

# The Risk of Patient Self Discharges

## Improving High-Risk Patients' Rehabilitation

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#### Healthcare Studies

### Introduction

- Recovery Centers of America at Danvers (RCA) is a Joint Commission Accredited addiction treatment facility
  - Specifically Drug and Alcohol Addition Treatment
- Both inpatient and outpatient treatment plans
- RCA has 5 track systems for their recovery programs

General	PRISE	Evolutions	First Responders	Alliance
Designed for the "first timer" in treatment	Designed for the high risk patient in treatment	Designed for an older adult in treatment who has had different life experiences than a young patient	Designed for any first responders in treatment	Designed for an inclusive treatment for the LGBTQIA community

(Drug & Alcohol Rehab Near Boston, 2020)

- Inspire Group (High Risk Group) is one of RCA's recently created groups for the purpose of improved identification of potential PRISE patients and targeted rehabilitation treatment to decrease patient risk from leaving against advice (AA).

### Internship Objectives

- Understand and utilize Avatar software
- Complete Initial Assessments with patients
  - Biopsychosocial, Orientation, Care Plan, and Treatment Plan
- Complete Discharges
- Participate in Multidisciplinary Team Meeting
- Attend Inspire Group

### Related Literature

"Many patients don't fully understand or are unwilling to accept, that the rehabilitation process is just as critical to recovery and requires equal adherence to medical instructions" (Against Medical Advice-Drug Detox, 2018, para. 4).

"Patients with substance use disorders (SUD) are up to three times more likely to be discharged AMA as compared to those without SUD" (Simon, Snow, and Wakeman, 2019, para. 1).

### Project Objectives

- Ensure that the correct patients are attending
- Decrease repetitive and unengaged conversations
- Improve the conversation during Inspire Group
  - Improving individual participation
  - Deepening the discussions
- Streamline patient group attendance tracking

### Materials and Methods

- Shadowed Inspire Group twice weekly
  - Participated in running the group
- Kept detailed notes of how the group was conducted
- Met with Case Managers to discuss Pros, Cons, and New Ideas for Inspire
  - Determined Solutions for problem areas
  - Discussed new ideas with Site Supervisor, Sarah Ransom
  - Created new questionnaire for Inspire Group
- Implemented the new paperwork, resulting in a more efficient process for patients and case managers

### Observations Noted by Self

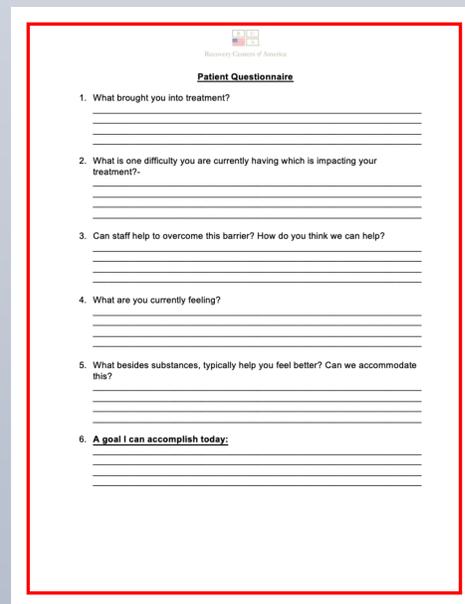
- "No clear direction to the group, allows natural conversations to flow rather than using questionnaire for guidance."
- "Many patients first time in treatment, struggled to grasp conversation around AA risks."
- "Off topic conversations lead patients to not participate, and stating 'We talked about this yesterday c'mon'"

### Observations Noted by Case Managers

- "Going unit to unit to round up other peoples patients makes it hard to tell who is actually an AA risk."
- "Not knowing what was talked about the previous days can make us have repetitive conversations which makes the guys uninterested."
- "My biggest complaint is about the amount of patients who go who aren't even an AA risk."

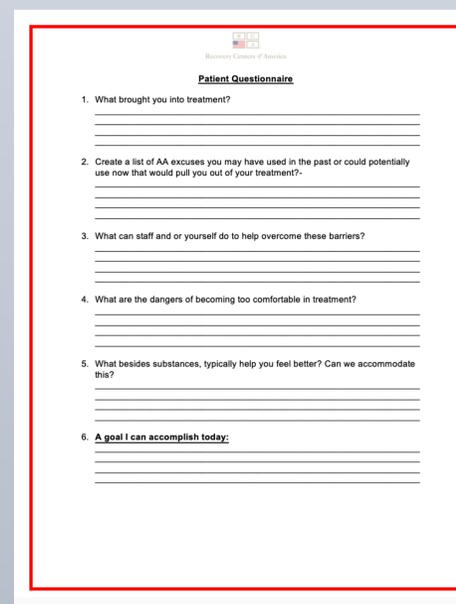
### Results

Original Patient Questionnaire



The original questionnaire consists of six numbered questions with horizontal lines for answers. The questions are: 1. What brought you into treatment? 2. What is one difficulty you are currently having which is impacting your treatment? 3. Can staff help to overcome this barrier? How do you think we can help? 4. What are you currently feeling? 5. What besides substances, typically help you feel better? Can we accommodate this? 6. A goal I can accomplish today:

Updated Patient Questionnaire



The updated questionnaire consists of six numbered questions with horizontal lines for answers. The questions are: 1. What brought you into treatment? 2. Create a list of AA excuses you may have used in the past or could potentially use now that would pull you out of your treatment? 3. What can staff and or yourself do to help overcome these barriers? 4. What are the dangers of becoming too comfortable in treatment? 5. What besides substances, typically help you feel better? Can we accommodate this? 6. A goal I can accomplish today:

### Results Continued

- Increased attendance from patients most likely to AA based on their previous episodes
  - Decreased attendance of first timers in treatment
  - Created a new method of tracking attendance
- Rewrote and added questions in order to guide the most appropriate and inspirational conversations (2<sup>nd</sup> Panel)

### Conclusions

Based on my written log of observations and comments by Case Managers, the following issues were addressed:

- Attendance of high-risk patients. High risk patients have very specific motives and needs. Having the right patients in the room heighten the productivity of the conversation by addressing critical issues. Also, patients could share similar feelings which allowed for improved understanding and the development of community to lower risks.
- Tracking attendance. Recording attendance is important to diagnose and attend to all patients needs.
- Case managers success. Case managers felt more effective. They were able to lead constructive and direct conversations over the issues of concern.

### References

Against Medical Advice - Drug Detox. (2018, November 21). Retrieved September 27, 2020, from <https://lumieredetoxcenter.com/against-medical-advise-ama/>

Drug & Alcohol Rehab Near Boston Recovery Centers of America Danvers. (2020, September 09). Retrieved September 27, 2020, from <https://recoverycentersofamerica.com/locations/danvers/>

Simon, R., Snow, R., & Wakeman, S. (2019). Understanding why patients with substance use disorders leave the hospital against medical advice: A qualitative study, Substance Abuse, DOI: 10.1080/08897077.2019.1671942

### Acknowledgments

Sarah Ransom, Site Supervisor  
Jadyn Casassa, Case Manager  
Andrew Finlay, Case Manager