



Leaving Against Medical Advice

Characteristics Associated With Self-Discharge



Objectives

The study, using data from the Canadian Institute for Health Information (CIHI),

- Examines the prevalence of leaving against medical advice in Canada;
- Characterizes patients who leave against medical advice; and
- Quantifies the impact of leaving against medical advice on the health care system and patient outcomes.

Introduction

Each year, thousands of patients leave Canadian acute care hospitals earlier than their care team recommends. Research shows that such patients are at an increased risk of adverse health outcomes with respect to both morbidity and mortality.¹ Those who leave against medical advice are also more likely to return to hospital, often for the same or a related condition.

Approach

Acute Care

All 2011–2012 adult (age 18+) inpatient acute care records from CIHI's Discharge Abstract Database and Ontario Mental Health Reporting System

Emergency Department

All 2011–2012 adult (age 18+) emergency department (ED) records for Ontario and Alberta from CIHI's National Ambulatory Care Reporting System

Self-Discharges

Both patients who left against medical advice and those who did not return from leave were defined as self-discharges in this study.

Results

Self-Discharge Rates

In 2011–2012, more than 35,000 (1.3%) acute inpatient admissions across Canada (excluding Quebec) and nearly 60,000 ED visits in Alberta and Ontario ended with patients leaving against medical advice. There were only slight variations in the provincial rates of discharges against medical advice. The rates were higher for certain conditions. For example, 11% of acute care admissions for substance use disorders ended against medical advice, compared with only 1% of admissions for ischemic heart diseases (based on the most responsible diagnosis).

Profile of Patients Who Self-Discharge

Compared with patients who have routine discharges, patients who left against medical advice were more likely to

- Be younger;
- Be male;
- Have histories of leaving against medical advice;
- Be diagnosed with mental health or substance use disorder problems;
- Leave hospital between 7 p.m. and 7 a.m.; and
- Live in lower-income neighbourhoods (see Table 1).

Table 1: Profile of Discharges Against Medical Advice, 2011–2012

Description	Acute Inpatient Care		Emergency Department	
	Self-Discharges (N = 25,137)	Routine Discharges (N = 1,925,734)	Self-Discharges (N = 58,756)	Routine Discharges (N = 6,073,711)
Unique patients	21,773	1,407,064	52,521	3,181,295
Median age	46	59	41	47
Male (%)	57	41	50	47
Honolios (%)	3	0.2	1.4	0.4
History of leaving against medical advice two years prior to discharge (%)	19	2	16	4
Mental illness or substance use disorder as MRDs (%)	27	6	9	4
Previous admission for substance use disorder one year prior to discharge (%)	7	1	9	2
Discharge between 7 p.m. and 7 a.m. (%)	27	7	53	42
Lowest income quintile (%)	34	22	32	24

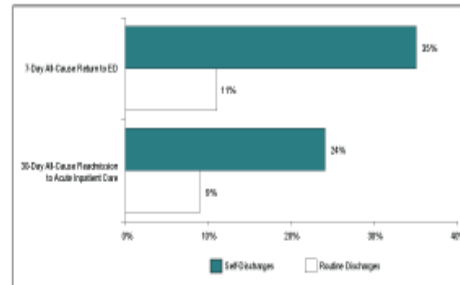
Notes: MRDs: Most responsible diagnosis. Includes only acute care facilities. Excludes stand-alone psychiatric facilities. Based on discharges. As such, a patient who is admitted to the hospital multiple times in one year will be counted each time as a separate discharge from the hospital. The same patient may have both self-discharges and routine discharges. Previous admission for a substance use disorder within one year is based on the MRDs.

Sources: Discharge Abstract Database, National Ambulatory Care Reporting System and Ontario Mental Health Reporting System, 2011–2012, Canadian Institute for Health Information.

Reference

1. Alouf D. Discharge against medical advice: sociodemographic, clinical and financial predictors. *Am J Clin Pharm*. June 2002; 18(6):333-337.

Figure 1: Readmissions to Acute Inpatient Care and Returns to ED After Discharges Against Medical Advice From Acute Inpatient Care, 2011–2012



Notes: Includes only acute care facilities. Excludes stand-alone psychiatric facilities. Shows only all-cause returns to the ED and readmissions to acute care. Ontario only.

Sources: Discharge Abstract Database, National Ambulatory Care Reporting System and Ontario Mental Health Reporting System, 2011–2012, Canadian Institute for Health Information.

Impact on Patients and Health System Implications

In 2011–2012, patients who left against medical advice were more than twice as likely to be readmitted to acute inpatient care within a month (24% versus 9%) and more than three times as likely to visit the ED within a week (35% versus 11%), compared with those who were routinely discharged (Figure 1). Patients with at least one self-discharge had an overall average of 2.3 admissions, compared with 1.3 for patients without any self-discharges. ED patients who left against medical advice were 1.5 times as likely to revisit an ED for any reason within seven days and had more visits (4.5 versus 1.8 visits per patient) compared with those with routine discharges.

Conclusions

The findings on Canadian patients who left hospital against medical advice are consistent with research done on similar populations in other countries. Leaving against medical advice has a significant impact on the health system and on patient outcomes. To decrease the number of these discharges and minimize the negative effects, strategies such as the following could be implemented:

- Improve continuity of care and access to targeted community-based services;
- Take a more patient-centred approach focused on including both formal and informal care networks; and
- Assess the patient's decision-making capacity.

Our Vision

Better data. Better decisions. Healthier Canadians.

Our Mandate

To lead the development and maintenance of comprehensive and integrated health information that enables sound policy and effective health system management that improve health and health care.

Our Values

Respect, Integrity, Collaboration, Excellence, Innovation

About

Health System Analysis and Emerging Issues

The Health System Analysis and Emerging Issues branch is nested within the Research and Analysis division of CIHI. The branch is responsible for producing policy-relevant health reports, analytical briefs and quick turnaround projects that answer questions on emerging health care issues. By working with key partners, including the research community, the branch turns data into information that is relevant for sound management of the Canadian health care system.

For More Information

This poster presents selected findings from the recent CIHI report *Leaving Against Medical Advice: Characteristics Associated With Self-Discharge*, which is available at www.cihi.ca.

www.cihi.ca
HealthReports@cihi.ca