The AMA Impact: Returns, Rework, Reduce
Carolinas Healthcare System Blue Ridge

Team Members: Regina Rhodes, DaVida Roseman, Thom Eure, Amanda Prevette, Kerbey Welch, Michelle Clark, Traci Greenwood, Jacque Garner, Michelle Mills DNP, RN, NP-C

Contact Information
Name: Regina Rhodes
Email Address: Regina.Rhodes@blueridgehealth.org

Background
Blue Ridge identified a large volume of patients were leaving against medical advice (AMA) and were returning with worsening symptoms. Those which leave AMA tend to have a high rate of adverse outcomes and returns. The baseline data for CHS Blue Ridge AMA totals was 34.7%.

Goal
The goals of this project:
1) Achieve a 20% reduction in AMA volume as evidenced by a decrease from the baseline data of 219
2) Reduce the number of inpatient AMA’s returning to the same status (IP to IP)
3) Create standard work process (policy, scripting, and education on legal risk for providers)

Improvement Process
A multidisciplinary workgroup made up of stakeholders which included front-line clinicians/providers, hospitalists, quality, risk management and patient experience from Blue Ridge worked together utilizing the LEAN methodology to review the process. The current process was analyzed, and a new standardized process created and implemented.

The team was able to create process which improved communication between the team and the patients which identified patient concerns needing addressed. If the outcomes was still AMA then the team was able to identify medical needs which could improve the patients outcomes post-acute care.

Results
Baseline data from 2016 with initiation of the new process in 2017 and results from 2018. Results were a 50% decrease in total AMA’s and the volume of inpatient returns to inpatient status decreased by 82%.