Study on the Analysis of Various Factors Contributing Towards Discharge Against Medical Advice (DAMA) in a Multispecialty Hospital in Rajkot, Gujarat

By

Mitali Sethi

Dissertation submitted in partial fulfillment of the requirements of the degree

MBA Hospital and Health Management

Academic year, 2018-2020

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TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Dr. Mitali Sethi**, student of MBA Hospital and Health Management from the IIHMR University, Jaipur has undergone internship training at **Health Care Global Enterprises Ltd., Rajkot, Gujarat** from **February 1, 2020 to May 31, 2020**.

The Candidate has successfully carried out the study designated to her during internship training and her approach to the study has been sincere, scientific and analytical.

The internship is in fulfilment of the course requirements. I wish her all the success in all her future endeavours.

Dr. P. R. Sodani
Pro-President, Dean
The IIHMR University, Jaipur

Dr. Susmit Jain
Associate Professor
The IIHMR University, Jaipur

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Certificate of Completion of Dissertation

This to certify **Dr. Mitali Sethi** in recognition of having successfully completed her Dissertation in the department of **Clinical Administration.** She has successfully completed her Project on **A study on analysis of the various factors contributing towards Discharge Against Medical Advice (DAMA) in a multispecialty Hospital in Rajkot, Gujarat** from **01/02/2020 to 31/05/2020** at **Healthcare Global Enterprises Ltd. , Rajkot, Gujarat**. She comes across as a committed, sincere & diligent person who has a strong drive and zeal for learning.

We wish her all the best for future endeavours!

Mr. Uttam Mandal
Quality - Senior Executive

SUN HOSPITALS RAJKOT HCG LLP

Ms. Paridhi Rana
HR-Deputy Manager

THE IIHMR UNIVERSITY, JAIPUR

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled **A study on analysis of various factors contributing towards Discharge Against Medical Advice (DAMA) in a multispecialty hospital in Rajkot, Gujarat** and submitted by **Dr. Mitali Sethi**, Enrollment No. **IIHMR-U/01/2018-20/0774** under the supervision of **Dr. Susmit Jain**, for award of MBA Hospital and Health Management carried out during the period from **February 1, 2020 to May 31, 2020** embodies my original work and has not formed the basis for the award of any degree, diploma associateship, fellowship, titles in this or any other institute or other similar institution of higher learning.

Dr. Mitali Sethi

ABSTRACT

Author: Dr. Mitali Sethi
Guided by: Dr. Susmit Jain

TITLE: A study on analysis of various factors contributing towards Discharge Against Medical Advice (DAMA) in a multispecialty hospital in Rajkot, Gujarat

INTRODUCTION: Patient centricity and loyalty is very essential in today's scenario. Since there has been a paradigm shift in the healthcare sector, it is of prime importance that the patients are made part of the informed decisions involving their care plan. Discharge Against Medical Advice (DAMA) is a significant healthcare challenge posing detrimental impact on the effectiveness of patient care, and costs of the health system and may also result in increasing readmissions, morbidities, deaths and health care costs. It basically leads to increased resource utilisation and costs. Healthcare workers are legally and ethically, are obliged to provide health care services for patients from start to end. DAMA, on the one hand, leads to detrimental consequences for patients and, on the other hand, has an increased likelihood of the need for readmission, which creates increased costs for patients and the healthcare system. Therefore, there is a dire need to plan out strategies in order to reduce the prevalence of DAMA and improve the overall patient satisfaction and loyalty.

OBJECTIVES:

- To analyse the rate of occurrence, potential causes and consequences of DAMA
- To assess the impact of certain interventions in controlling occurrence of DAMA
- To evaluate the impact of retention of the patients going for DAMA on the overall revenue of the hospital

METHODOLOGY: A descriptive-interventional study aiming to reduce the occurrence of DAMA was carried in a multispecialty hospital at Rajkot. The study included all patients going for Discharge Against Medical Advice during the study duration. The descriptive part, aimed at identifying the rate of occurrence and potential causes of DAMA. The data for this part was collected by interaction with treating consultants and filling of the DAMA form before the patient left the hospital. The second part of the study was aimed at implementation of interventions based on the insights from the first part.

For this purpose, a series of meetings were held with the consultants and nursing staff of different departments, and possible interventions were discussed. By the end of the intervention, the rate of DAMA was obtained and compared with the pre-intervention period. Further, the impact of retention of patients going for DAMA as a result of these interventions on the overall revenue of the hospital was evaluated.

RESULTS: In the study, out of the total discharges that happened from February to May 2020 in total 66 patients (6.26%) went for DAMA. The maximum cases of DAMA were seen in February i.e. 27 (8.04%) out of the 336 total discharges in that month. The department wise distribution of DAMA cases showed majority of the DAMA cases 47 (71%) were from ICU. The Speciality wise analysis showed, maximum cases of DAMA were 20 from Internal Medicine (30.30%) followed by 11 in Surgical Oncology (16.67%) and 10 in Cardiology (15.15%). The major factors contributing towards DAMA were mainly financial constraints (43.93%), poor prognosis (16.67%) and unwillingness to proceed with the advised care of plan (7.57%). The final outcomes for patients going for DAMA were readmissions within 48-72 hours seen in 49% cases while in 9% cases, mortality was being reported. In view of the factors contributing towards DAMA, some interventional strategies were devised in order to retain the patients who were going for DAMA. After the implementation of interventional strategies, a net reduction of 70.37% in DAMA cases was observed. Also, a net increase of **16.05%** in revenue was also achieved due to retention of patients who were about to go for DAMA.

CONCLUSION: DAMA is indeed a global problem, the prevalence and reasons of which vary from hospital to hospital. Multiple factors have been thought of and published in the literature. Discharge Against Medical Advice is very important issue of concern for the patient, family and involved health care professionals. To increase awareness of the patients regarding the dangers and consequences of leaving the hospital, effective communication should be established and highlighted between patients, their relatives, treating doctors and other medical staff. Therefore, understanding of reasons for DAMA and the issues associated with it, including the ethical and legal issues involved can definitely create roadmap to address the problem. Skillful communication and counselling techniques, flexible policies and procedures, negotiable management option, and good clinical can help with this problem. Thorough documentation is also essential in dealing with this problem.

Keywords: Discharge against medical advice, Hospital Management, Critical Care, Patient outcomes, Care of Plan, Hospital Revenue, Patient centricity

ACKNOWLEDGEMENTS

At the outset, I am highly obliged to **Dr. Manish Agarwal**, Centre Head, HCG Hospitals, Rajkot for giving me the opportunity to work in this hospital during the Dissertation. I am also grateful to **Mr. Uttam Mandal**, Senior Executive, Department of Quality for being receptive and giving valuable suggestions throughout my Dissertation. I am highly grateful to him for sharing his valuable experiences and ideas on issues related to management. I am highly thankful to **Ms. Paridhi Rana**, Deputy Manager-Human Resources for her guidance and friendly advices during my dissertation. My comprehensive learning at HCG Hospitals, would not have been complete without the invaluable suggestions of **Dr. Sanjay Bhatt**, Medical Director, HCG Hospitals, Rajkot. I am thankful to all the heads and staff members of various departments for helping me out in learning the process. Without their guidance, it would have been very difficult to obtain such information about operations and quality parameters of the hospital.

With due regards, I am also immensely thankful to **Dr. Susmit Jain,** Associate Professor and Faculty Guide IIHMR University, Jaipur for the guidance and support throughout the dissertation.

Last but not the least, I would like to place a profound sense of gratitude to my **parents** for all the support always.

Dr. Mitali Sethi
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MBA-HM 23rd Batch
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LIST OF ABBREVIATIONS

DAMA: Discharge Against Medical Advice

LAMA: Leave Against Medical Advice

HCG: Healthcare Global Enterprises Ltd.

GI: Gastrointestinal

ENT: Ear Nose Throat

ICU- Intensive Care Unit

DOR – Discharge on Request

HCP – Healthcare Providers

COP – Care of plan

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MAIN TEXT

Chapter 1 – Introduction

There has been a paradigm shift in the healthcare sector of our country. With the advent of latest technology, it is essential for the hospital sector to maintain its standards in accordance with the patient demands and desires. Patient satisfaction and patient centric models are here to stay for a long time. All efforts by the hospital administration are usually centered around the patient. But there are some instances in which the patient refuses to go forward with the care of plan suggested by the treating doctor. In such situation they go for Discharge Against Medical Advice (DAMA). It is a complex, global phenomenon affecting healthcare system throughout the world. Its incidence stands at 0.8% - 2.2% of all discharges occurring from varied medical services at different tertiary care and teaching hospitals throughout the world.

Discharge Against Medical Advice is a term used in healthcare facility when a patient leaves a hospital against the advice of the treating doctor. While such an incidence may go against patient's health, there are legal and ethical issues that the healthcare facility will have to deal with. The available literature in suggests that DAMA increases the risk of readmission and mortality. This leads to increased costs and utilisation of resources. This poses a risk both for the doctor as well as the patient. DAMA occurs due to a number of factors ranging from financial constraints, poor infrastructural facilities, unsatisfactory behaviour of doctor and nursing staff towards patients to unwillingness to go forward with the suggested care of plan.

All patients have the right to refuse to the treatment plan, the treating doctor is therefore legally and ethically obligated to obtain patient's consent by communicating the pros and cons, and alternatives to leaving and thoroughly documenting the same.

Therefore, there is a dire need to plan out strategies in order to reduce the prevalence of DAMA and improve the overall patient satisfaction and loyalty.

1.1: OBJECTIVES:

- To analyse the rate of occurrence, potential causes and consequences of DAMA
- To assess the impact of certain interventions in controlling occurrence of DAMA

- To evaluate the impact of retention of the patients going for DAMA on the overall revenue of the hospital

1.2: RESEARCH QUESTION:

- What is the rate of occurrence, causes and consequences of DAMA in the multispecialty hospital in Rajkot, Gujarat?
- What is the impact of reduction in DAMA cases on the overall hospital revenue?

CHAPTER 2 -Literature Review

AUTHOR	TITLE OF STUDY	SOURCE	SAMPLE	FINDINGS	YEAR AND LOCATION
Nikhil Gautam, J. P. Sharma, Anita Verma, Vivek Verma, Poonam Arora, P.L. Gautam	Retrospective Evaluation of Patients Who Leave against Medical Advice in a Tertiary Teaching Care Institute	Indian Journal of Critical Care Medicine	Hospital records were screened for over a year. Patient demographics and disease characteristics were noted.	Out of the total patients admitted in the year 2015. 3.3% patients got DAMA. ALOS of these cases was 4 days. 70% cases admitted to medical specialties had longer stay as compared to surgical specialties. Most of the patients had LAMA from ward (62%) followed by ICU (28.8%) and emergency (9.2%). The common cited reasons for LAMA were monetary causes(27.6 %) and poor prognosis (20.5%).	2015, North India
Bhooma devi A, Baby T. M, Catakam Keshika	Factors influencing discharge against medical advice (DAMA)	Journal of Family Medicine and Primary Care	The study included all the patients admitted during the course of study	It was observed that elderly patients who were above 60 years of constituted	May 2017-April 2018, Chennai

	cases at a multispecialty hospital			majority of DAMA cases (46%). 31% of DAMA patients left the hospital for affordability issue, 8% preferred other hospital for known physicians, 2% preferred other hospital for accessibility. Around 50% of patients who left against medical advice were due to Financial Constraints, remaining were not willing to proceed with the treatment advised	
Jafar-Sadegh Tabrizi, Asaad Ranai	Discharge against Medical Advice: An Interventional Study	International Journal of Hospital Research	The study enrolled all DAMA patients hospitalized in Sina Hospital of Tabriz (Iran). A question-naire asking the reasons for early discharge was developed and filled by	Out of the total discharged 4.4% opted for DAMA. The major factors contributing to DAMA were family concerns followed by staff factors, and treatment factors.	2013, Iran

			patients before leaving the hospital.	Many strategies were implemented for reducing the rate of DAMA. As a result of which there was 36% reduction in DAMA rate	
William N.Southern MD, MS, Shadi Nahvi MD, MS, Julia H.Arnsten MD, MPH	Increased Risk of Mortality and Readmission among Patients Discharged Against Medical Advice	The American Journal of Medicine Volume 125, Issue 6, June 2012, Pages 594-602	All patients getting discharged were observed. Of these,2.4% were discharged against medical advice, and 54.1% were discharged home. Further, 30-day mortality, 30-day readmission, and length of stay between discharges against medical advice and planned discharges were compared	Out of the total discharges 2.4% cases went for DAMA. Discharge against medical advice is associated with increased risk for mortality and readmission. In addition, discharges against medical advice have shorter lengths of stay than matched planned discharges, suggesting that the increased risks associated with discharge against medical advice are attributable	USA, 2002-2008

				to premature discharge.	
Nagarajan Ramakrishnan, Lakshmi Ranganathan, Babu K. Abraham, Senthil Kumar Rajagopalan, and Ramesh Venkataraman	What Happens to Patients Discharged Against Medical Advice?	Indian Journal of Critical Care Medicine	This study included cases admitted from July 2013 to February 2014. All patients, who were DAMA during this period, were included in this study. Demographics, APACHE data, and outcomes were collected and compared to patients discharged regularly during the same period. Outcomes of DAMA patients at 30 and 90 days were gathered by telephone follow-up.	Out of the cases admitted to the CCU, 15.1% were DAMA. The initial APACHE score of the DAMA group was higher than the regular discharge group. After follow-up of 30-days , it was observed that, 56% mortality and 21% could not be traced. At 90 days, mortality was 62%. Common causes for DAMA were – transfer patient to another hospital (21%), not convinced for the proposed care of plan (12%), financial constraints (9%), and poor prognosis of disease (7%).	Chennai, 2013-14

CHAPTER 3: METHODOLOGY

3.1: Study Design: Descriptive -Interventional Study (Prospective)

3.2: Study Duration: 01/02/2020 to 31/05/2020

3.3: **Study Setting:** HCG Hospitals, Rajkot

3.4: Sampling Technique: All patients who went for DAMA from 01/02/2020 to 31/05/2020 were included in the study.

3.5: Ethical Consideration: An approval for conducting the study was obtained from the hospital's Ethical Committee. All DAMA patients were briefed about the objectives of the study, and their verbal consent to participate in the study was obtained.

3.6: Data Source: Primary Data

3.7: Data Collection Tools:

- Direct Observation
- Interaction and Discussion with consultants and nursing staff
- Patient's medical records
- Counseling of the patients and relatives

3.8: Data Collection: Data regarding patient demographics, Clinical diagnosis, history of comorbidities, Consultant and Speciality name, Length of stay (LOS), Prognosis, Bill amount, Discount given if any was collected. The reasons responsible for DAMA were recorded through the responses filled in the DAMA/LAMA/DOR form. The patients who went for DAMA were followed up for readmission within 72 hours or death, if reported in the emergency department.

A prospective primary research was carried in a multispecialty hospital at Rajkot. The descriptive part aimed at identifying the rate of occurrence and potential causes of DAMA. The data for this part was collected by interaction with treating consultants and filling of the DAMA form before the patient left the hospital. The second part of the study was aimed at implementation of interventions based on the insights from the first part. For this purpose, a series of meetings were held, and possible interventions measures mainly consisting of skillful communication with patient's relatives, providing negotiable

management options and discussion with the consultants and nursing staff were devised which aimed at reducing the rate of DAMA. By the end of the introduction and implementation of interventions, the rate of DAMA was obtained and compared with that data of the first phase of the study. Further, impact of retention of patient(s) going for DAMA as a result of these interventions, on overall revenue of the hospital was evaluated.

3.9: Data Analysis: The data was analyzed with Microsoft Excel tool

CHAPTER 4: RESULTS

It was seen that out of the total discharges between February 2020 to May 2020, 66 patients (6.26%) in total went for DAMA. The maximum cases of DAMA were seen in February i.e. 27 (8.04%) out of the 336 total discharges in that month.

Compared to February the DAMA cases came down from 8.04 % to 4.52 % in May.

	Feb-20	**Mar-20**	**Apr-20**	**May-20**	**Total**
DAMA Cases	27	19	12	8	66
Total Discharges	336	302	239	177	1054
% DAMA	8.04	6.29	5.02	4.52	6.26

Table 4.1: Month- wise DAMA cases as part of total discharges

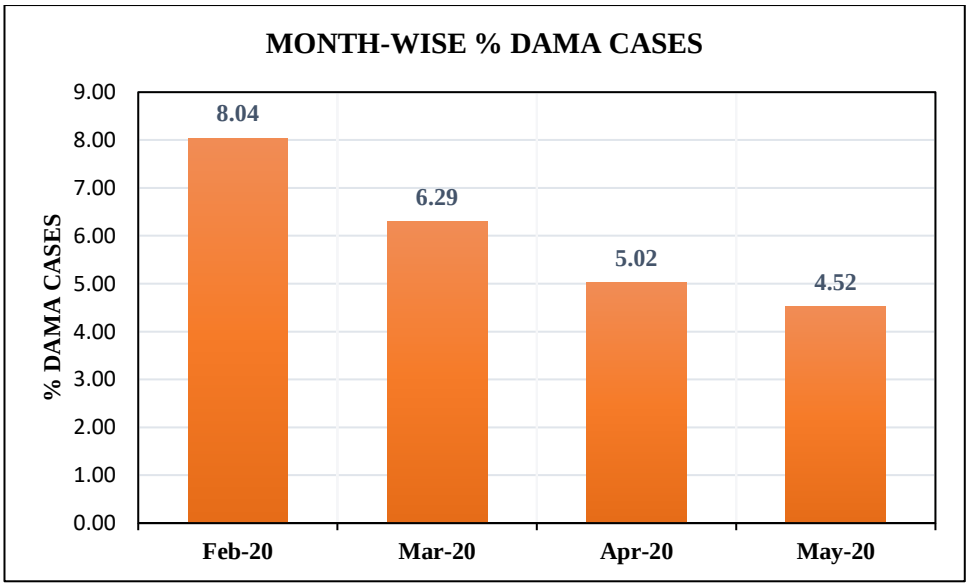


Figure 4.1: Month wise % DAMA cases

The department wise distribution of DAMA cases showed majority of the DAMA cases 47 (71%) were from ICU, keeping in mind the criticality of the patient's condition. It was followed by ER (17%) and then wards (12%)

	DAMA cases
ICU	47
WARDS	8
ER	11
TOTAL	**66**

Table 4.2: Department wise DAMA cases

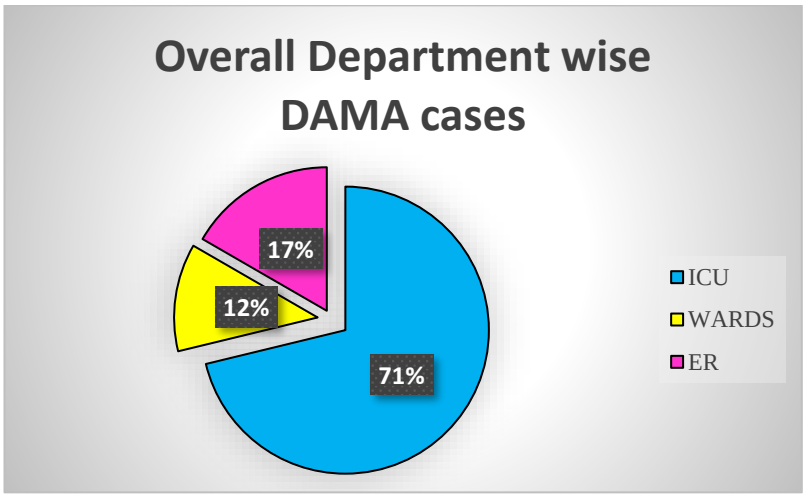


Figure 4.2: Overall Department wise DAMA cases

The month wise data pertaining to department wise DAMA cases was collected and analyzed. As illustrated below the majority of DAMA cases each month were from ICU followed by ER and then from wards.

	FEB 20	**MAR 20**	**APR 20**	**MAY 20**	**Total**
ICU	22	11	8	6	47
WARDS	2	3	2	1	8
ER	3	5	2	1	11
TOTAL	**27**	**19**	**12**	**8**	**66**

Table 4.3: Department wise distribution of DAMA cases

	Feb-20	**Mar-20**	**Apr-20**	**May-20**
ICU	81%	58%	66%	71%
WARDS	7.00%	16%	17%	12%
ER	11%	26%	17%	16%

Table 4.4: Department wise percentage of DAMA cases

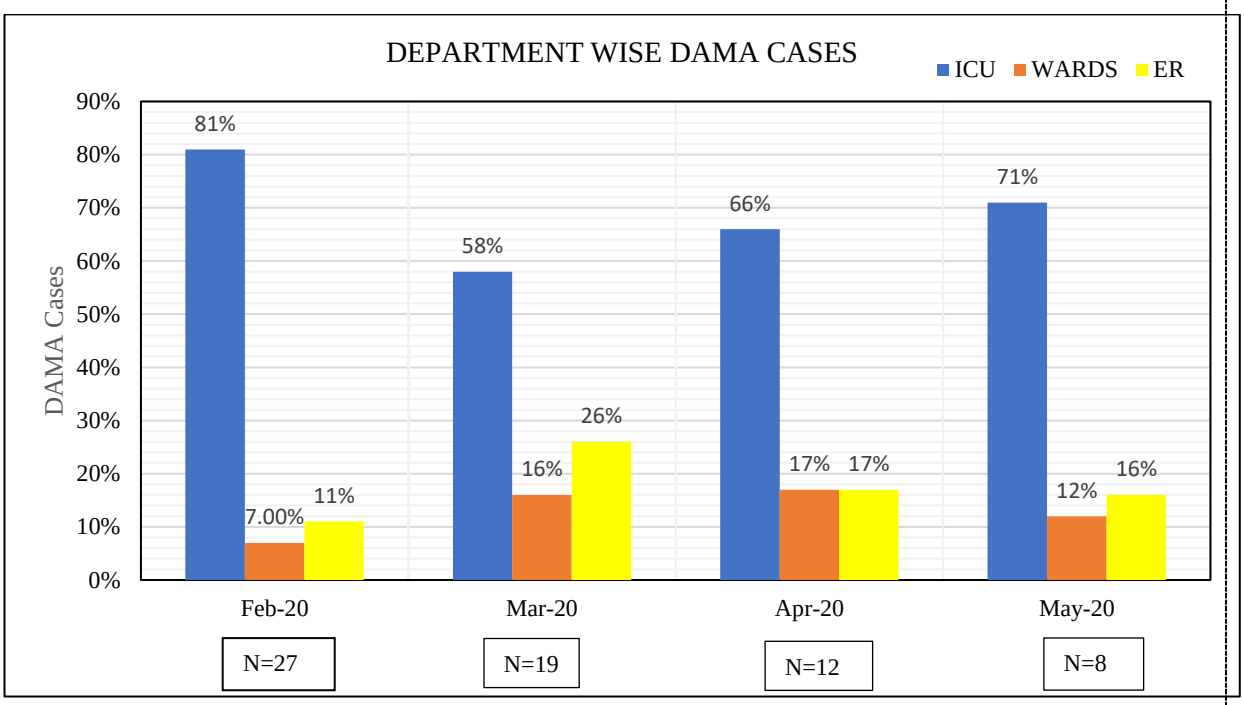


Figure 4.3: Department wise DAMA cases

The Speciality wise analysis showed, maximum cases of DAMA were 20 from Internal Medicine (30.30%) followed by 11 in Surgical Oncology (16.67%) and 10 in Cardiology (15.15%).

SPECIALITY	TOTAL
INTERNAL MEDICINE	20
GASTROENTEROLOGY	4
PULMONOLOGY	8
CARDIOLOGY	10
SURGICAL ONCOLOGY	11
GENERAL SURGERY	3
CTVS	9
ORTHOPEDICS	1
TOTAL	66

Table 4.4: Overall Speciality wise DAMA cases

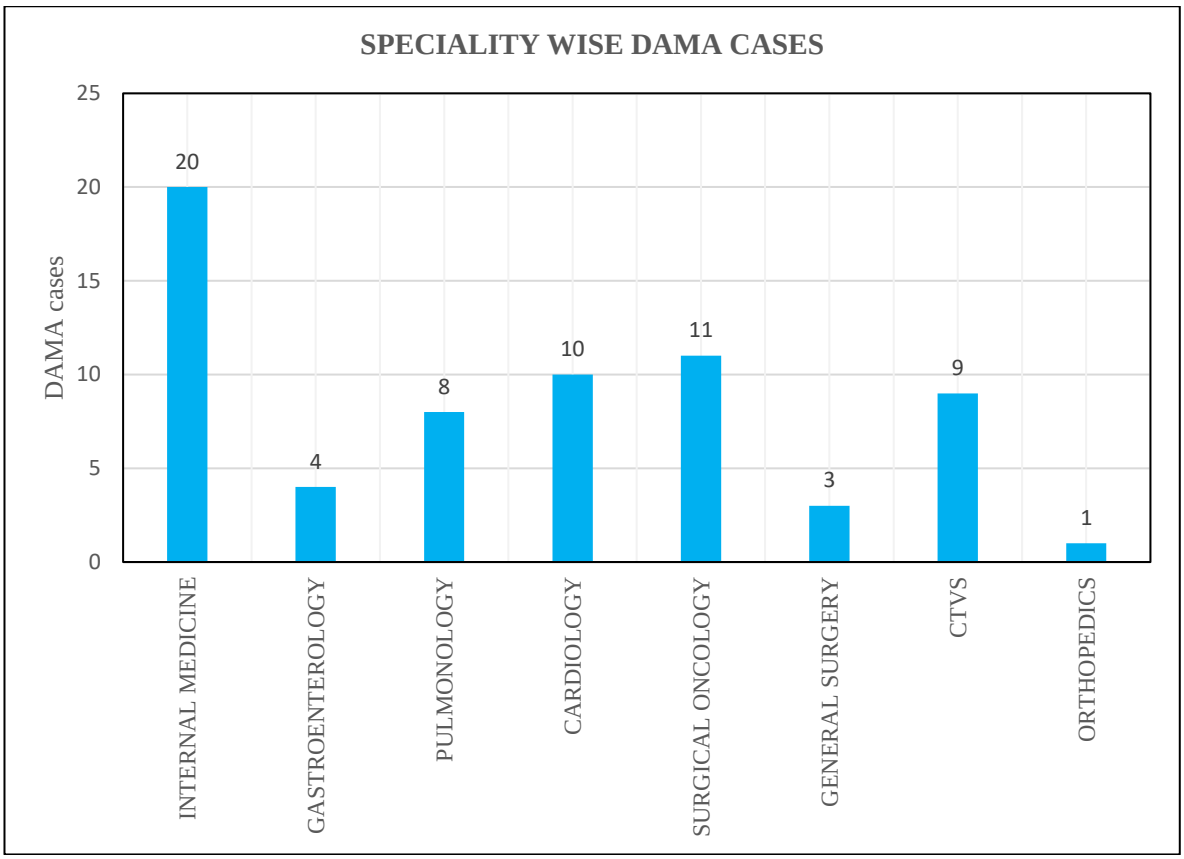


Figure 4.4: Overall Speciality wise DAMA cases

Over the period of time during which the study was conducted, the number of DAMA cases had gradually decreased in all specialties.

SPECIALITY	FEB 20	MAR 20	APR 20	MAY 20	**TOTAL**
INTERNAL MEDICINE	8	5	3	4	20
GASTROENTEROLOGY	2	1	1	0	4
PULMONOLOGY	5	3	0	0	8
CARDIOLOGY	4	3	1	2	10
SURGICAL ONCOLOGY	3	4	3	1	11
GENERAL SURGERY	2	0	1	0	3
CTVS	3	2	3	1	9
ORTHOPEDICS	0	1	0	0	1
TOTAL	**27**	**19**	**12**	**8**	**66**

Table 4.5: Speciality-wise DAMA cases

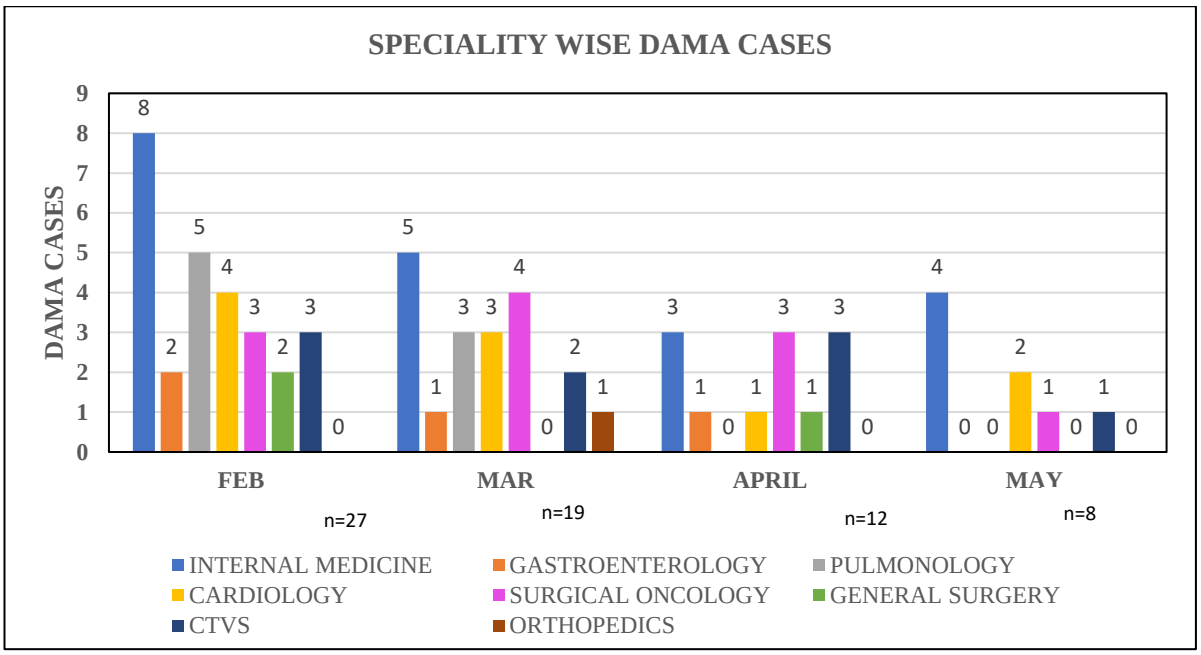


Figure 4.5: Speciality wise DAMA cases

The major factors contributing towards DAMA were mainly financial constraints (43.93%), poor prognosis (16.67%) and unwillingness to proceed with the advised care of plan (7.57%).

CAUSES	TOTAL
FINANCIAL REASONS	29
POOR PROGNOSIS	11
DISSATISFIED WITH CONSULTANTS	5
DISSATISFIED WITH NURSING/SUPPORT SERVICES	5
TRANSFER TO OTHER HOSPITAL	5
UNWILLING TO PROCEED WITH COP/HOSPITALIZATION	5
PERCEIVED LONG LENGTH OF STAY	3
POOR COMMUNICATION BY HCPs	2
ENVIRONMENT NOT SUITABLE	1
Total DAMA cases	66

Table 4.6: Major factors contributing towards DAMA

CAUSES FOR DAMA	FEBRUARY	MARCH	APRIL	MAY
FINANCIAL REASONS	12	9	5	3
DISSATISFIED WITH CONSULTANTS	3	0	2	0
DISSATISFIED WITH NURSING/SUPPORT SERVICES	3	0	1	1
ENVIRONMENT NOT SUITABLE	1	0	0	0
POOR DISEASE PROGNOSIS	3	4	2	2
POOR COMMUNICATION BY HCPs	0	1	1	0
TRANSFER TO OTHER HOSPITAL	2	2	0	1
UNWILLING TO PROCEED WITH COP/HOSPITALIZATION	1	2	1	1
PERCEIVED LONG LENGTH OF STAY	2	1	0	0
TOTAL	**27**	**19**	**12**	**8**

Table 4.7: Month-wise distribution of factors contributing to DAMA

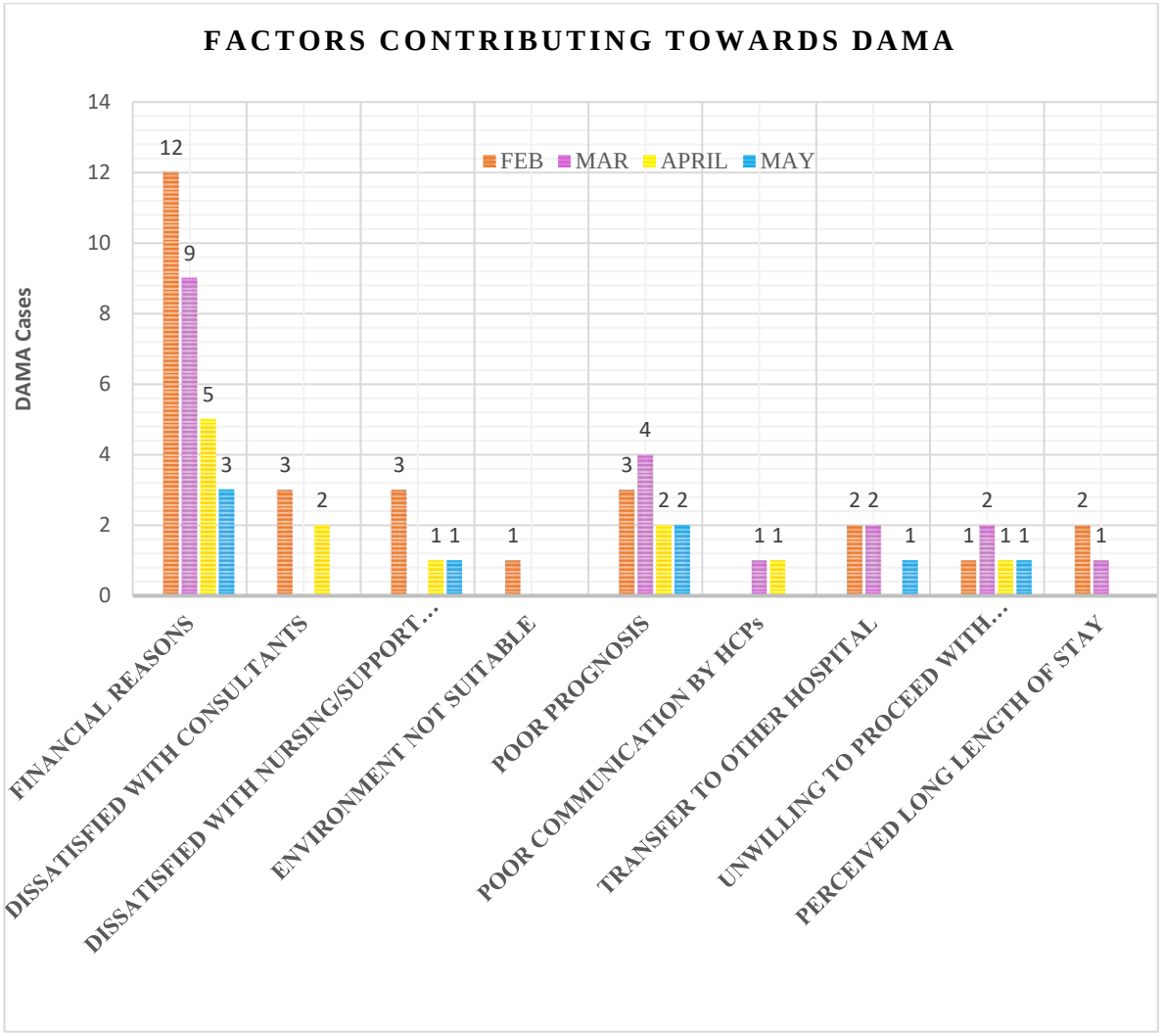
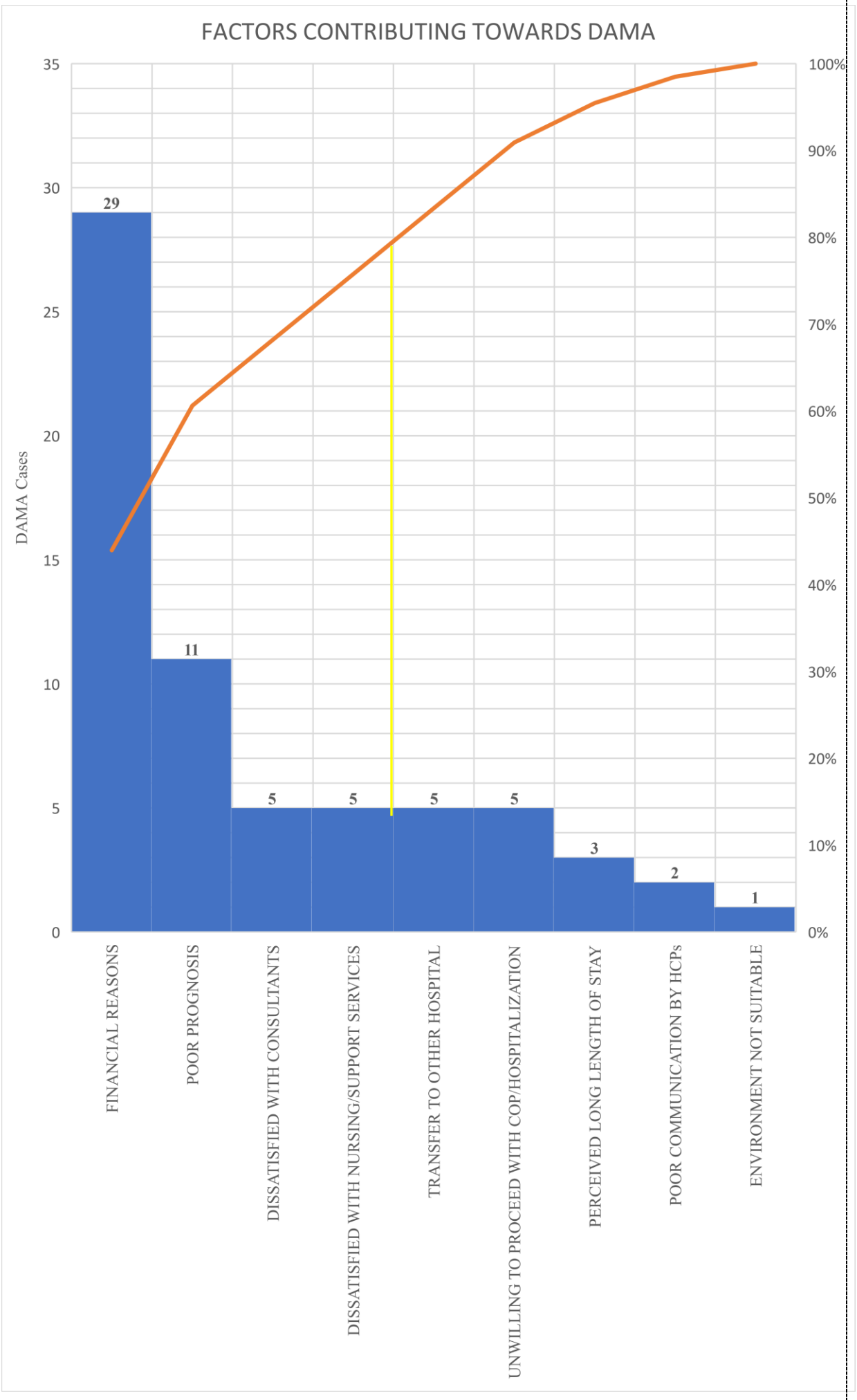


Figure 4.6: Factors contributing towards DAMA


FACTORS CONTRIBUTING TOWARDS DAMA
DAMA Cases
35
30
25
20
15
10
5
0
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
29
11
5
5
5
5
3
2
1
FINANCIAL REASONS
POOR PROGNOSIS
DISSATISFIED WITH CONSULTANTS
DISSATISFIED WITH NURSING/SUPPORT SERVICES
TRANSFER TO OTHER HOSPITAL
UNWILLING TO PROCEED WITH COP/HOSPITALIZATION
PERCEIVED LONG LENGTH OF STAY
POOR COMMUNICATION BY HCPs
ENVIRONMENT NOT SUITABLE

The Pareto Chart suggests the first four factors are causing 80% of the Discharges Against Medical Advice. So, we should mainly focus on them to bring about a change in occurrence of DAMA.

With regards to the final outcomes for patients DAMA, about 49% cases had readmissions within 48-72 hours of DAMA while in 9% cases, mortality was being reported.

	Feb-20	Mar-20	Apr-20	May-20	Total	% of Total DAMA cases
DAMA	27	19	12	8	**66**	
Deaths	2	1	1	2	**6**	9%
Readmissions (48-72 hours)	11	9	8	4	**32**	49%
Untraceable patients	14	9	3	2	**28**	42%

Table 4.8: Consequences of DAMA

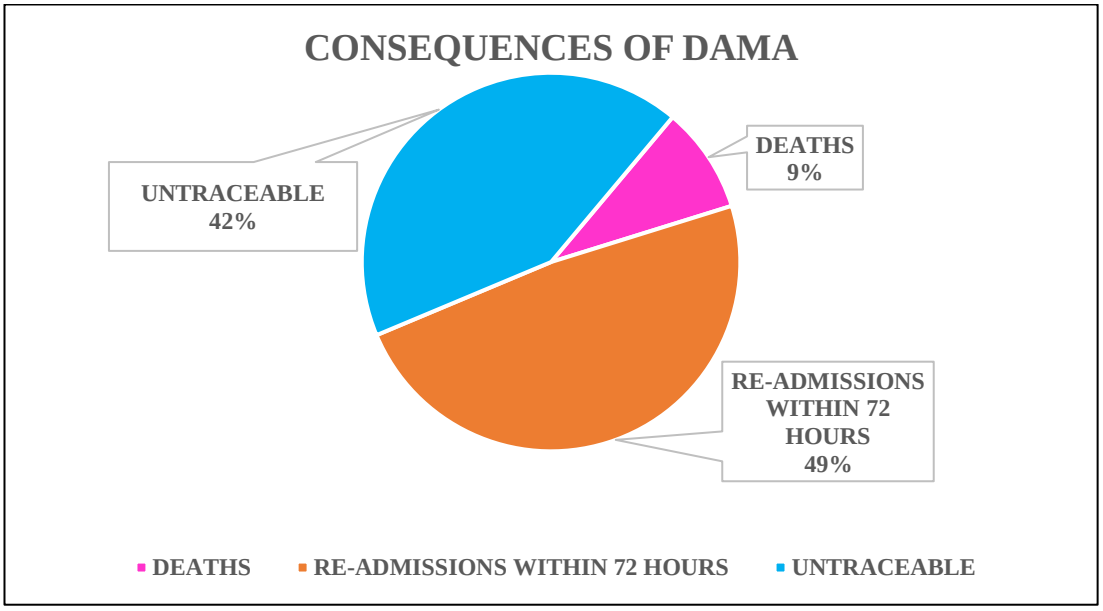


Figure 4.7: Consequences for patients going for DAMA

FACTORS CONTRIBUTING IN DAMA	INTERVENTION DONE
Financial reasons	Counselling and discount provision
Dissatisfied with consultants	Discussion with consultant and training
Dissatisfied with nursing/support services	Training of staff and monitoring
Environment not suitable	Reviewing infrastructure facilities
Poor prognosis	End of life care /counselling
Poor communication by HCPs	Training and monitoring of staff
Transfer to other hospital	Counselling
Unwilling to proceed with cop/hospitalization	Counselling
Perceived long length of stay	Counselling

Table 4.9: Interventions designed to reduce DAMA rate

In view of the factors contributing towards DAMA, some interventional strategies were devised in order to retain the patients who were going for DAMA. Subsequently month on month change in DAMA cases was observed.

	Feb-20	Mar-20	Apr-20	May-20
Total Discharges	336	302	239	177
DAMA Cases	27	19	12	8
% Reduction (month to month)		29.63%	36.84%	33.33%

Table 4.10: Trends in DAMA showing % change in month to month (MoM)

The overall % reduction in DAMA cases from Feb to May was **70.37%.**

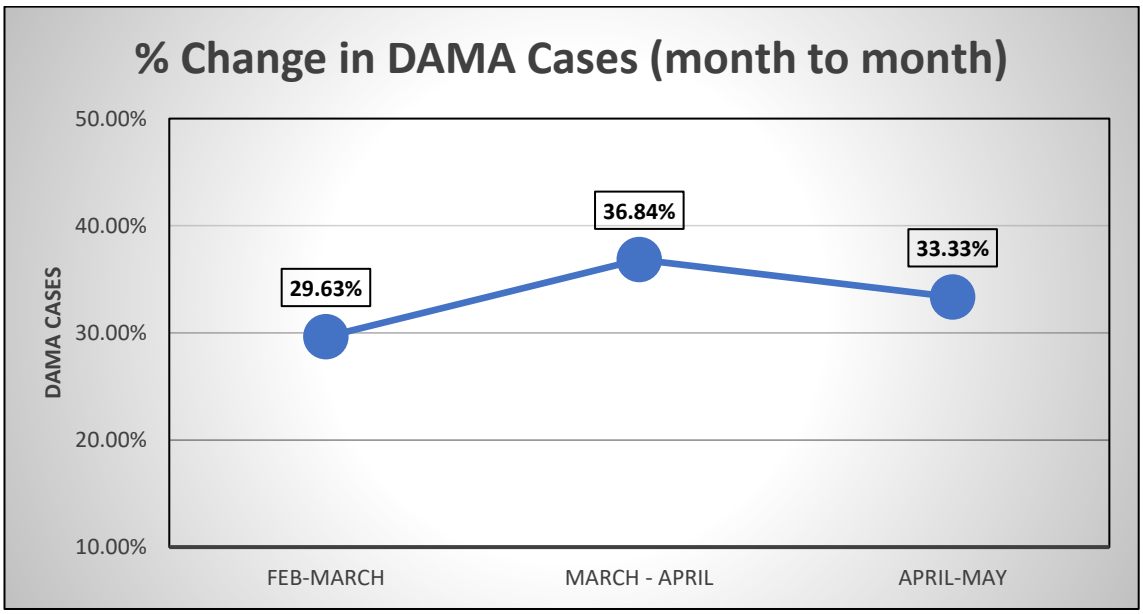


Figure 4.8: Illustration showing % change in DAMA cases month on month

Subsequently, a net increase of **16.05%** in revenue was also achieved due to retention of patients who were about to go for DAMA. There was a direct relation of increase in revenue if the patient stayed for even a single day due the possible interventional measures that were implemented. The net increase in revenue included the bed charges, pharmacy and medical equipment charges. Some percentage of discount was provided in the total bill amount of some patients in order to retain them in the facility with the ongoing care of treatment.

CHAPTER 5: DISCUSSION

DAMA is indeed a wide-ranging problem, the prevalence and reasons of which vary from hospital to hospital. Multiple factors have been thought of and published in the literature. Discharge Against Medical Advice is an important issue of concern for the patient, their family and the involved health care professionals.

In the study, out of the total discharges that happened from February to May 2020 in total 66 patients (6.26%) went for DAMA. The maximum cases of DAMA were seen in February i.e. 27 (8.04%) out of the 336 total discharges in that month. The department wise distribution of DAMA cases showed majority of the DAMA cases 47 (71%) were from ICU, followed by ER (17%). The Speciality wise analysis showed, maximum cases of DAMA were 20 from Internal Medicine (30.30%) followed by 11 in Surgical Oncology (16.67%) and 10 in Cardiology (15.15%). The major factors contributing towards DAMA were mainly financial constraints (43.93%), poor prognosis (16.67%) and unwillingness to proceed with the advised care of plan (7.57%). The final outcomes for patients going for DAMA were readmissions within 48-72 hours seen in 49% cases while in 9% cases, mortality was being reported. In view of the factors contributing towards DAMA, some interventional strategies were devised in order to retain the patients who were going for DAMA. These mainly consisted of skillful communication with patient's relatives, providing negotiable management options and discussion with the consultants and nursing staff were devised which aimed at reducing the rate of DAMA. After the implementation of interventional strategies, a net reduction of 70.37% in DAMA cases was observed from Feb to May 2020. Also, a net increase of **16.05%** in revenue was also achieved due to retention of patients who were about to go for DAMA.

Therefore, understanding of reasons for DAMA and the issues associated with it, including the moral and legal issues involved can definitely create roadmap to address the problem. Tactful communication and counselling techniques, flexible policies and procedures, negotiable management option, and good clinical can help with this problem. Thorough documentation is also essential in dealing with this problem.

CHAPTER 6: CONCLUSIONS

The main reason behind doing this study was to highlight the fact that Discharge Against Medical Advice is a worldwide problem affecting all healthcare facilities. Every initiative should be taken to reduce its number as it directs relates itself to revenue and opportunity loss to the hospital. Every potential patient going for DAMA should be encouraged to stay under the care of treating consultant. Effective means of communication with the patient and relatives is very essential in retention of such patients. Ultimately, awareness regarding the various pros and cons of DAMA should be created, so that informed decision is taken by the patient.

Lastly, the importance of DAMA should be considered in every hospital and measures should be taken in order to address all consequences and outcomes it may lead to.

STUDY INSTRUMENT

HCG
adding life to years

HCG Hospitals
LAMA / DOR Information Form
Left against Medical Advice / Discharge on Request

Addressograph

Form 13
MRD

To,

The Clinical Head / Centre Manager

This following patient is Leaving Against Medical Advice (LAMA) / Dishcarged on Request (DOR)

Patient Name :_____ Date : _____

UHID No. :_____ IP No. :_____ Time : _____

Attending Consultant's Name : _____

Provisional Diagnosis : _____

_____

_____

_____

Tick as appropriate ☐ LAMA ☐ DOR ☐ Transfer to other hospital

Administrator's Comment :

Reasons for Leaving :

- ☐ Dissatisfied with physician/Nursing Service/Attendants
- ☐ Financial reasons
- ☐ Environment not suitable
- ☐ Dissatisfied with room service

Informed By :

- ☐ CMA & Nursing Director to give comments
- ☐ Centre Head / Operations to intervene
- ☐ Manager (Operations) to give comments
- ☐ Manager (Operations) to give comments

Other Comments if any : _____

_____

_____

(Please use back side of this form if you want to give further details)

_____ Date & Time

_____ Signature of Head, Operations

_____ Date & Time

_____ Patient's/Relative's Signature

Name : _____ Relationship to patient : _____

Informed to CM & CMA on Phone by Dr. _____ Date & Time :_____

Action taken by Head - Clinical Services / Centre Head : _____

_____

_____

(Please use back side of this form if you want to give further details)

_____ Date & Time

_____ CMA/Centre Head's Signature

CG/HHR/MRD/013/R0/E

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