

*Against Medical Advice in the Home: A  
Necessary Option*

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# Objectives

- Recognize that Against Medical Advice (AMA) protocols may be necessary in programs that deliver inpatient care in the home
- Assess and manage considerations about patient safety and communication about risks, benefits, and alternatives for these patients

# Case Presentation

79 year old female with PMHx of Chronic Obstructive Pulmonary Disease (COPD) presented to Urgent Care with worsening dyspnea and was found to have a COPD exacerbation. She was referred and subsequently enrolled into the KP Advanced Care at Home (ACAH) program after meeting inpatient criteria and passing clinical and social screens. Upon arrival at home, patient was not compliant with the timing of treatments including IV steroids and nebulizers. A few hours later, she developed worsening dyspnea and anxiety.

The ACAH Hospitalist team was called, completed a joint video visit with the patient and the command center nurse. Before a rapid response could be called, the patient requested urgent transfer back to the hospital setting. If 911 was called, the nearest hospital to her was 10 minutes away but she did not want to go there. She preferred to go to a larger hospital which was about 30 minutes away. Ultimately, the team kept her on video the whole time and called both a rapid response as well as an ambulance to move the patient to the hospital of her preference.

# Case Presentation

Goals of care discussions were completed to discuss risks, benefits, and alternatives regarding options for care. Ultimately, safe transfer arrangements were made to the hospital that she preferred. While this particular patient was able to be transferred safely, if the patient was in a more critical condition and refused transfer to the nearest facility, this would place the ACAH team in a difficult and liable position.

For future cases, a protocol for AMA procedures was developed. This would allow patients that are not compliant with ACAH treatments and recommendations to be given paperwork that allows them to discharge from the ACAH program against medical advice. All efforts to assist the patient with support should be explored and the AMA procedure should be a practice of last resort.

# Case Presentation

Safe transfer of patients back to the hospital setting may become necessary for inpatient programs that practice in the home. It's important that these programs have a protocol in place for those times that the patient may not comply with recommendations similar to AMA procedures in the hospital setting.

Clear communication and goals of care discussions become important in these instances and leveraging resources such as family members, social work and palliative care consultation may be helpful.

# AMA Paperwork

Informed of risks.....

Release from responsibility and liability

2 witnesses

Reason for not granting discharge at this time.....



Name: \_\_\_\_\_

Member ID Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Leaving Advanced Care at Home program against advice

This is to certify that \_\_\_\_\_,

a patient of the Advanced Care at Home program, is leaving the program against the advice of the attending physician.

I acknowledge I have been informed of the risks involved, which, among others, includes:

\_\_\_\_\_  
\_\_\_\_\_

I hereby release the attending physician, the program staff and Kaiser Permanente from all responsibility and liability for ill effects which may result from this action, and I assume full responsibility, therefore.

\_\_\_\_\_  
Patient

\_\_\_\_\_  
Authorized Representative

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

Witness \_\_\_\_\_

Witness \_\_\_\_\_

Reason for not granting discharge at this time:

\_\_\_\_\_

Physician Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Time: \_\_\_\_\_

# AMA Patient Clinical Pearls

- Refusing care: Informed consent is at the core of the Hospital at Home service
- Assess capacity – if patients have capacity, they are entitled to refuse care after they have been informed and clearly communicated the risks
- Connect with the patient’s caregiver and/or family if they are involved and if okay with the patient
- Any AMA discharge should require a discussion among the care team via a huddle: virtual hospitalists, advance practice providers, nurses, and service providers
- Most medical directors echoed that patients wouldn’t be disenrolled from the program without notification, i.e., several “warnings;”. Offer patients the opportunity to be compliant with the plan of care