

Improving Patient Outcomes Across the Continuum: Cultivating Multidisciplinary Clinician Comfort with Against Medical Advice Discharges.

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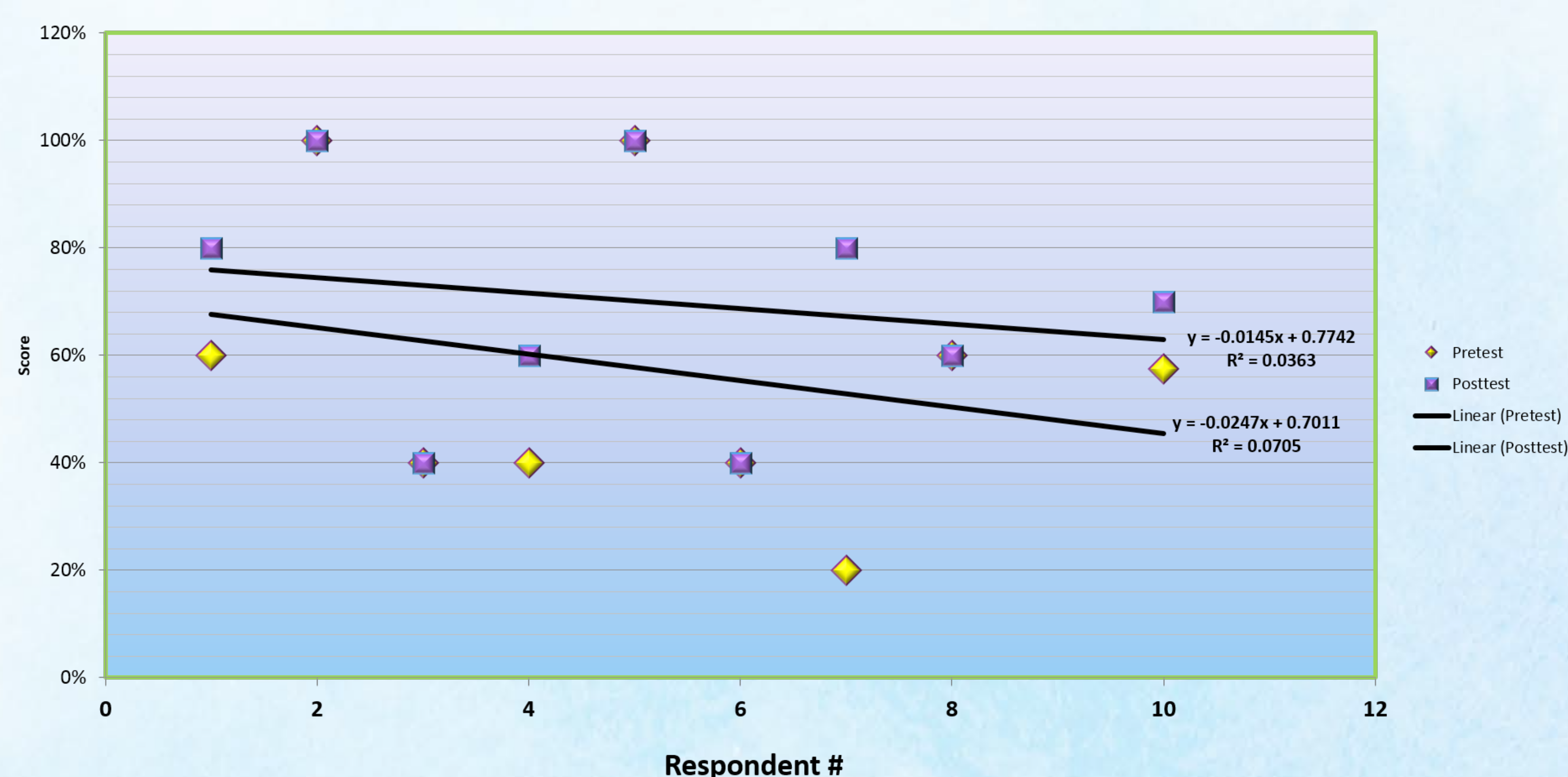
Introduction/Background

Against Medical Advice (AMA) discharges are a fairly common occurrence in today's medical environment. Patients have many reasons for leaving, but one thing is the same- physicians have policies and procedures in place to provide the patient with the best resources possible, in hopes of preventing re-admission and reducing Emergency Room recidivism. However, when it comes to this policy, not every physician is fully cognizant of the many steps involved or the importance of their role in discharging the patient. It is more than just noting in the chart that the patient signed out AMA- and when steps are not taken to provide patients with the full impact of the AMA policies, outcomes are poor and patient satisfaction is low. By increasing provider awareness of the steps of an AMA discharge, it is hoped that patient outcomes will be improved.

Results

The goal for this pilot study was to gather data from pre and post-education quizzes that showed improvement in knowledge and understanding of the AMA procedures in place at LVHN. The pilot group, meant to test the effectiveness of the educational presentation, was the fourth year class of SELECT medical students. The response rate of 19% was lessened by incomplete surveys. Based on T-test results of the initial data with a $p=.139$, there is no statistically significant improvement of scores after education- however, the validity of these results is questionable.

Improvement Between Pre and Post Test Scores



Problem Statement

Can the level of comfort with and knowledge of the Against Medical Advice discharge policy/procedure be increased so that discharge outcomes are improved across the continuum?

Conclusions and Future Implications

The goal of this project for the next month was to pilot the presentation and determine if there is significant improvement in comprehension of the AMA policy. Once a larger group is tested, the education can be expanded to reach more providers in the network. Once the education is complete, a possible direction for future research includes pre and post study AMA discharge outcomes via chart review, with analysis to determine if increasing physician comprehension did indeed improve the use of the policies and patient outcomes.

Methodology

This quality improvement project is a prospective study with the goal of education to hopefully improve patient outcomes. The educational presentation is flanked by pre and post surveys which contain identical question sets about the content of the AMA policy at LVHN. The educational material is currently being piloted with the fourth year medical school class. The data was then analyzed using paired T test techniques to determine if there was statistically significant improvement in participant scores on the quizzes after the administration of the educational presentation.



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