



Intentional Coaching in a Residency Program to Improve Outcomes in Patients Threatening to leave AMA

Alexander Kiel MD PhD, Arielle Russell MD, Todd Foster PhD, Michelle Solik MD
Ascension St. Vincent, Department of Internal Medicine, Indianapolis IN



Background

- 2-3% of all discharges from inpatient medicine services are against medical advice (AMA)
- Patients threaten to leave or do leave for a wide array of reasons
- Up to 44% thirty-day readmission rate
- Impacts provider morale, increases burnout
 - Readmitting the same patient month after month
 - Loss of learning opportunities
 - Increased medical-legal risk
- Worse health outcomes
 - Increased morbidity and mortality

Problem

- Little to no formal training during medical education
- Concerns from residents
 - Limited confidence
 - Unaware of approach strategies
 - Uncertain where or how to learn strategies
 - Associated anxiety

Intervention

- 15 minute lecture given to AIMS residents and faculty twice monthly for total of four months
- Lecture posted online for self-review
- Laminated pocket cards and posted placards throughout Dept of Internal Medicine

Methods

- Pre-survey sent to all AIMS residents and faculty to assess for
 - Background knowledge regarding AMA discharges
 - Amount of previous education focusing on how to execute AMA discussions with patients
 - Confidence in approaching patients threatening to leave AMA
 - Techniques and specific wording used when approaching patients threatening to leave AMA
- Intervention
- Post-survey sent to all study participants who completed the pre-survey
- Perform paired analysis comparing pre- and post- survey participant-matched answers with Wilcoxon signed-rank tests

How to approach patients threatening to leave AMA

- Pay attention to the “warning shot”
 - Most patients make a comment to share their concern early
 - Usually well before they leave AMA
- Clarify risks of leaving AMA
 - Although many patients think that insurance will not pay if they leave AMA, this is rarely true although it is recommended to not give a definitive answer
 - Increased morbidity, mortality, and readmission rate
 - Patients often do not understand these terms, in these cases you need to discuss the increased risk of death
 - Convey that hospitalization requires a certain level of sickness that is often not compatible with a healthy life at home
- Address factors if able
 - Very patient specific
 - Does the patient want more transparent care? Is the patient adamantly against inpatient rehab in favor of HHC rehab?
 - Provide “next best” option/alternative outpatient treatment plan
 - If a patient does not want Plan A, discuss what might be included in Plan B
 - Discharge is not “my way or the highway”, work with patients to make the safest possible discharge that is feasible. If they do leave AMA...
 - Provide phone numbers and Rx for must have medications (HTN urgency, new stents, etc.)
- Document early and extensively
 - Patients have access to documentation, so try to avoid labeling or placing blame

Figure 1: Information provided to residents and faculty during lectures, on placards, and in online lecture for self-review.

Results

- Completion of pre-survey: 38 participants
- Completion of post-survey: 30 participants
- 73.3% of participants had no prior education on working with patients threatening to leave AMA
 - Significantly higher among residents
- Post-survey: how much more confident are you approaching patients threatening to leave AMA after this intervention?
 - 46.7% very confident
 - 53.3% somewhat more confident

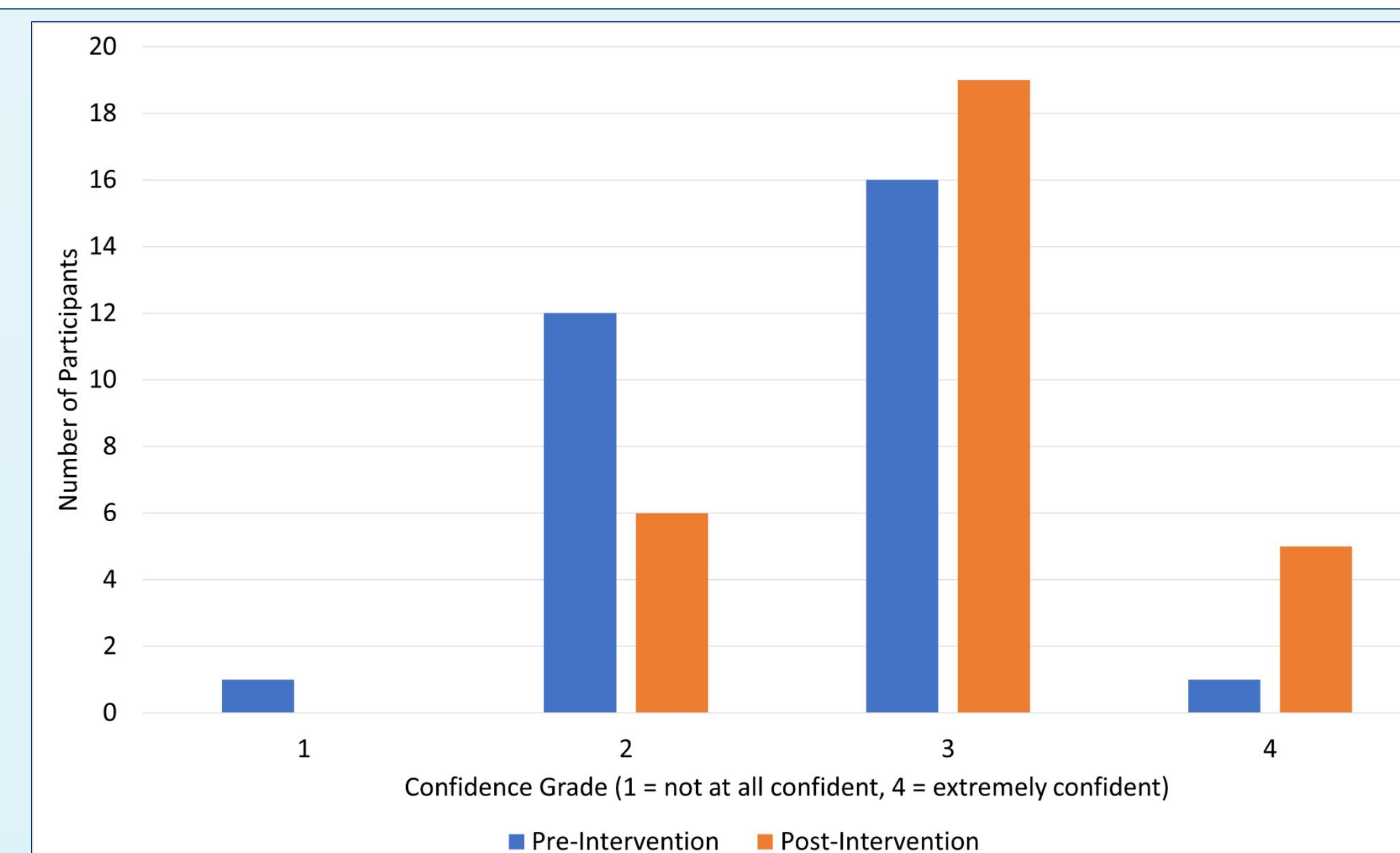


Figure 2: Confidence Level - pre//post intervention ($p = 0.05$)

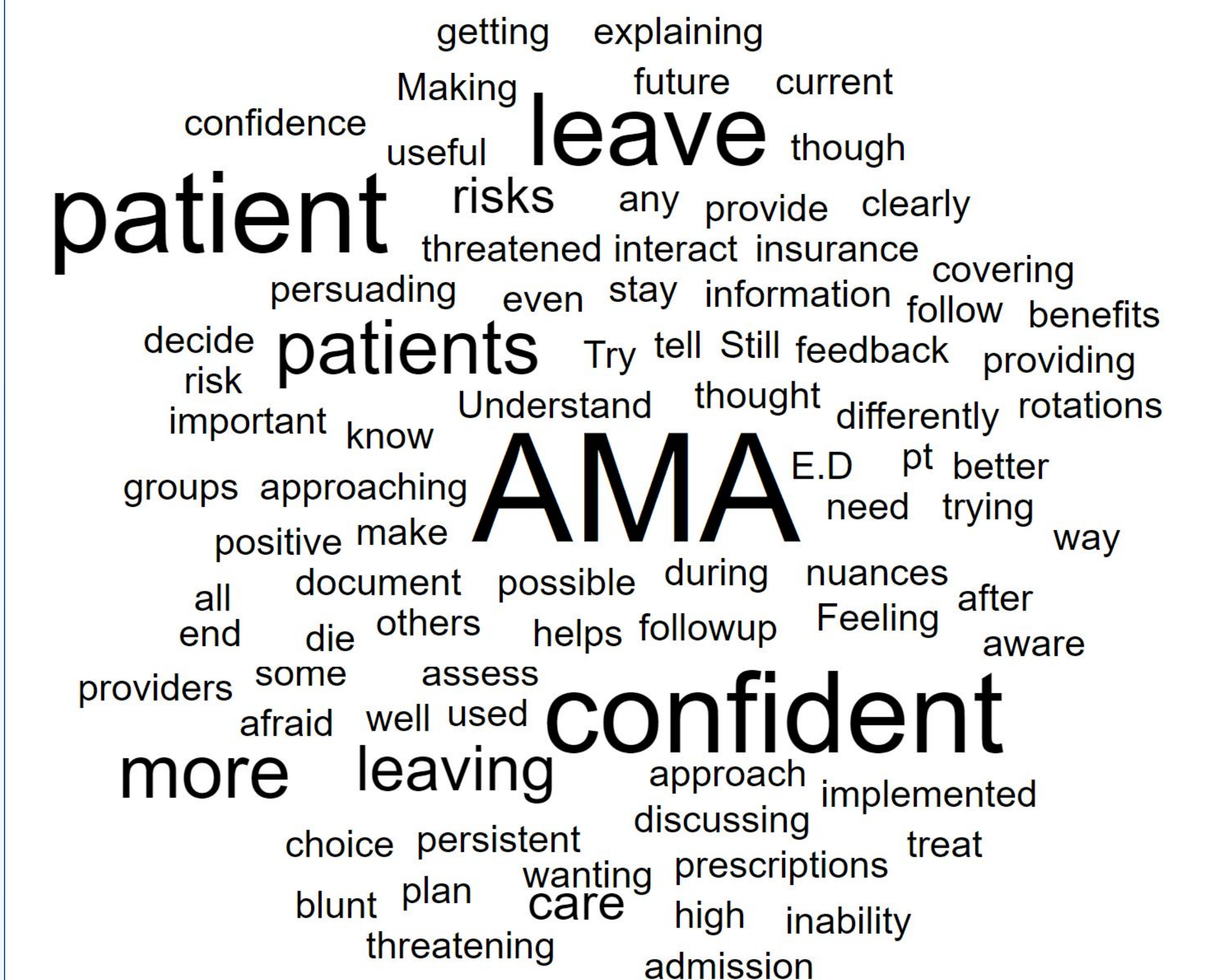


Figure 3: Word cloud of free-response feedback following intervention

Discussion

- Results support a successful intervention
 - Successful presentation of information during educational conferences, distribution of pocket cards, and self-review
 - Significant improvement in confidence approaching patients threatening to leave AMA, especially among residents
 - Many feedback responses with specific learning points that will be applied in clinical setting
 - Possible reduction in patients leaving AMA, awaiting data request results from AIS
- Most study participants were PGY-1s, so difficult to assess for success of intervention within specific populations outside of the PGY-1 subset
- As a result, we will be creating a recorded lecture that will be provided to incoming PGY-1s

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