“Unknown Knowns. A Risky Business”.
Where did the DAMAs go?
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Discharge Against Medical Advice
When a patient chooses to leave the hospital before the treating physician recommends discharge. Also known as DAMA. As a consequence, DAMA patients are at risk of adverse health outcomes and incur higher readmission rates than those patients with planned discharges.¹⁻³ Our study shows the results of a local investigation into the DAMA process in an acute general hospital in the Republic of Ireland and outlines recommendations for improvement in the process.

Objectives
1. To ascertain the DAMA rate
2. To examine DAMA documentation e.g (accurate recording, signed forms, discharge summaries, follow-up plans etc.)
3. Can we improve the process?

Methods
This was a retrospective study of medical patients who discharged against medical advice between January 1st 2011 and December 31st 2011. The lead investigator reviewed the charts (31 in total) and completed a pre-designed questionnaire for each chart.

Questionnaire
For each DAMA patient we looked at:
• Source of DAMA
• Age
• Gender
• Was the DAMA form signed?
• Length of Stay (LOS)
• Reason for discharge
• Accurate documentation by attending physician
• Risk associated with the discharge
• Was there a follow-up plan?
• Was there a discharge summary?
• Did patient re-present? (If so, how long after the DAMA)
• Did patient die?

Results
• There were 31 DAMA patients from a total of 3921 medical discharges for 2011 (discharge rate of 0.79%).
• 80.6% of DAMAs came from the ward and 19.6% from the Emergency Department.
• 61% were >40 years old.
• 71% of DAMAs were male and 29% female.
• 61.29% (N=19) discharged at 1 day or less.
• No reason for discharge was documented in any of the charts.
• There was a risk to the patient in 100% of cases.
• 80.6% of DAMA forms were signed by both the patient and doctor.
• DAMA was recorded in the medical notes in 83.9% of cases.
• There was no follow-up plan in 48.4% of cases.
• There was no discharge summary in 71% of cases.
• 19.4% (N=6) of DAMA patients re-presented and out of these 83.6% (N=5) re-presented less than 14 days later.
• One patient died.

Conclusion
• Our study revealed flaws in the documentation surrounding the DAMA process.
• Hospitals must have robust DAMA policies in place to ensure that these high-risk patients are managed appropriately.
• The discharging physician should ensure that the entire process is thoroughly documented in the patient chart and that the DAMA form has been fully completed by both doctor and patient.
• There is no substitute for thorough documentation.

References