



AT THE SOUTHERN NEVADA HEALTH DISTRICT

**SOUTHERN NEVADA COMMUNITY HEALTH CENTER
POLICY AND PROCEDURE**

DIVISION:	FQHC	NUMBER(s):	CHCA-015
PROGRAM:	FQHC	VERSION:	1.0X
TITLE:	Against Medical Advice: Informed Refusal/Withdrawal of Treatment or Leaving the Clinic	PAGE:	1 of 5
		EFFECTIVE DATE: Click or tap here to enter text.	
DESCRIPTION:	Process for when a patient may demand to leave Southern Nevada Community Health Center when a provider has not discharged.	ORIGINATION DATE: Click or tap here to enter text.	
APPROVED BY:		REPLACES: Click or tap here to enter text.	
FQHC OPERATIONS OFFICER:			
Click or tap here to enter text.	Date		
DISTRICT HEALTH OFFICER:			
Fermin Leguen MD, MPH	Date		

I. PURPOSE

The Southern Nevada Community Health Center (SNCHC) recognizes that every competent adult or Legally Authorized Person has the right to make informed decisions regarding the patient’s medical care. Except for certain circumstances, a person has the prerogative to refuse or withdraw consent for treatments or diagnostics studies or to discharge himself/herself (the patient) from the clinical setting against medical advice.

II. SCOPE

This policy applies to SNCHC and its Workforce.

III. POLICY

To respect the right of a competent adult patient or Legal Authorized Person to make informed decisions that against medical advice and to see that potential risks and consequences of their action are properly explained and documented.

IV. DEFINITIONS

- A.** Against Medical Advice (AMA) is defined as a patient who leaves SNCHC after having been informed of and appreciating the risks of leaving without completing treatment.
- B.** Elopement is defined as a patient intentionally leaving SNCHC without the knowledge of SNCHC clinical staff.
- C.** Incompetent Person is defined as any person who is so mentally impaired as a result of a mental or physical illness or disability, or mental retardation, or as a result of chronic substance abuse, that the person is incapable of taking proper care of the person's self or property or fails to provide for the person's family or other persons for whom they person is charged by law to provide, or any person confined to a correctional institution with this state. Only a judge can definitively determine that an adult is incompetent and in doing so, appoints a guardian for the incompetent Person.
- D.** Legally Authorized Person
1. An attorney-in-fact through a durable power of attorney for healthcare decisions; or
 2. The legal guardian if patient is a minor or has been adjudged incompetent; or
 3. A family member who, in good faith, can make decisions consistent with either the patient's expressed wishes or with what the patient would have wanted (e.g., determined in descending order of priority as follows)
 - i. The patient's spouse.
 - ii. An adult child or the patient, or if there is more than one adult, a majority of the patient's adult children who are available within a reasonable period of time for consultation with the patient's primary care physician.
 - iii. The patient's parents.
 - iv. An adult sibling of the patient, or if there are more than one adult sibling, a majority of the patient's adult siblings who are available within a reasonable period of time for consultation with the patient's primary care physician.
 - v. The nearest adult who is not described in this section who is related to the patient by blood or adoption, and who is available within a reasonable period of time for such a consultation.
- E.** Wandering is defined as cognitively impaired patient moving about SNCHC without appreciation for where they are going.

V. PROCEDURE

A. Leaving Against Medical Advice

1. A competent adult patient or Legally Authorized Person (collectively referred to as “Patient”) has the right to refuse or withdraw treatment. Issues regarding minors or potentially incompetent adults should be carefully weighed considering the risks and benefits of any particular course of action, including necessary intervention of the probate court.
2. If a Patient expresses a desire to refuse or withdraw from a treatment or diagnostic study against medical advice (AMA) or if a Patient expresses a desire to leave the clinic AMA, the following procedure will be instituted:
 - i. Request that Patient discuss AMA decision with the physician. Notify the primary care physician, nurse (lead) and/or medical director of the Patient’s desire to refuse or withdraw treatment/studies or leave the clinic AMA. The primary care physician will discuss with the Patient the reason for the AMA decision and will advise the Patient of the potential consequences of the AMA decision.
 - ii. The discussion should be documented in the electronic health record (EHR)
 - a. The Patient’s diagnosis
 - b. The reason for the Patient’s AMA decision.
 - c. The benefits of following medical advice and the risk of not following.
 - d. Discharge instructions, including notation of any follow up visits of referrals and any prescriptions that were provided, should Patient decide to leave.
 - iii. Patient signs the AMA form. If the Patient refuses to sign, read the form to the Patient, make a specific notation of the Patient’s refusal to sign the form and have two witnesses sign the form as acknowledgment of the Patient’s refusal to sign.
 - iv. Nurse and/or Medical Assistant will document Patient’s stated reason for refusal, withdrawal or leave quoted verbatim.
 - v. The witness release form is placed in the Patient’s chart and if the Patient leaves AMA, discharge procedures are completed.

B. Elopement or Wandering

1. If a patient Elopes or Wanders (leaves the clinic and/or SNCHC without knowledge of SNCHC staff):
 - i. If Patient is alert and oriented, staff will
 - a. Contact the Patient's physician
 - b. Contact the Patient
 - c. If the Patient is not located and returned to the clinic withing thirty (30) minutes after last seen, the patient will be discharged; and
 - d. Thoroughly document in the notes all pertinent information and action concerning Patient's departure.
 - ii. If Patient is (1) cognitively impaired, (2) has been appointed a guardian, or (3) is at risk of harm to self or others, clinical staff will:
 - a. Contact the Patient's physician
 - b. Contact Security
 - c. Attempt to contact Patient and Patient's contact person as indicated in Patient's electronic health record, as applicable.
 - d. If the Patient is not located and returned to clinic withing thirty (30) minutes after last seen, the patient will be discharged; and
 - e. Thoroughly document in the notes all the pertinent information and action concerning the Patient's departure.

C. Capacity, Competency and Medical Hold

1. Adults are presumed to be competent. Mental retardation and mental illness do not necessarily result in a finding of incompetence. Only a judge can definitively determine that an adult tis incompetent. However, when patients subject themselves to significate and immediate risk by attempting to leave SNCHC AMA, they should be detained for the minimum period of time necessary to determine (1) the basis for their refusal and (2) their decision-making capacity. This type of detention is known as a "Medical Hold."
2. In cases when capacity is questionable, the benefits of a patient's express wishes should be weighed against the immediacy of the relevant medical issue in regard to the potential for significant harm to themselves or others. A Medical Hold is appropriate only where (1) the patient is incapable of making the decision to leave AMA, and (2) the patient requires emergent treatment and needs to remain in the clinic for his/her immediate safety.

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VI. Whenever possible, the use of physical restraint should be avoided when subjecting a patient to a Medical Hold. However, the responsible physician or nurse may order physical restraining if necessary to prevent departure and preserve health.

VII. REFERENCES

PSNet – Patient Safety Network, Elopment, Debra Gerardi, RN, MPH, JD | December 1, 2007 - <https://psnet.ahrq.gov/web-mm/elopement>

VIII. DIRECT RELATED INQUIRIES TO

FQHC Medical Director

HISTORY TABLE

Table 1: History

Version/Section	Effective Date	Change Made
Version 0		First issuance

IX. ATTACHMENTS

- Attachment 1. CHCA-XXX, Against Medical Advice (AMA) Form
- Attachment 2. CHCA-XXX, Transition of Care Form.