Dissertation Training

at

Thumbay University Hospital , Ajman , UAE

Identifying factors associated with LAMA discharges by exploring patient perspectives and reasons for LAMA.

by

SREE HARI . S

PG/22/129

Under the guidance of

Dr.Nidhi Yadav

PGDM (Hospital and Health Management)

2022-2024

International Institute of Health Management Research, New Delhi

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A Report

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Under the guidance of

Dr.Nidhi Yadav

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2022-2024

International Institute of Health Management Research, New Delhi

The certificate is awarded to

SreeHari.S

in recognition of having successfully completed his/her Internship in the department of

Patients Affairs Department

and has successfully completed his/her Project on

Identifying factors associated with LAMA discharges by exploring patient perspectives and reasons for LAMA.

11th March 2024- 25th April 2024

Thumbay University Hospital , Ajman , UAE

He comes across as a committed, sincere & diligent person who has a strong drive & zeal for learning.

We wish him/her all the best for future endeavors.

Training & Development **Zonal Head-Human Resources**

TO WHOMSOEVER IT MAY CONCERN

This is to certify that SreeHari.S , student of PGDM (Hospital & Health Management) from International Institute of Health Management Research, New Delhi has undergone internship training at Thumbay University Hospital, Ajman,UAE from 11th March 2024 to 25th April 2024.

The Candidate has successfully carried out the study designated to him during internship training and his/her approach to the study has been sincere, scientific and analytical. The Internship is in fulfillment of the course requirements.

I wish him all success in all his/her future endeavors.

Dr. Sumesh Kumar

Associate Dean, Academic and Student Affairs

IIHMR, New Delhi

Mentor

IIHMR, New Delhi

CERTIFICATE OF APPROVAL

The following dissertation titled “Identifying factors associated with LAMA discharges by exploring patient perspectives and reasons for LAMA ” at “Thumbay University Hospital, Ajman, UAE ” is hereby approved as a certified study in management carried out and presented in a manner satisfactorily to warrant its acceptance as a prerequisite for the award of PGDM (Hospital & Health Management) for which it has been submitted. It is understood that by this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed, or conclusion drawn therein but approve the dissertation only for the purpose it is submitted.

Dissertation Examination Committee for evaluation of dissertation.

Name	Signature
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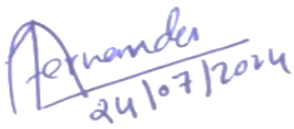
CERTIFICATE FROM DISSERTATION ADVISORY COMMITTEE

This is to certify that Mr. SreeHari.S , a graduate student of the PGDM (Hospital & Health Management) has worked under our guidance and supervision. He/ She is submitting this dissertation titled " Identifying factors associated with LAMA discharges by exploring patient perspectives and reasons for LAMA" at "Thumbay University Hospital, Ajman,UAE" in partial fulfillment of the requirements for the award of the PGDM (Hospital & Health Management).

This dissertation has the requisite standard and to the best of our knowledge no part of it has been reproduced from any other dissertation, monograph, report or book.



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CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled " Identifying factors associated with LAMA discharges by exploring patient perspectives and reasons for LAMA "and submitted by SreeHari.S, Enrollment No.PG/22/129 under the supervision of Dr.Nidhi Yadav (Associate professor,IIHMR,Delhi) for award of PGDM (Hospital & Health Management) of the Institute carried out during the period from 11th March 2024 to 25th April,2024 embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other Institute or other similar institution of higher learning.

FEEDBACK FORM

Name of the Student: SREEHARI.S

Name of the Organisation in Which Dissertation Has Been Completed: THUMBAY UNIVERSITY HOSPITAL, AJMAN, UAE

Area of Dissertation: OPERATIONS

Attendance:

Objectives achieved: PATIENT ADMISSION, DISCHARGE PROCESS, STUDY ON LAMA DISCHARGES

Deliverables: DATA COLLECTION, DOCUMENTATION, ADMINISTRATIVE TASKS.

Strengths: DATA ANALYSIS, ATTENTION TO DETAIL

Suggestions for Improvement: COMMUNICATION SKILLS

Suggestions for Institute :

(course curriculum, industry interaction, placement, alumni)

Implement comprehensive training programs that include simulation based learning

Signature of the Organisation Mentor

Date: 25/07/2024

Place: AJMAN, UAE

ABSTRACT

Background

Leave Against Medical Advice (LAMA) discharges present significant challenges to patient safety and healthcare quality. Identifying the factors contributing to LAMA discharges is crucial for developing interventions to improve patient outcomes and optimize resource utilization.

Leave Against Medical Advice (LAMA) discharges occur when patients voluntarily leave the hospital before their treating physician recommends discharge. This phenomenon poses significant challenges to patient safety, healthcare quality, and resource utilization. Patients who leave against medical advice are at increased risk of adverse outcomes, including higher rates of readmission, complications, and mortality. Despite the critical implications, the factors contributing to LAMA discharges are not fully understood

This study aims to investigate the reasons for LAMA discharges, analyze their distribution across different hospital locations, and propose targeted interventions to reduce their occurrence. A retrospective cohort study was conducted using electronic health records (EHRs) of adult patients discharged from Thumbay Hospital, Ajman, UAE between January 2024 and February 2024.Data on reasons for LAMA discharges, hospital location distribution, and follow-up within 24 hours were collected and analyzed.

Keywords: Leave Against Medical Advice (LAMA), patient safety, healthcare quality, retrospective cohort study, hospital discharge reasons, patient support services, financial counseling.

Literature Review

According to Dr. Medarametla, in his study “Making Sense of LAMA discharges (2021) LAMA accounts for 1.4% of all discharges amounting to more than 500,000 discharges per year nationwide. LAMA discharges are at high risk for readmissions (20%-40%

higher), have longer length of stay on readmission, higher morbidity and mortality (10% higher), and result in higher costs of care (56% higher). During the SHM Converge conference session (2021) on LAMA, Dr. Venkat Rao Medarametla, Medical director for Hospital medicine at Baystate Medical Center, Springfield, Mass., delved into the etiology and pathophysiology of LAMA discharges.

Dr. Medarametla advised hospitalists not to rely on the AMA forms the patients are asked to sign for liability protection. The forms may not stand up to legal scrutiny. Excellent documentation regarding the details of discussions with the patient, and determination of capacity encompassing the patients' understanding, reasoning, and insight should be made. Hospitalists can also assess the barriers and mitigate them. Appropriate outpatient and alternative treatment plans should be explored. Post discharge care and follow-ups also should be facilitated.

Methodology

This study employs a retrospective cohort design to analyze factors associated with Leave Against Medical Advice (LAMA) discharges. The retrospective nature allows for the examination of past patient records to identify patterns and factors influencing LAMA discharges. The study is set at Thumbay University Hospital in Ajman, UAE, a facility known for its comprehensive medical services and diverse patient population. The study population includes all patients admitted to Thumbay University Hospital who experienced a discharge event, whether they completed their hospital stay per medical recommendations or opted for a LAMA discharge. The inclusion criteria are all patients who have chosen a LAMA discharge during their hospital stay from January 2024 to February 2024. Data will be collected from the hospital's electronic health records (EHRs) and administrative databases. Information will be extracted using a structured format in MS Excel, as provided by the hospital. Collected data will be analyzed to identify trends and factors associated with LAMA discharges. Statistical methods will be employed to compare the characteristics of the exposed and non-exposed groups, focusing on the independent variables to understand their influence on the likelihood of LAMA discharges.

Results

- In-patient LAMA discharges reveals that Personal reasons are the predominant factor, accounting for 56 cases (56%), followed by Financial issues with 13 cases (13%), Unwillingness for treatment with 17 cases (17%), Unwillingness to stay with 6 cases (6%), and Insurance rejection with 2 cases (2%).
- The distribution of LAMA cases across hospital locations shows the highest incidence on the 3rd Floor [A&B Wing] with 45 cases, followed by the 4th Floor with 35 cases, the ICU with 8 cases, and the D Wing [3rd Floor] with 6 cases, suggesting potential location-specific issues.
- The most common diagnoses associated with LAMA discharges include 'Newborn' with 10 cases, followed by 'Abdominal Pain' with 8 cases, and 'URTI' with 6 cases. Additionally, a noteworthy finding is that 100% of patients received a follow-up call within 24 hours post-LAMA discharge, indicating the hospital's strong protocol for immediate follow-up and commitment to patient safety and care continuity.
- The comparison of the two months shows an increase in the percentage of LAMA discharges from January to February, despite the decrease in the total number of admissions.

Limitations of the study

Firstly, being a retrospective cohort study, it relies on the accuracy and completeness of existing electronic health records (EHRs), which may contain missing or incomplete data. Secondly, the study is confined to a two-month period (January and February 2024), which may not capture seasonal variations or long-term trends in LAMA discharges.

Conclusion

The study underscores the need for a multifaceted approach to address the complex factors leading to LAMA discharges. By focusing on patient-centered care, enhancing communication, and improving the hospital environment, the hospital can significantly

enhance healthcare delivery and patient outcomes. The findings and recommendations from this study provide a valuable framework for developing effective strategies to minimize LAMA discharges and ensure high-quality patient care. These findings highlight the need for targeted interventions to address the primary reasons for LAMA discharges, such as financial counseling, patient education, improved communication, and specific improvements in high LAMA discharge areas to enhance patient satisfaction and reduce LAMA rates.

ACKNOWLEDGEMENT

I have had the privilege to do my dissertation training at Thumbay University Hospital, Ajman,UAE. I would like to express my sincere gratitude to Mr. Avil Fernandes (Manager, Patients Affairs Department) who has supported and guided me throughout the dissertation training.

I would also take this opportunity to express thanks to Mr. Omar (Head, Operations), , Mr. Hamza Pervaiz(Officer, Patients Affairs Department) and Mr.Asnaf (Officer, Patients Affairs Department) for their contributions to the completion of my project titled "Identifying factors associated with LAMA discharges by exploring patient perspectives and reasons for LAMA." – Thumbay University Hospital , Ajman, UAE. The project would not have been successful without their cooperation and input.

I would like to acknowledge that this project was completed entirely by me and not by someone else.

Sree Hari . S

PG/22/129

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TABLE OF CONTENTS

LIST OF FIGURES AND TABLES

ABBREVIATIONS

LAMA : Leave Against Medical Advice

EHR : Electronic Health Record

URTI : Upper Respiratory Tract Infection

RCT : Retrospective Cohort Study

ICU : Intensive Care Unit

ED : Emergency Department

ABOUT THE ORGANIZATION

Thumbay Hospital is a network of academic hospitals based in the UAE. They are Academic Health Centers of the Gulf Medical University (GMU) Academic Health System. Thumbay Hospitals are in Dubai, Ajman, Sharjah and Fujairah, in addition to Hyderabad-India. The hospital chain is owned by Thumbay Group

Thumbay University Hospital is the largest private academic hospital in the Middle East region, with 350 beds. It is a state-of-the-art family healthcare destination having a dedicated 100-bed long term care and rehabilitation unit, Centre for Oncology equipped with PET-CT scan, 10 modern surgical suites for all major specialties, Center for Imaging, Cath Lab, ICU/CCU/NICU/PICU, 10-bed dialysis unit, etc. The Hospital has a dedicated floor for the Mother and Child program including 10 Labor & Delivery Rooms, NICU, SCBU and Well Baby Unit. The hospital offers Marhaba Services – personalized fast track services for patients – as well as Presidential Suite Rooms, VIP Rooms, Private Rooms, etc. We have a 'Therapeutic Garden' for better relaxation and holistic recovery of in-patients.

Amenities for patients and visitors include a multi-restaurant food court, movie theatre, coffee shops, health club, 1000+ free parking spaces, etc. They are part of the academic hospital network of Thumbay Group, which has a professional workforce of 30 different nationalities serving patients in 50 different languages and serving patients from over 175 nationalities.

Departments and Services

Emergency and Critical Care: The Emergency Department at Thumbay University Hospital is equipped to handle a wide range of medical emergencies. It operates 24/7 and is staffed by experienced emergency medicine physicians, nurses, and support staff. The department is supported by state-of-the-art diagnostic and therapeutic equipment, ensuring rapid and effective response to critical situations.

Cardiology: The Cardiology Department offers comprehensive cardiac care, including diagnostics, treatment, and rehabilitation. Services include non-invasive tests like

echocardiograms and stress tests, as well as invasive procedures such as angioplasty and cardiac catheterization. The department also provides specialized care for heart failure, arrhythmias, and other complex cardiac conditions.

Orthopedics: The Orthopedics Department provides treatment for a wide range of musculoskeletal disorders. Services include joint replacement surgery, sports medicine, spine surgery, and trauma care. The department is equipped with advanced imaging and surgical technology to ensure precise diagnosis and treatment.

Neurology and Neurosurgery: This department specializes in the diagnosis and treatment of neurological disorders. Services include treatment for stroke, epilepsy, multiple sclerosis, and neurodegenerative diseases. The Neurosurgery division offers surgical interventions for conditions like brain tumors, spinal disorders, and traumatic brain injuries.

Obstetrics and Gynecology: The Obstetrics and Gynecology Department provides comprehensive care for women's health issues, from routine gynecological exams to high-risk pregnancies and childbirth. The department is equipped with modern labor and delivery suites, neonatal care units, and advanced imaging facilities.

Pediatrics: The Pediatrics Department offers a full range of services for infants, children, and adolescents. This includes routine check-ups, vaccinations, and treatment for acute and chronic illnesses. The department also has specialized pediatric units for intensive care, neonatology, and pediatric surgery.

Oncology: The Oncology Department provides comprehensive cancer care, including early detection, diagnosis, treatment, and palliative care. Services include chemotherapy, radiation therapy, and surgical oncology. The department is equipped with advanced diagnostic tools and treatment technologies to offer personalized cancer care.

Gastroenterology: The Gastroenterology Department focuses on the diagnosis and treatment of digestive system disorders. Services include endoscopy, colonoscopy, and treatment for conditions like irritable bowel syndrome, Crohn's disease, and liver disorders. The department also offers advanced procedures for diagnosing and treating gastrointestinal cancers.

Urology: The Urology Department provides treatment for urinary tract and male reproductive system disorders. Services include treatment for kidney stones, urinary incontinence, prostate disorders, and urological cancers. The department is equipped with advanced diagnostic and surgical tools to provide minimally invasive treatments.

Dermatology: The Dermatology Department offers comprehensive care for skin, hair, and nail conditions. Services include treatment for acne, eczema, psoriasis, skin infections, and skin cancers. The department also offers cosmetic dermatology services, including laser treatments and aesthetic procedures.

ENT (Ear, Nose, and Throat): The ENT Department provides treatment for disorders related to the ear, nose, throat, and related structures of the head and neck. Services include treatment for hearing loss, sinusitis, sleep apnea, and voice disorders. The department also offers advanced surgical interventions for complex ENT conditions.

Rehabilitation: The Rehabilitation Department offers comprehensive services to help patients recover from injuries, surgeries, and chronic conditions. Services include physical therapy, occupational therapy, speech therapy, and rehabilitation for neurological and musculoskeletal disorders. The department is equipped with modern rehabilitation equipment and facilities.

Thumbay University Hospital in Ajman is a leading healthcare institution offering a wide range of specialized medical services. Its various departments are staffed by experienced healthcare professionals and equipped with advanced technology, ensuring high-quality patient care. The hospital's commitment to education and research further enhances its capability to provide innovative and effective treatments. Whether for routine medical care or complex surgical procedures, Thumbay University Hospital is dedicated to meeting the healthcare needs of its patients with excellence and compassion.

INTRODUCTION

The discharge process in a hospital is a critical step that ensures patients leave the facility safely and with a clear understanding of their continued care. Here's an overview of the typical discharge process:

A. Assessment and Planning

- Medical Assessment: The patient's condition is evaluated to determine if they are ready for discharge.
- Discharge Planning: A discharge plan is created, which includes post-hospital care, medications, follow-up appointments, and necessary equipment.

B. Coordination and Communication

- Interdisciplinary Team: The healthcare team, including doctors, nurses, social workers, and therapists, collaborates on the discharge plan.
- Patient and Family Education: The patient and their family are informed about the discharge plan, including care instructions, medication management, and signs of potential complications.

C. Documentation

- Discharge Summary: A comprehensive summary of the patient’s hospital stay, treatment, and discharge plan is documented and shared with the patient and relevant healthcare providers.
- Prescriptions and Referrals: Necessary prescriptions and referrals to specialists or home health services are provided.

D. Logistics and Support

- Arranging Transportation: Transportation home or to another care facility is arranged if needed.

- Home Health Services: If required, home health services such as nursing care, physical therapy, or medical equipment are organized.

E. Follow-Up Care

- Follow-Up Appointments: Appointments with primary care physicians or specialists are scheduled to ensure continuity of care.
- Hotline or Support: Patients are often provided with a contact number for any questions or concerns after discharge.

Key Components of the Discharge Process:

A. Medication Reconciliation: Ensuring that patients understand their medications, including dosages and schedules.

B. Patient Education: Providing clear instructions on wound care, diet, activity restrictions, and warning signs of complications.

C. Caregiver Support: Involving family members or caregivers in the discharge process to ensure they are prepared to assist with care at home.

D. Financial Counseling: Addressing any financial concerns related to hospital bills and post-discharge care.

Common Challenges and Solutions:

A. Communication Gaps: Ensuring all team members and the patient receive consistent information through standardized discharge protocols.

B. Readmissions: Reducing the risk of readmission by thorough patient education and follow-up care.

C. Resource Availability: Coordinating with community resources to support patients with limited access to healthcare services.

Effective discharge planning and execution are crucial for the patient's recovery and overall healthcare outcomes. Ensuring that patients leave the hospital with a clear understanding of their next steps helps to prevent complications and readmissions.

LAMA discharges occur when a patient chooses to leave the hospital before their treating physician recommends discharge. This can present unique challenges and potential risks for both patients and healthcare providers.

LAMA stands for "Leave Against Medical Advice." It refers to situations where patients decide to leave the hospital despite the medical team's advice to stay for further treatment or observation.

Reasons for LAMA discharges

Patients may opt for LAMA discharges due to various reasons, including:

- Personal Obligations: Urgent personal or family matters.
- Financial Constraints: Inability to afford continued hospital care.
- Perceived Recovery: Belief that they have sufficiently recovered.
- Dissatisfaction with Care: Unhappiness with the treatment or hospital environment.
- Cultural or Religious Beliefs: Cultural practices or religious beliefs that influence their decision.

Risks and Consequences

Leaving against medical advice can have significant risks and consequences, such as:

- Health Risks: Increased risk of medical complications or deterioration of the patient's condition.
- Readmissions: Higher likelihood of needing readmission due to unresolved health issues.
- Legal and Ethical Concerns: Potential legal implications for both the patient and the healthcare provider, and ethical dilemmas for the medical team.

Procedure for LAMA discharges

When a patient decides to leave against medical advice, the hospital typically follows a specific procedure:

A. Assessment and Counseling: The medical team assesses the patient's decision-making capacity and provides counseling about the risks of leaving.

B. Documentation: The patient's decision and the counseling provided are documented in their medical record. A LAMA form may be signed by the patient, indicating their understanding of the risks and their voluntary decision to leave.

C. Discharge Summary: A discharge summary is prepared, outlining the patient's condition, treatment received, and recommendations for follow-up care.

D. Follow-Up Arrangements: If possible, arrangements for follow-up care or outpatient services are made to ensure continuity of care.

Mitigating LAMA discharges

To reduce the incidence of LAMA discharges, hospitals can:

- Enhance Communication: Improve patient-provider communication to address concerns and provide reassurance.
- Financial Counseling: Offer financial counseling and support for patients facing economic hardships.
- Patient Engagement: Involve patients and their families in the care process to increase their satisfaction and adherence to medical advice.
- Cultural Competence: Ensure cultural sensitivity in care to respect and accommodate diverse beliefs and practices.

LAMA discharges pose a complex challenge for healthcare providers, requiring a balance between respecting patient autonomy and ensuring patient safety.

REVIEW OF LITERATURE

Carrie HK Yam[1], Eliza LY Wong[2],Annie WL Cheung[3], Frank WK Chan[4], Fiona YY Wong[5], Eng-kiong Yeoh[6], November(2012). This study in Hong Kong utilized a three-staged process to develop, pretest and pilot a framework for effective discharge planning. The second stage, using the Delphi methodology, aimed to validate the framework's components by seeking consensus from experienced healthcare professionals.

The framework included 36 statements under five themes: initial screening, discharge planning process, coordination of discharge, implementation of discharge, and post-discharge follow-up. Each statement was rated for clarity, validity, and applicability on a 5-point Likert scale. Statements achieving 75% consensus (scores of 4-5) across all aspects were included. Those not meeting the threshold were revised or discarded, then re-rated in another round.

Twenty-four participants engaged in the consensus-building process. In the first round, consensus was achieved for 25 out of 36 statements. The main concern for the remaining 11 statements was their applicability, particularly due to issues like manpower, skills, and time constraints during weekends and holidays, which hindered timely assessments and care plans within 24 hours of admission. Additionally, challenges with providing timely transportation and necessary equipment were noted. Statements were revised to offer more flexibility, and a new statement was added to clarify the roles and responsibilities of multidisciplinary team members. The first theme was also revised from "initial screening" to "initial screening and assessment" to better reflect the process. After two rounds, consensus was achieved for all 36 statements and the newly added statement, validating the framework for effective discharge planning.[1]

Ibrahim Al Ayed FRCP, September (2013). The study highlighted that patients leaving against medical advice (LAMA) present significant challenges and risks, including increased morbidity, mortality, and professional liability for healthcare providers. LAMA has not been thoroughly studied in many communities, highlighting the need for more

research and a unified management system. LAMA involves patients leaving despite medical advice, differing from escape situations where patients leave without notification.

LAMA is prevalent globally, with higher incidences in urban hospitals and among certain patient groups, such as those with substance abuse or psychiatric issues. Factors leading to LAMA include dissatisfaction with care, financial constraints, personal obligations, and mistrust of the healthcare system. Vulnerable groups, such as children, are particularly at risk. Predictors of LAMA encompass patient demographics, behaviors, and provider-related variables, such as communication and hospital policies.

Poor communication between healthcare providers and patients significantly contributes to LAMA. Effective strategies to prevent LAMA include early identification of at-risk patients, improved communication, patient-centered care, and involving patients in decision-making. Psychiatric consultations, supportive environments, and addressing patient grievances can also help.

LAMA results in higher healthcare costs and resource utilization due to inadequate treatment and subsequent readmissions. Legal implications include potential malpractice liability, emphasizing the need for thorough documentation and adherence to clinical guidelines. Informed consent about the risks of LAMA is crucial. To minimize adverse outcomes, patients should receive follow-up appointments, prescriptions, and written summaries of their hospital stay. Social workers play a vital role in managing LAMA cases pre- and post-discharge. Overall, improved communication, patient engagement, and preventive strategies are key to addressing LAMA effectively and ensuring better health outcomes [2]

Sayed Mazen El MD, February(2016). In a retrospective study of emergency department patients discharged against medical advice from January 1, 2012, to January 1, 2013, at a tertiary care center in Beirut, Lebanon, researchers aimed to characterize these patients and identify predictors of return visits within 72 hours. Out of 1213 patients discharged AMA, the average age was 46.9 years, with a majority being male (53.9%) and self-paying (53.9%). Most patients had an emergency severity index (ESI) of 3 or lower, and the common reasons for leaving AMA included unspecified reasons (44.1%), incomplete workup (30.5%), and refusal of admission (12.4%).

Of the patients who left AMA, 119 (9.8%) returned to the ED within 72 hours. Logistic regression analysis identified several predictors for return visits: older age (OR 1.02), private insurance status (OR 4.64), in-network insurance (OR 7.20), and longer ED length of stay (OR 1.03). Financial factors, especially private and in-network insurance, were strongly associated with returning to the ED. The study highlights that leaving AMA is a significant issue in EDs, with a notable percentage of patients returning shortly after discharge. Financial status, along with demographic and clinical factors, plays a crucial role in predicting return visits. Understanding these factors can help in designing interventions to reduce AMA discharges and improve patient outcomes.[3]

Dr KK Aggarwal , August (2018). The study highlighted that patients leaving hospitals against medical advice (DAMA/LAMA/DOPR) is a widespread issue with significant clinical, ethical, and legal implications. DAMA and LAMA involve patients discharging themselves without medical authorization, with LAMA sometimes occurring without informing hospital staff (absconding). DOPR happens when patients request to leave and the doctor consents. Regardless of the terminology, doctors are liable and must obtain informed consent and refusal, ensuring patients understand the risks and alternatives. Failure to do so can lead to malpractice claims. DAMA patients face higher risks of adverse health outcomes, including increased re-hospitalization and mortality rates, particularly for conditions like myocardial infarction.[5]

Dr. Venkatrao Medarametla, **May (2021).** The study highlighted a situation at the SHM Converge conference that LAMA discharges, which constitute 1.4% of all discharges, have significant risks including higher readmission rates, morbidity, mortality, and costs. Factors leading to LAMA discharges are both patient-related, such as administrative delays and mistrust, and provider-related, like legal concerns. Effective management involves assessing patient capacity, detailed documentation, exploring alternative care, and ensuring follow-up. Myths debunked include the belief that insurance won't cover LAMA discharges and that such patients lose follow-up rights. Prescriptions and follow-up can be provided with proper documentation.[6]

RATIONALE OF THE STUDY

Despite efforts to enhance patient-provider communication and discharge planning, LAMA discharges remain a persistent challenge in healthcare. Previous studies have identified various factors associated with LAMA discharges, including patient demographics, clinical characteristics, communication breakdowns, and organizational factors. However, there is still a need for comprehensive research to further explore these factors, understand patient perspectives, and develop effective interventions.

OBJECTIVES

1. Identify factors associated with LAMA discharges.
2. Explore patient perspectives and reasons for LAMA discharge.
3. Examine patterns and trends in LAMA discharge rates.

METHODOLOGY

Study Design: The study will employ a retrospective cohort study design to analyze electronic health records (EHRs) and administrative databases of hospital.

Study Area: Thumbay University Hospital , Ajman ,UAE.

Study Population and timeframe : The study population will include all patients admitted to the hospital who experienced a discharge event from January 2024 to February 2024.

Study Variables :

Independent - Age, gender, race/ethnicity, socio-economic status, insurance status, clinical diagnosis, length of stay, previous hospitalizations, comorbidities, patient satisfaction, communication quality, and discharge planning.

Dependent - LAMA discharge status.

Inclusion criteria : All patients who have opted for LAMA discharge

Data collection tools and techniques : Data will be collected from EHRs and administrative databases using MS excel sheet in the format provided by the hospital.

Expected outcome : The study is expected to provide insights into the factors driving LAMA discharges, inform the development of targeted interventions, and contribute to the body of evidence on improving patient safety and healthcare quality.

Limitations : Reliance on secondary data sources, which may have incomplete or inaccurate records.

DATA ANALYSIS

Based on the data collected, the findings of the in-patient LAMA discharges are:

Reason	Count
Personal reason	56
Financial issue	13
Not willing for treatment	17
Not willing for stay	6
Insurance Rejection	2

Table 1 : Reasons for LAMA discharge

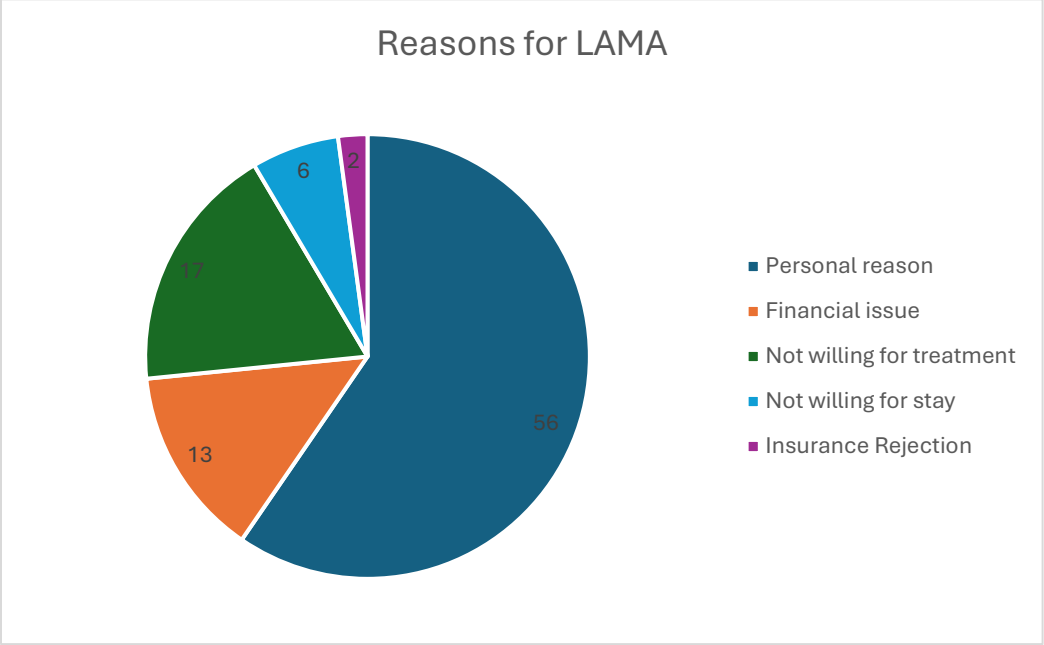

Figure 1 : Reasons for LAMA discharge

The distribution of LAMA cases across different hospital locations

Location	LAMA Cases
3rd Floor[A&B Wing]	45
4th Floor	35
ICU	8
D Wing [3rd Floor]	6

Table 2 : Distribution of LAMA cases across different hospital locations

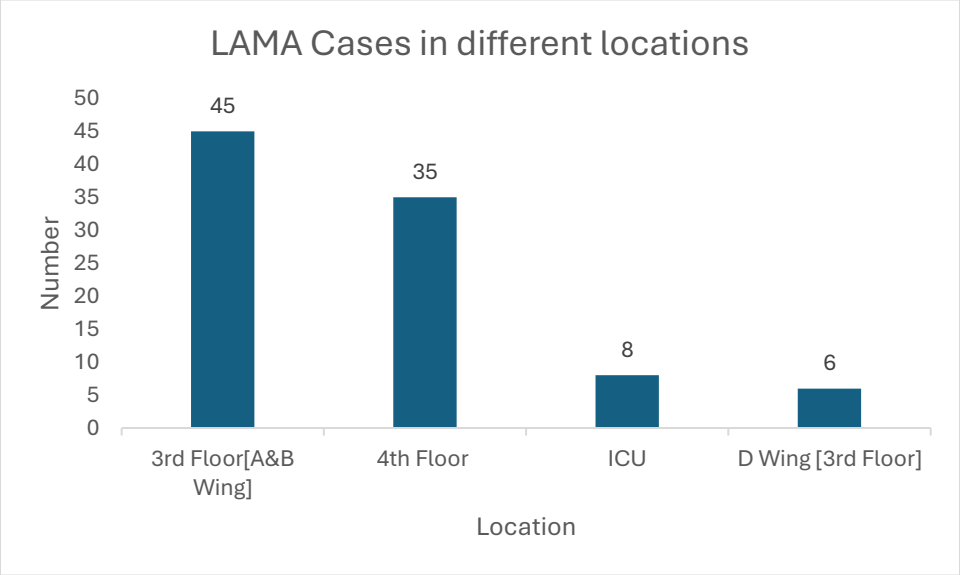

Figure 2 : Distribution of LAMA cases across different hospital locations

Month (2024)	Total admission	LAMA discharges
January	56	51
February	13	43

Table 3 : Distribution of LAMA cases against total admission

Month (2024)	LAMA discharge rate against total admission
January	4.99%
February	5.31%

Table 4 : LAMA discharge rate against total admission

In January 2024, the hospital recorded a total of 1023 admissions in the inpatient department, with 51 of these patients leaving against medical advice (LAMA). This results in a LAMA discharge rate of approximately 4.99%. In February 2024, the hospital had 809 total admissions, with 43 LAMA discharges, resulting in a higher LAMA discharge rate of approximately 5.31%.

This comparison shows an increase in the percentage of LAMA discharges from January to February, despite the decrease in the total number of admissions. Specifically, while the absolute number of LAMA discharges decreased from 51 in January to 43 in February, the proportion of patients leaving against medical advice increased. This indicates that a higher percentage of admitted patients chose to leave against medical advice in February compared to January.

Analyzing the 'Follow up within 24 hours column to determine the percentage of patients who received a follow-up call within 24 hours.

Follow up within 24 hrs.	Percentage
YES	100.0

Table 5 : Follow up

INTERPRETATION

The data on In-patient LAMA discharges reveals that Personal reasons are the predominant factor, accounting for 56 cases (56%), followed by Financial issues with 13 cases (13%), Unwillingness for treatment with 17 cases (17%), Unwillingness to stay with 6 cases (6%), and Insurance rejection with 2 cases (2%).

The distribution of LAMA cases across hospital locations shows the highest incidence on the 3rd Floor [A&B Wing] with 45 cases, followed by the 4th Floor with 35 cases, the ICU with 8 cases, and the D Wing [3rd Floor] with 6 cases, suggesting potential location-specific issues.

The most common diagnoses associated with LAMA discharges include '**Newborn**' with 10 cases, followed by **'Abdominal Pain'** with 8 cases, and '**URTI'** with 6 cases.

Additionally, a noteworthy finding is that 100% of patients received a follow-up call within 24 hours post-LAMA discharge, indicating the hospital's strong protocol for immediate follow-up and commitment to patient safety and care continuity.

These findings highlight the need for targeted interventions to address the primary reasons for LAMA discharges, such as financial counseling, patient education, improved communication, and specific improvements in high LAMA discharge areas to enhance patient satisfaction and reduce LAMA rates.

SUGGESTIONS

To address the issues leading to LAMA discharges, several targeted interventions can be implemented.

For personal reasons, enhanced patient support services including social work and counseling, increased family involvement in care decisions are recommended. To mitigate financial issues, providing dedicated financial counselors, improving billing transparency, and offering financial assistance programs can significantly reduce patient anxiety about costs.

Addressing unwillingness for treatment can be achieved through robust patient education programs and shared decision-making practices to ensure patients understand the benefits and feel involved in their treatment plans. Improving the hospital environment and implementing patient experience initiatives can reduce the unwillingness to stay by making hospital stays more comfortable and responsive to patient feedback.

For insurance rejections, thorough pre-admission insurance verification is crucial.

Location-specific interventions include conducting detailed assessments and quality improvement projects on the 3rd and 4th Floors, along with staff training in patient communication and conflict resolution.

Enhancing follow-up care protocols, while maintaining the commendable 100% follow-up rate within 24 hours, ensures comprehensive care addressing reasons for LAMA discharges. Additionally, offering telemedicine consultations can provide continued medical advice and reassurance to patients who left against medical advice. Implementing these suggestions will require coordinated efforts but promises substantial improvements in patient satisfaction and healthcare delivery.

CONCLUSION

The study reveals significant insights into the underlying factors contributing to patients leaving against medical advice. The findings indicate that personal reasons, financial issues, and unwillingness to undergo treatment or remain hospitalized are the primary drivers of LAMA discharges. Additionally, specific hospital locations, particularly the 3rd and 4th Floors, exhibit higher incidences of LAMA discharges, suggesting the need for targeted interventions.

To address these issues, several recommendations have been proposed, including enhanced patient support services, financial counseling, patient education programs, improvements in the hospital environment, and thorough pre-admission insurance verification. By implementing these interventions, the hospital can reduce the frequency of LAMA discharges, improve patient satisfaction, and ensure better adherence to medical advice.

The study also highlights the importance of maintaining robust follow-up protocols, as demonstrated by the 100% follow-up rate within 24 hours, which is essential for patient safety and continuity of care.

Overall, this study underscores the need for a multifaceted approach to address the complex factors leading to LAMA discharges. By focusing on patient-centered care, enhancing communication, and improving the hospital environment, the hospital can significantly enhance healthcare delivery and patient outcomes. The findings and recommendations from this study provide a valuable framework for developing effective strategies to minimize LAMA discharges and ensure high-quality patient care.

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ANNEXURE

Format of table used for data collection

SL no	Hospital ID	Name of the patient	Date of admission	Doctor's name	Date of LAMA	Diagnosis	Reason for LAMA	Follow up	Date of follow up	Location(floor, wings)	Remarks

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