



Rancho Los Amigos National Rehabilitation Center

ADMINISTRATIVE POLICY AND PROCEDURE

SUBJECT: LEAVING AGAINST MEDICAL ADVICE
(AMA)

Policy No.: B824
Supersedes: December 4, 2019
Revision Date: September 14, 2022
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PURPOSE:

To outline the medical center policy regarding patients who may wish to leave the facility against medical advice.

POLICY:

An adult patient with mental capacity, including an emancipated or self-sufficient minor, of sound mind desiring to leave the medical center shall not be prevented from doing so even though the medical center staff and attending physician consider it medically unwise for a patient to leave.

Minor: Any person under the age of 18 years.

Emancipated Minor: May direct their own care if they are 14 years or older and legally married, or joined the armed forces, or declared by the judge as emancipated.

Self-Sufficient Minor: May direct their own care if they are 15 years or older and living away from home and managing their own financial status.

Should further clarification of a minor's status be necessary, contact the Administrator of Health Information Management, Social Work, or Risk Manager.

Patients wishing to leave the hospital against medical advice shall be made fully aware of the medical consequences of leaving against medical advice and the implications of signing out. This shall be done in the patient's preferred language.

PROCEDURE:

If the patient notifies treating team of his/her decision to leave against medical advice, the following guidelines should be followed:

1. If there is a question on patient's capacity for decision-making, the provider must document the patient's ability to understand the consequences of his/her decision in the medical records.
2. For patient's safety, the patient without capacity for decision-making may not leave against medical advice. The surrogate decision maker must be contacted for healthcare decisions on behalf of the patient.
3. If the patient is gravely disabled, or danger to self, or others, notify psychologist or clinical social worker to evaluate patient.

EFFECTIVE DATE: January 1, 1982

COUNTY OF LOS ANGELES • DEPARTMENT OF HEALTH SERVICES

APPROVED BY:

4. If there is no question on patient's capacity for decision-making, the patient should be queried for the reason for leaving, request that the patient speak with the provider, and notify the provider.

Note: Patient has the right to leave even without speaking with the provider.

5. If possible, the physician should discuss options, implications, risks of leaving, and attempt to convince patient to stay. Discussions with patient should be documented in the medical records.
6. Request that the patient sign the AMA form before leaving the hospital.

Note: Patient has the right to leave even without signing the AMA form.

7. Complete discharge instructions and procedures. If feasible, it is recommended that the following is provided to the patient before leaving the hospital:
 - Essential medications and medical supplies for at least three days.
 - Prescription for or actual medical device or equipment for patient's mobility or activities of daily living.
 - Instruction to schedule clinic appointment or information on already scheduled appointments.
8. The patient should be instructed to go to nearest emergency department or call 911 for medical emergencies.

Leaving Against Unit Guidelines:

Patients are provided unit guidelines for patient's safety upon admission to the hospital. The guideline includes:

- Notify the assigned nurse prior to leaving the unit.
- Return to the unit within 1 hour for safety check and continuity of care.
- Stay in the assigned unit from 8pm to 9am.
- Remain within hospital grounds at all times save for when participating in therapeutic activities.

An adult patient with capacity for decision-making has the right to leave the unit or hospital at any time. By declining to follow the unit guidelines, the patient is communicating to the hospital that he/she no longer wish to receive hospital services and patient will be discharged from the facility. The discharge is considered leaving against medical advice.

- Patient leaving against unit guidelines may be provided items listed on no. 7
- Medical records should reflect prior discussion with patient regarding the unit guidelines before implementing the discharge against medical advice.
- If the patient were to return to the unit after leaving against unit guidelines, and after patient has been discharged, the patient may be instructed to go the nearest ED if he is having a medical emergency. If there is a question on whether a patient should be readmitted, follow the medical chain of command for clinical judgement.

Unstable Housing or Homelessness:

An adult patient with capacity and leaving against medical advice has the right to choose their discharge destination. This includes a pre-existing unstable housing (homeless) or unstable living situation. The following procedures are expected of the clinical team. However, the patient may leave at any time without signing the AMA form, or leave without engaging in any of the listed procedures below:

- If the patient has not been medically cleared for discharge, the provider shall discuss the risks and possible consequences of leaving the facility.
- Social Work to discuss individualized discharge plan with patient and provide resources to create the safest possible discharge. This includes but not limited to:
 - Find or contact the family or next of kin (with patient’s expressed consent)
 - Explore housing alternatives
 - Provide weather-appropriate clothing (contact nursing afterhours)
 - Provide transportation voucher or arrangement from hospital to destination (30 miles maximum).
 - As applicable, report to Adult Protective Agencies for wellness check.
- Nursing to provide the patient a meal, appropriate supply of medications, prescriptions, clinic appointment, and other supplies or instructions as applicable.
- If the patient leaves AMA, the provider shall document the patient’s medical status (stable or unstable), and if applicable, document the discussions on risks of leaving AMA and any referral for follow up care.

REFERENCES: Department of Health Services, Policy 315
California State Family Code Section 6922
Rancho Administrative Policy B826 “Discharge Planning”
California Senate Bill 1152

Reviewed: July 15, 2003
July 24, 2006 CAS: KH: mm
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