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## **Eliminate the Stigma: An Analysis of Hospital and Provider Related Factors of Discharges Against Medical Advice**

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### **Objectives:**

- Understanding the reason: An effort to impact the stigma surrounding discharges against medical advice by shifting the blame away from patients
- Eliminating stigma by understanding the reasons for discharges against medical advice

### **Background**

Patients have the autonomy to decline recommended care and leave the hospital against medical advice (AMA). However, discharges that are AMA remain a national concern, as up to half of these patients are re-hospitalized with worse mortality and more extended hospital stays for any readmission (median 5 vs. 0 days). Literature focuses on the patient-related factors for AMA leading to stigma, yet the healthcare system is also responsible for some of the AMA discharges. This Quality Improvement and Patient Safety (QIPS) project aimed to analyze pre-existing data to obtain statistics for provider-related factors for AMA discharges.

### **Method**

We performed a retrospective analysis of 354,767 patients discharged at a community teaching hospital from January 2020 to January 2021. Codes identified 548 patients that were discharged AMA. Data included demographics, admission and discharge date, the total number of hospital days, and the reason for leaving AMA. Pre-existing categories for why patients left AMA were: refused treatment, addiction-related, provider wait time, general wait time, financial reasons, environment, and dependent care. We added three additional categories: the need for a private room, duplicate entries, and feeling better. We performed a descriptive analysis that included the number of AMA discharges based on sex and reason. Of note, our study had limitations in its generalizability to non-community and non-teaching hospitals.

### **Results**

Patients discharged AMA were more often male than female, 323 vs. 225 (58.9% vs. 41.1% respectively), with a mean age of 56 years (SD 19.13). The average hospital stay was 1.64 days. One hundred and seventy-three patients (31.6%) had no documented reason to leave AMA.

Provider and hospital-related factors accounted for 19.3% of the AMA discharges; 19 (3.5%) left due to general wait times, 14 (2.6%) left due to provider wait times, while 16 (2.9%) left due to provider care. Fifteen (2.7%) left due to environmental factors, and 11 (2%) left due to an isolation request for a private room. Thirty-four (6.2%) sought medical care elsewhere.

Analysis of patient-related factors revealed that 148 (27%) left because they refused treatment, 19 (3.5%) left because they felt better, and 23 (4.2%) had other reasons for leaving AMA.

Sixteen (2.9%) had addiction-related reasons, 16 (2.9%) left due to financial reasons, and 13 (2.4%) left due to dependent care. Ten patients (1.8%) eloped, and 6 (1.1%) were non-AMA discharges.

**Conclusion:**

There is a need to improve documentation as 173 patients (31.6%) had no documented reasons for leaving AMA. Provider-related factors are significant predictors for AMA discharges, so healthcare systems need to focus on factors they influence, such as high-quality patient care, the hospital environment, and provider-patient relationships.

**References:**

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