergency Department (ED) in the months of April & May 2023

Table 2: Distribution of number of patients visited ED in months of April & May

Emergency Department Data	**April**	**May**
ED-IP Conversion	199	221
ED Discharged	68	61
LAMA	23	27
Death	2	1
Total ED Footfall	292	310

$$\text{LAMA \% (April)} = \frac{\text{No. of LAMA} * 100}{\text{Total ED Footfall} - (\text{ED discharged} + \text{Death})}$$

$$\text{LAMA \%(April)} = \frac{23 * 100}{292 - 70}$$

LAMA % (April) = 10.36 %

Similarly,

$$\text{LAMA \% (May)} = \frac{27 * 100}{310 - 62}$$

LAMA % (May) = 10.89 %

On calculation of LAMA rate for 2 consecutive months of April and May we have found that there is a consistent rate of LAMA occurring which is 10.36% for the month of April and 10.89% for the month of May respectively.

According to the analysis of the overall distribution of the Emergency Department Footfall we have found that most patients visiting ED convert into Admissions i.e., to In-Patient Department (IPD). The ED to IP conversion for 2 months is found to be nearly 70%. While the patients who get discharged on medical advice from ED is approx. 20% of the overall ED footfall. Rest is LAMA patients who were advised admission, but they left against medical advice.

Table 3: Categorization of Reasons for LAMA from Emergency Department in the month of April & May

Patient-Related Variables	**No. of LAMA Cases**	**Percentage %**
Financial Issue	11	22%
Feeling Better	8	16%
Second Opinion	4	8%
Feeling Better & Next day OPD review	15	30%
Personal Reason	5	10%
Hospital-Related Variables		
Unhappy with the Staff Behaviour	3	6%
Unsatisfied with the Treatment	2	4%
Unsatisfied with the facilities	2	4%
Other	0	0%
TOTAL	**50**	**100%**

The reasons captured from the Emergency department Data Register for LAMA are categorized into two broad categories as – Patient Related Variables and Hospital Related Variables

The Patient Related Variables are such that the reasons which are related to the patient's affordability, understanding, behaviour, attitude, knowledge, and personal constraints.

Whereas the Hospital Related Variable are reasons where patient is not satisfied with the hospital related services such as the staff behaviour, medical professional, treatment plan, nursing, cleanliness, waiting time, etc.

The Patient- Related Variables are further categorised as –

Financial Issue- Out-of-pocket expenses not affordable

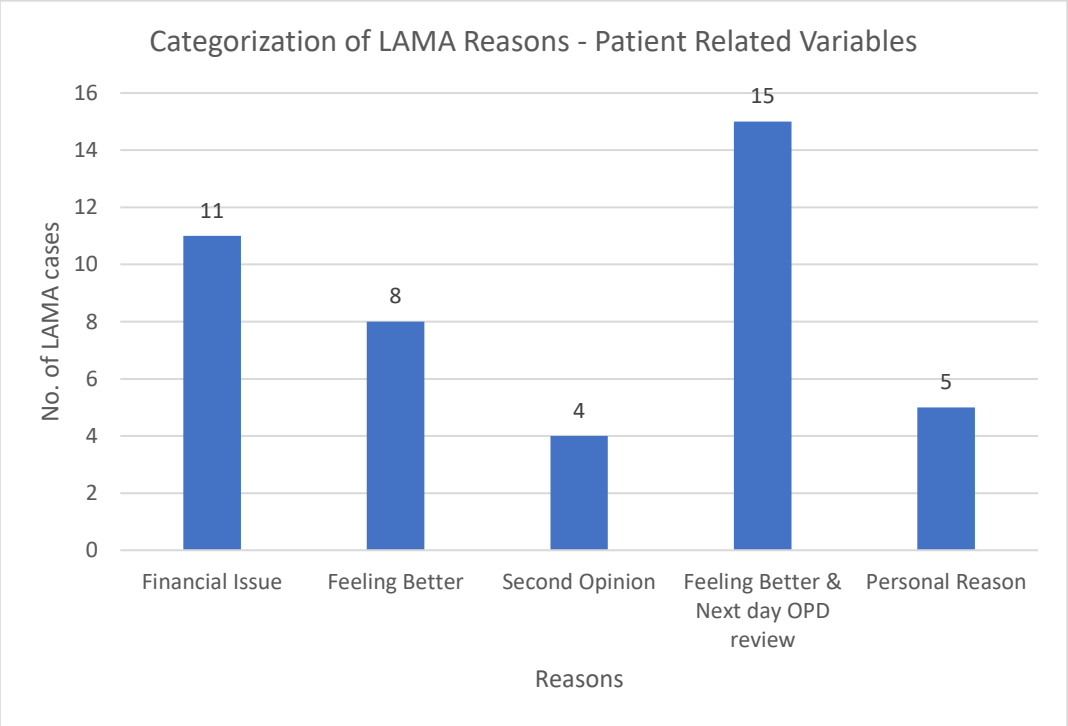
- When patients find the facility expensive which they cannot afford
- Lack of insurance or treatment is not covered by insurance.
- When patient do not get the benefit under any scheme such as RGHS / ECHS / Chiranjeevi Scheme

Feeling Better- The patient after getting treatment in Emergency Department is feeling better and does not want to get admitted for further treatment.

Second Opinion- When the patient wants to consult some other doctor or in other hospital for second opinion before getting further treatment.

Feeling Better & Next Day OPD Review- The patient is stabilised and wishes to review in OPD with the consultant for further treatment.

Personal Reason- As the patient visits the Emergency facility in situation of immediate requirement for treatment, there are multiple possibilities of personal reasons for which the patient is not ready to get admitted at the same time.



The analysis of the patient-related variables states that the most common reason for LAMA is given as the patient is feeling better and wishes to show up in OPD for review with consultant next day (30%).

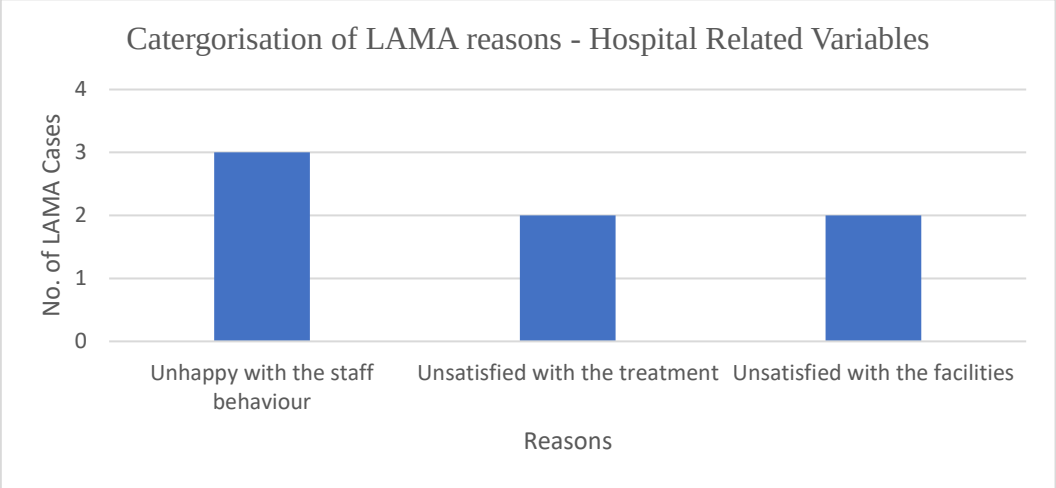
These patients can potentially convert in OPD. Therefore, these patients are called back on telephone to take follow up on their status and counselled for OPD review.

The 2nd most common reason is the financial issue with the patients (22%). These patients mostly end up at the government subsidized medical facility or other affordable hospital.

The patients who give the reason of feeling better (16%) are either not willing to take further treatment or they go to other hospital.

The patients who give the reason of taking second opinion, also can potentially convert in OPD or IPD admission. Therefore, they are also called on telephone for follow up on their status.

The personal reasons given by the patients were mostly such that they have a function at home, or they want to discuss with their family, or they want to consult a known doctor, etc.

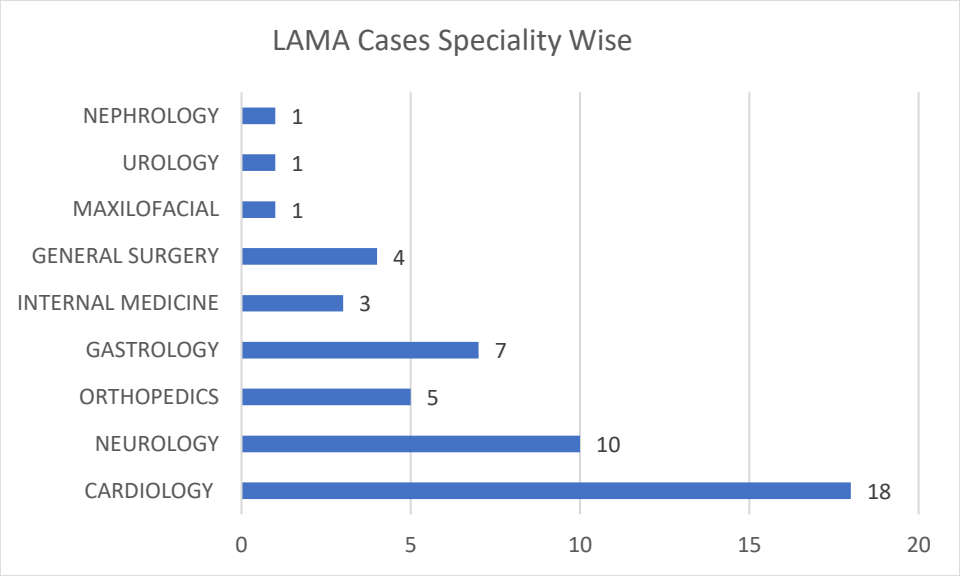


The Patients taking LAMA due to Hospital – related reasons are the major areas for intervention where immediate improvement is needed to be made.

Table 4: No. of LAMA patients from ED speciality wise April Vs May

SPECIALITY WISE	No. of LAMA Cases	Percentage %
CARDIOLOGY	18	36%
NEUROLOGY	10	20%
ORTHOPEDICS	5	10%
GASTROLOGY	7	14%
INTERNAL MEDICINE	3	6%
GENERAL SURGERY	4	8%
MAXILOFACIAL	1	2%
UROLOGY	1	2%

NEPHROLOGY	1	2%
TOTAL	**50**	**100%**



These are the above-mentioned specialities in which LAMA took place in months of April & May in the ED.

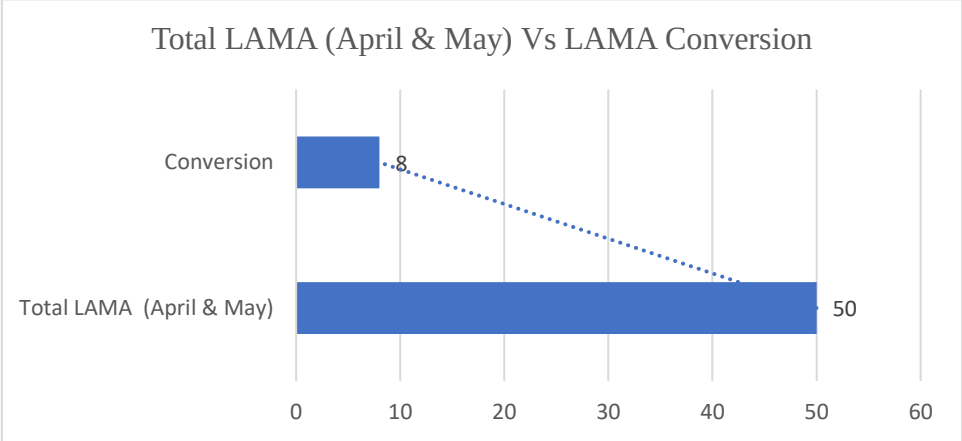
The analysis of LAMA cases speciality wise states that the maximum no. of LAMA cases is from the Cardiology speciality i.e., 36 % of the total LAMA cases, from Neurology 20 % and from Gastroenterology 14 %.

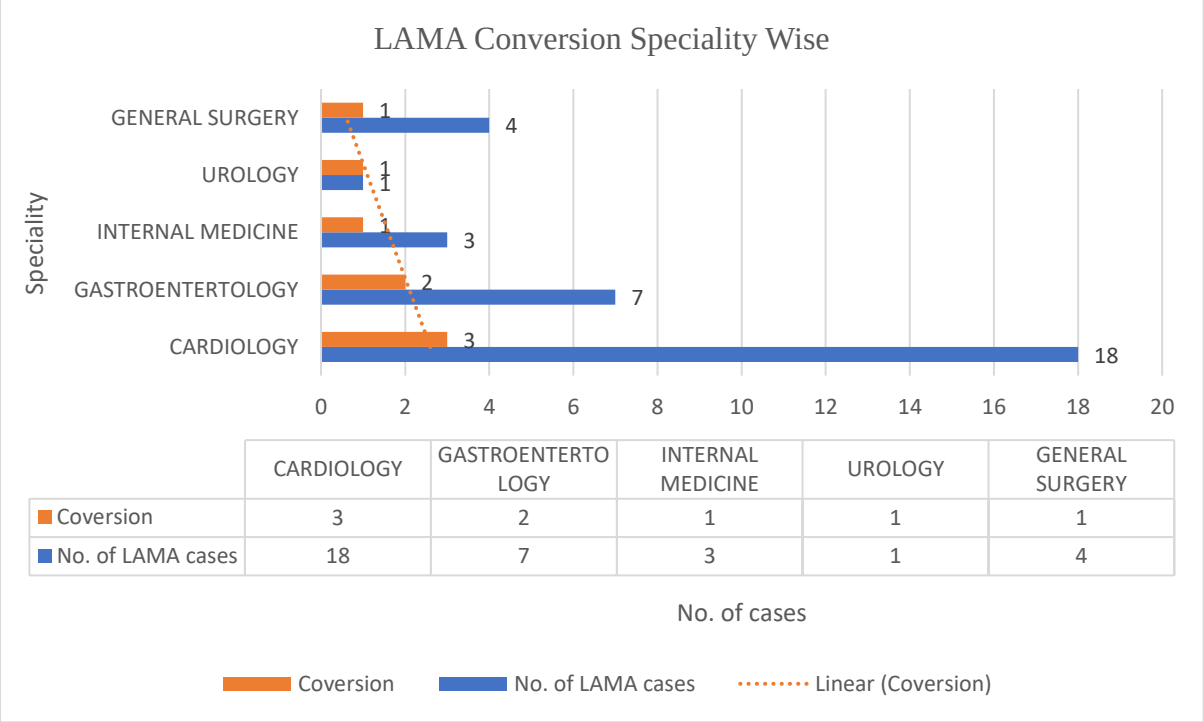
Table 5.1: ED to OPD conversion (Speciality-wise) of LAMA patients in months of April & May

Speciality	No. of ED - OPD Conversion
Cardiology	3
Gastroenterology	1
Internal Medicine	1
Urology	1
General Surgery	1

Table 5.2: ED – IPD Conversion after taking LAMA.

Speciality	No. of ED – IPD conversion
Gastroenterology	1





	CARDIOLOGY	GASTROENTERTOLOGY	INTERNAL MEDICINE	UROLOGY	GENERAL SURGERY
Coversion	3	2	1	1	1
No. of LAMA cases	18	7	3	1	4

The analysis of the LAMA Conversion from ED to OPD & ED to IPD states that there was conversion only in 5 specialities from LAMA from total 9 specialities.

The maximum percentage of conversion is in Urology i.e., 100%, while in Internal Medicine 33.33%, General Surgery 25%, Gastroenterology 28.57% & Cardiology 16.66%.

The patients who bounced back were from following categories of reasons:

- Feeling Better & Next Day OPD Review (37.5%)
- Personal Reason (37.5%)
- Second Opinion (12.5%)
- Feeling Better (12.5%)

LAMA from IPD

Table 6: Distribution of No. of Patients admitted in IPD in the months of April & May

IPD Data	April	May
Normal Discharge	727	957
LAMA	11	23
Discharge on Request (DOR)	2	4
Expired	10	6
Total	750	990

DOR (Discharge on Request) – In this category of discharge the patient or his attendees request the medical team to discharge the patient early with medical advice while in the case of LAMA, the patient leaves against the advice of the medical team.

$$\text{IPD LAMA \%} = \frac{\text{No. of LAMA Discharges} * 100}{\text{Total IPD Discharges-Expired}}$$

$$\text{IPD LAMA\%} = \frac{34 * 100}{1740 - 16}$$

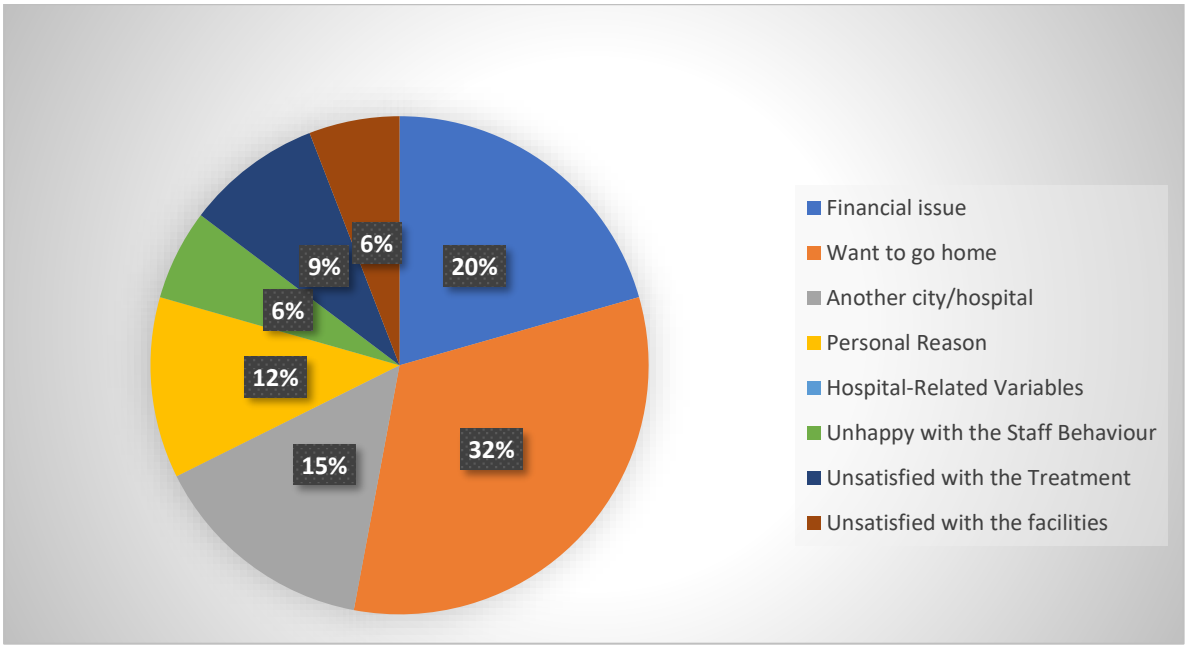
IPD LAMA% = 1.97 %

The LAMA percentage calculated for the month of April & May combined is nearly 2%
It states that the percentage of LAMA from IPD is significantly lesser as compared to LAMA from ED.

Table 7: Categorization for reasons for LAMA from IPD in the months of April & May

Patient-Related Variables	**No. of LAMA Cases**	**Percentage %**
Financial issue	7	20.6%
Want to go home	11	32.3%
Another city/hospital	5	14.7%
Personal Reason	4	11.8%

Hospital-Related Variables		
Unhappy with the Staff Behaviour	2	5.9%
Unsatisfied with the Treatment	3	8.8%
Unsatisfied with the facilities	2	5.9%
TOTAL	**34**	**100%**



The Analysis of the reasons of LAMA from IPD for the months of April & May states that -

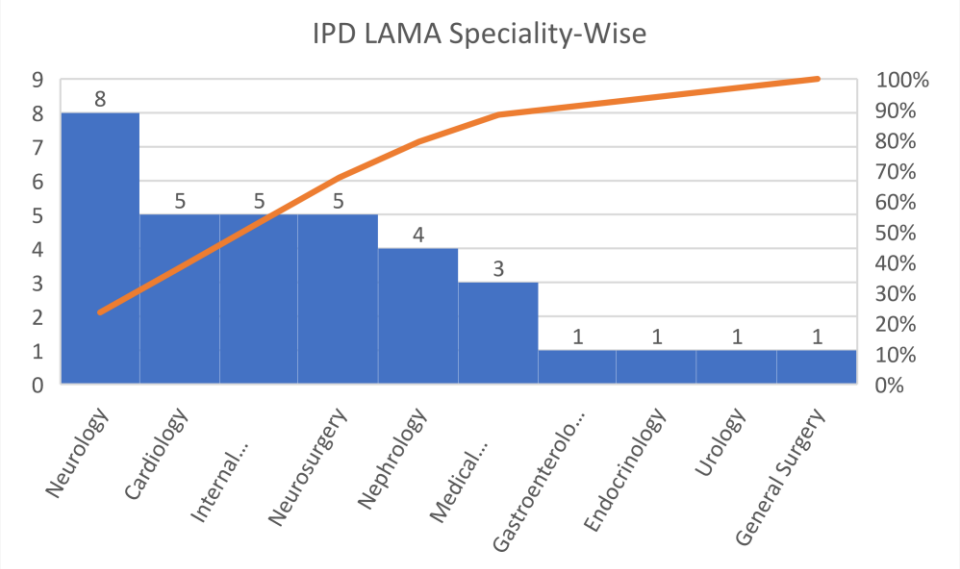
- The maximum (32%) LAMA cases wanted to go home, under their own responsibility because they did not want to stay any further in the hospital.
- The 2nd most stated reason was the financial concern of the patients i.e., 20%
- The patients who opted for LAMA to go to other metro city or hospital for second opinion or further treatment were around 15%
- The patients who left for personal reasons were 12%
  The personal reasons were such that-
  - The patient's attendees were preferring home care.
  - Due to festival
  - There is a wedding at home.
  - Patient's relatives want to take patient to a known facility.

The Hospital-related reasons were mainly of patient not satisfied with the current treatment i.e., 9%

While other hospital-related reasons were patient dissatisfied with the nursing care, billing staff (6%), facility related reasons such as food taste, wating time of diagnostic services (6%).

Table 8: No. of LAMA patients from IPD Speciality-Wise

Speciality	No. of LAMA cases	Percentage %
Cardiology	5	15%
Internal Medicine	5	15%
Neurology	8	23.5%
Nephrology	4	12%
Neurosurgery	5	15%
Gastroenterology	1	3%
Medical Oncology	3	9%
Endocrinology	1	3%
Urology	1	3%
General Surgery	1	3%
Total	34	100%



The speciality-wise analysis of the LAMA cases from IPD for the months of April & May states that the maximum no. of LAMA cases occurred from Neurology speciality i.e., 23.5%

Followed by Cardiology, Internal Medicine & Neurosurgery at the same level of 15%.

CHAPTER 5

DISCUSSION

From the above study on the frequency of LAMA cases and reasons for LAMA from Emergency Department and In-Patient Department respectively, we can say that the no. of LAMA cases occurring from the emergency department is significantly higher that occurring from the IPD.

The reason for this difference is the fact that when a patient visits the ED of a hospital, the patient is in an emergent situation requiring immediate medical attention and care therefore patient and their attendees may not get time to make an informed decision of their choice while choosing the hospital and go to the health facility whichever is in close access. While in some cases the patient is brought by an attendee to the hospital where even family members are unaware of it in some situations.

Therefore, after getting stabilized, the patient and his family makes the decision of taking further treatment or not from the same hospital or some other hospital.

The decision to stay or leave is based on multiple factors which are either patient related, or hospital related or both.

The patient needs more counselling while in emergency to convert in IPD admission regarding the financial assistance, informing the patient in detail about their health condition and sincerity of the situation.

While in IPD, the patient has already experienced the facilities, treatment, so if the patient chooses to take LAMA, then the patient's reason is mostly dissatisfaction or some financial constraint.

The speciality wise analysis of LAMA cases helps to identify the specialities where the patient dissatisfaction is maximum and understand the reason for the same.

The detailed analysis of LAMA cases enables the hospital to improve on its services and increase patient satisfaction.

At the same time informing patient about the consequences of taking LAMA is very essential, especially for the critical patients.

SUGGESTIONS

Based on the study, the plausible recommendations to reduce instances of LAMA can be –

- Improved Patient education through effective counselling

As most patients desire to review in OPD with the consultant or take second opinion from some other doctor or hospital. If they get effective counselling it will help them understand their medical condition, treatment plans better as well as potential risks associated with delay in treatment.

- Improve waiting time and hospital experience.

The turn-around-time should be monitored for services to be availed on time and reduce dissatisfaction of patients. The staff needs to be more responsive and should be trained for developing soft skills.

- Address financial concerns.

With the availability of financial aid schemes such as RGHS, Mukhyamantri Cheeranjeevi Yojana, ECHS, and private insurance in place, the patients who are unaware of these financial aids needs to be guided and counselled properly by the billing or management staff.

CHAPTER 6

CONCLUSION

The study on the reasons for LAMA discharges sheds light on important insights into patient behaviour such as paying capacity, competition from other healthcare facilities in the region or outside, etc.

The findings from the study gave useful insights into improving patient care, communication, and overall delivery of care. The analysis of LAMA cases revealed concerns regarding the staff behaviour, waiting time, dissatisfaction with the treatment plan, canteen services, etc. which can be improved with immediate action.

Similarly, various specialities were identified as having higher rates of LAMA cases. These findings emphasized the need for improved addressing patient concerns.

However, it is crucial to recognize the limitations of this study. The findings are specific to the hospital setting and may not be directly applicable to other healthcare institutions.

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