

EM CASE OF THE MONTH

BROWARD HEALTH MEDICAL CENTER DEPARTMENT OF EMERGENCY MEDICINE

I'm leaving
AMA !



Patients who leave AMA can be quite challenging to the entire ED staff. We need to recognize the risk is not solely on the patient, but also to the ED providers. This month's case covers the pitfalls involved in signing out a patient AMA.

EM CASE OF THE MONTH

EM Case of the Month is a monthly "pop quiz" for ED staff. The goal is to educate all ED personnel by sharing common pearls and pitfalls involving the care of ED patients. We intend on providing better patient care through better education for our nurses and staff.



Signing out AMA

A 36 year old man presents to the ED for RLQ pain. His WBC is elevated and the physician orders a CT scan. Despite IV morphine, the patient feels his pain is inadequately controlled and repeatedly rings the call bell. The nurse, tied up with another patient, is unable to respond to the call promptly and the patient becomes agitated. When the nurse eventually makes it to the bedside, the patient is irate and demands to leave AMA. "I have never been treated so poorly and will never return to this hospital!," he screams as he signs the AMA form and storms toward the exit. The nurse breathes a sigh of relief and utters to another nurse, "Well I am glad he is gone, we don't need patients like that in this ED!". Which of the following is true of patients that leave AMA?

- A. Signing the AMA form releases the hospital of liability. This means that the hospital cannot be sued for the care provided.
- B. The AMA form is only valid if the patient signs it.
- C. If the patient signs out AMA then his insurance will not cover the visit.
- D. Patients that leave AMA are more likely to seek legal action against the hospital compared to regular discharged patients.
- E. The AMA form is documentation that the patient is refusing care. Therefore patients who sign AMA should NOT be given any discharge papers or prescriptions.



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Table 1 Elements of a Proper AMA Patient Conference

- Discuss the recommended course of treatment and available alternatives.
- Review the specific risks of that patient refusing treatment.
- Ask the patient to explain their diagnosis.
- Have the patient describe the consequences of leaving AMA.
- Evaluate the patient's rationale for leaving AMA.
- Discuss follow-up care and the patient's option to return to the ED.
- Notify the patient's primary care physician and their family or friends.
- Document the discussion in the medical record.

Abbreviation: AMA, against medical advice.

Source: Adapted from: Levy F, et al. *J Emerg Med*. 2012;43:516-520.

Take Home Points

- A patient that leaves AMA is a high risk scenario to the patient and the provider.
- The AMA form offers little protection for the provider. Be sure to document key elements such as capacity, details of the discussion, attempts to help the patient, and discharge info provided.
- The best way to prevent a bad outcome is to eliminate perceived obstacles and convince the patient to stay.
- There are common AMA myths. Insurance will pay despite the AMA. The patient does not have to sign the AMA form in order to leave.

Against Medical Advice

The correct answer is D. When patients leave AMA it is a high-risk situation for all involved. Medical risk to the patient is obvious. Risk to the provider comes in the form of medico-legal risk. These cases are a setup for a bad outcome or adverse event. The patients are upset with the care they received and often dislike the doctor and/or nurse involved in their care. All the pieces are in place for a lawsuit.

Discussion:

AMA is a sticky situation. We have duty to protect our patients and often that involves protecting them from themselves. Too often I see angry patients signing out AMA because they are unhappy with the care they are getting from us. Many times it is the waiting time, the pain management, or they are concerned about the bill. Nurses and doctors will often feel a sense of relief when a patient signs those AMA papers. Many of us are happy that the tension-filled patient encounter is about to end and now that the AMA forms are signed, we are protected from any negative consequences.

The reality is that patients that leave the ED against medical advice are extremely risky. They are setup for a bad outcome and they often leave with an adversarial relationship with their providers. **If they leave against medical advice, we can still get sued.** In fact, we are *more likely* to get sued. It is estimated that 1 out of 30,000 ED visits results in a lawsuit filed. If you look at patients leaving against medical advice, the number drops to 1 out of 300. **We are 10 times more likely to be sued by a patient leaving against medical advice.** Many providers are not aware that we are not protected from lawsuits when the patient leaves AMA. **Signing the AMA form does not give you protection.**

So how can we protect ourselves from a lawsuit? **The best answer is to convince them to stay.** This is often overlooked but it is by far the best way to avoid all of the "badness" that comes with AMA. Do everything that you can to understand the underlying reason for the AMA and then do everything that you can to address their concerns. Was it was a misunderstanding with a staff member? Remember that we are in a service industry where patients come first. Sit down with the patient -- a simple apology can go a long way. Do they have to leave to care for a child or a pet? (*cont'd on next page*)

Perhaps a call to a friend or a family member can help. Are they concerned about the bill? Perhaps a social worker can help the patient get the financial assistance process started. **Regardless the reason for AMA, we should first focus on that reason and do anything and everything that we can do to address their concerns.** Use every resource that we have available to do us to eliminate the patient's perceived obstacles to staying for medical care. In doing so, the risk is diminished tremendously and patient satisfaction increases.

Despite our best efforts, sometimes we cannot convince the patient to stay and inevitably they are going to leave AMA. There should be a mental checklist of items that must be done and documented to protect ourselves from a medico-legal standpoint. Nursing and physician documentation must be clear and consistent and address the following items:

- **Start out your documentation showing the patient has capacity to make decisions.** "The patient is clinically sober and appears free from distracting injury. The patient appears to have intact insight, judgment, and reason. In my opinion, this patient has the capacity to make decisions."
- **You need to document the visit and include the information you shared with the patient in the chart.** Start with symptoms. It is important that the patient and provider agree on the presenting symptoms. Be sure to discuss the workup and the limitations of the workup done to that point. "I have told the patient that, while the labs are normal, he/she still may have appendicitis. Discuss the risks and benefits of treatment. "I have discussed the need for a CT scan to obtain more information about causes of the patient's pain. I have told the patient that if he/she leaves and has appendicitis, the patient's condition may worsen. He/She may become critically ill and possibly become disabled and die."

- **Show that you tried to help the patient.** You want patients to feel that you respected them and their ability to make decisions. You may include alternatives to the treatment plan: "We have offered to give the patient more pain medication. We have offered to admit the patient for serial abdominal exams."
- **Medications and follow-up.** Treat these patients similarly to patients you are discharging normally. Sit down with the patient and attempt to answer any questions. Try to arrange reasonable follow-up. We can offer to call a cardiologist to arrange a stress test in the morning. We can give them prescriptions. Give them discharge instructions. Always welcome them back. You don't want them to have a bad outcome. "I'm unable to convince the patient to stay. I have asked the patient to return as soon as possible to complete his/her evaluation. I have spoken with the patient's primary care doctor to arrange follow-up for his/her abdominal pain." Try to end on good terms with the patient and make the patient feel that he/she can come back to the ED at any time to resume the work-up.

Now let's dispel some myths about AMA. There is a myth that if the patient leaves AMA then insurance will not pay for their visit. **There is no available data that supports the idea that insurance will refuse to pay for the visit.** Secondly, The patient does not have to sign the AMA form to leave the hospital. There is some legal precedent indicating that signing the form *increases* your risk as a provider as many attorneys argue that its illegal to force a patient to waive their rights to sue in order to leave the hospital. The forms state that by signing and leaving the hospital against medical advice, the patient waives the ability to hold the hospital liable for any bad outcomes. This does not hold up in court. However, it is another piece of evidence that you had a discussion with the patient and tried to convince him/her to stay in the hospital.