Leaving Against Medical Advice (AMA) Policy – SAMPLE

Subject: Leaving Against Medical Advice (AMA) Policy
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I. STATEMENT OF PURPOSE
To provide guidelines for when a patient or the patient’s legal representative on behalf of the patient chooses to leave the facility against medical advice (AMA).

II. POLICY
A capacitated adult has the right to leave the hospital against the medical advice of a treating physician. Patients desiring to leave without a physician’s order for discharge will be requested to sign the Release for Leaving the Hospital Against Medical Advice form. An incapacitated adult is unable to consent to or refuse medical care.

III. DEFINITIONS
• Capacitated: The ability to understand the nature and consequences of one’s illness and the relative risks, benefits and alternatives of treatment, as well as make and communicate informed, deliberate choices about one’s treatment.
• Incapacitated: The temporary or permanent inability to make and communicate responsible decisions concerning one’s treatment, which can be caused by a disability or illness, the use of drugs or alcohol, a medical condition, the influence of medication, or other reasons.
• Legal Representative: A parent of an unemancipated minor, a guardian, a patient advocate, or another person with the legal authority to make decisions on behalf of the patient.

IV. PROCEDURE
A. Prevention
1. Understand, to the extent possible, the reason for the patient’s desire or decision to leave AMA in order to address and attempt to resolve the patient’s problem or concern.
2. Use all available resources to verbally intervene and prevent a patient from leaving AMA. This may include contacting a social worker, nurse, physician, patient care coordinator, risk management professional, patient relations coordinator, clergy member, behavioral health representative, family members of the patient, and/or the patient’s personal physician.
3. Inform the patient of the benefits of staying and the risks of leaving AMA in an effort to persuade the patient to reconsider his/her decision.

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B. Assessing Decision-Making Capacity
1. The patient’s decision-making capacity shall be assessed by the attending provider and considered if the patient attempts to leave AMA. Critical factors include whether the patient is aware that his/her illness and/or death may result from refusing treatment and the rationale behind the patient’s decision.
2. If the physician believes the patient is at substantial risk for harming him/herself or others, the physician should initiate the involuntary commitment process.
3. Patients may be considered competent if their decision is consistent with a personally held philosophy, theology or value system.

C. Capacitated Adults
1. Intervention
   a. If the patient requests to leave AMA and the patient is found to have decision-making capacity, the patient has the right to leave and will be asked to sign the Release for Leaving the Hospital Against Medical Advice form.
   b. If a patient is missing or has left without notifying hospital personnel (elopement), staff members will immediately conduct a search of the unit and adjacent areas; if the patient is located, the patient will be escorted back to his/her room.
   c. If the patient is not found on the unit, a staff member will contact security and provide a complete description of the patient’s physical appearance and other critical information.
      1) Security personnel will immediately search the premises.
      2) If the patient is found on the premises and is determined to be competent, the patient will be asked to return to the department he/she left and/or sign the Release for Leaving the Hospital Against Medical Advice form.
      3) If the patient is not found on the premises, the involved providers or an administrator may direct security personnel to notify the police that the patient has eloped.
      4) A staff member shall also notify the patient’s attending physician.

2. Documentation
   a. The patient’s attending physician or designee will be notified when a patient desires to leave without discharge orders or without physician approval or has eloped. Communication with the attending physician or designee should be documented in the patient’s medical record.
   b. A staff member will request the patient to sign the Release for Leaving the Hospital Against Medical Advice form. If the patient signs the form, it will be placed in the medical record. If the patient refuses to sign the form, the staff member will document the patient’s refusal to sign the form and the date and time in the medical record.
   c. Staff members will document their interactions with the patient, addressing the following (as applicable):
      1) The patient’s capacity to make the decision to leave AMA.
      2) The efforts of physicians and staff members to get the patient to stay.
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3) The ongoing concern of physicians and staff members for the patient (e.g., instructions to the patient that he/she may return at any time).
4) Contact with the police, as appropriate.

d. A staff member will document the specific risk of leaving AMA on an instruction sheet and attempt to give it to the patient.
e. An event report will be completed by the end of the shift and forwarded to the appropriate unit/program manager for review.

D. Incapacitated Adults
1. Intervention
   a. If the patient is considered incapacitated and therefore unable to make the decision to leave AMA, the refusal of care is invalid and the hospital (including physicians, nurses and security personnel) shall take appropriate actions to prevent the patient’s departure. If a life-threatening situation exists, the physician may treat the patient under the doctrine of emergency consent and start the involuntary admission/commitment process.
   b. If the patient has eloped, a staff member will contact security personnel immediately and provide a complete description of the patient’s physical appearance and other critical information.
      1) Security personnel will immediately notify the police of the patient’s elopement and search the building(s) and premises.
      2) If the patient is located, security personnel and other trained staff members shall take appropriate actions to prevent the patient’s departure and return the patient to the appropriate hospital department.

2. Documentation
   a. The patient’s attending physician or designee shall be notified when a patient desires to leave without discharge orders or without physician approval or has eloped. Communications with the attending physician or designee should be documented in the patient’s medical record.
   b. Staff members will document their interactions with the patient, addressing the following (as applicable):
      1) The patient’s incapacity as determined by the provider to make the decision to leave AMA.
      2) All attempts to locate and return the patient to the hospital or ED.
      3) Contact with the police.
   c. A family member of the patient or significant other or designee will be notified.
   d. An occurrence report will be completed by the end of the shift and forwarded to the appropriate unit/program manager for review.

E. Minors
1. A request by parents for a minor to be discharged or to leave AMA shall be honored if the minor’s physician has no reason to suspect child abuse/neglect by parents or caregiver(s). If the physician believes that the child should not be released to the parents, the child shall be held and protected until child protective services can investigate. Child protective services must be contacted immediately to direct the need to hold and/or release the minor patient.
F. Monitoring and Quality Improvement
1. Monitoring of the AMA process will occur through the reporting and analysis of events involving patients (capacitated and incapacitated) who request or attempt to leave against medical advice. Improvements and risk reduction strategies will be implemented as applicable.

Submitted By:

__________________________________________________________________________
Risk Manager Date

__________________________________________________________________________
Corporate Vice President and Chief Nursing Officer Date

Approved By:

__________________________________________________________________________
President and CEO Date