Aurora GME

4-5-2024

STOP-AMA: A quality improvement project to reduce AMA discharges through early recognition and intervention

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Recommended Citation
Fabry S, Hamel D. STOP-AMA: A quality improvement project to reduce AMA discharges through early recognition and intervention. Presented at the Alliance of Independent Academic Medical Centers (AIAMC) National Initiative IX - Meeting 2. April 5-6, 2024; Tucson, AZ.

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STOP-AMA
A QUALITY IMPROVEMENT PROJECT TO REDUCE AMA DISCHARGES THROUGH EARLY RECOGNITION AND INTERVENTION

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INTRODUCTION | BACKGROUND & CONTEXT

• DISCHARGE AGAINST MEDICAL ADVICE (DAMA) is a recurring challenge in the hospital setting.1
  ○ National prevalence of ~1–2% of all hospital admissions
  ○ Negative impacts to patients’ health outcomes and healthcare systems
• Nationwide readmissions after DAMA costs ~$822 million in 20141
  ○ $1,082 million in 2024
• Readmission risk 12x higher in patients who left AMA compared to non-AMA2
  ○ Retrospective matched cohort study of 656 patients
  ○ AMA group had an increased 12-month all-cause mortality (6.7% vs. 2.4%, p = 0.01)

AIM | PURPOSE | OBJECTIVES

• To reduce AMA discharges on Internal Medicine Teaching Service (IMTS) at Aurora Sinai Medical Center (ASMC) through provider education, early identification of AMA risk through screening, and implementation of the STOP-AMA toolkit in patients who screen positive

PROJECT ALIGNMENT/ADVANCE ORGANIZATION PRIORITIES

• Project can positively improve all quintuple aim components
• Key Performance Indicators (KPI) are continuously monitored by all hospital CMO’s including: Patient experience data and 30-day readmission rates

METHODS: INTERVENTIONS

LITERATURE REVIEW

• Identified DAMA causes and characteristics of patients at higher risk for DAMA
  ○ Findings used to develop a screening tool to identify patients at higher risk for DAMA
• Review identified best practices in preventing DAMA3
  ○ Informed creation of the STOP-AMA toolkit with interventions
    ▪ Residents screen every patient >18 years old on admission to ASMC IMTS beginning March 2024
    ▪ Patients who screen positive for DAMA risk (defined by a “yes” to any of the screening questions) will be evaluated for the use of interventions laid out in the STOP-AMA toolkit

METRICS:

• Monthly DAMA rates on IMTS compared to non-teaching hospitalist service at ASMC (control group)

Selected References

RESULTS: PRELIMINARY

SCREENING QUESTIONNAIRE (Y/N)

• Is the patient experiencing homelessness?
  • Age < 50?
• Substance use d/o?
• Mental illness?
• Insurance: Medicaid, Exchange, or Self-pay?
• Prior AMA discharge?

INTERVENTIONS: STOP – AMA TOOLKIT

• Social work consult within 24 hrs of admission
  • Treat
    ○ Opioid withdrawal w/ COWS protocol
    ○ Alcohol withdrawal w/ CIWA protocol
    ○ Nicotine withdrawal w/ nicotine replacement
    ○ Insomnia, anxiety, and pain, as indicated
  • Other services: sitter, volunteer, chaplain
  • Psych consult early

• 1-year pre-intervention period (March 2023 – Feb 2024) 3.9% of pts on ASMC IMTS discharged AMA

• Patients who LEFT AMA were:
  ○ 2.9 times MORE likely to have Medicaid primary insurance
  ○ 2.5 times MORE likely to have Exchange insurance
  ○ 1.6 times MORE likely to be uninsured
  ○ 2.6 times MORE likely to be < 50 years old

BARRIERS – STRATEGIES

• BARRIER #1: Difficulty identifying homelessness in Epic data
  • STRATEGY: Ongoing training on SlicerDicer and reaching out to local experts
• BARRIER #2: Will IMTS providers be less likely to code a discharge as AMA w/o changing other practice?
  • STRATEGY: Work to clearly define AMA; Encourage providers to provide follow up care despite DAMA
• BARRIER #3: Low uptake/rate of screening and interventions
  • STRATEGY: Work to track and gamify screening and interventions (sticker chart w/ rewards)

DISCUSSION

CRITICAL NEXT STEPS

• Introduction/training for residents, faculty, staff on ASMC IMTS
• Connect with Epic data analysts to ensure we can track screening through dotphrase
• Development competition to reward screening and interventions

AREAS SEEKING GUIDANCE

• Recommend other screening questions?
• Recommend other interventions?

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