Response

I agree with the post of Meena because she stresses on patient satisfaction and its association with centres of Medicare and Medicaid services. It is crucial for the clinical staff to provide quality care to the patients that leads to high satisfaction. The satisfaction is also linked to Against Medical Advice (AMA). This reflects that the nurses and clinical staff must not act against AMA. I agree with the post that patient satisfaction can be enhanced by minimizing the AMA. This is because advice increases the probability of accuracy and eliminates errors.

I also agree that the readmission rates and discharge also have a relationship with patient satisfaction and AMA. The nurses that avoid AMA in decisions are more likely to reduced readmission rate of patients. It is thus important to identify the frequency rate for considering the satisfaction of patients. I think Meena has adopted the right strategy by including a study that explains the results of the group having ages between 40-49 years. it is important to consider how results vary according to the ethnicities and cultural backgrounds. The post also justifies the results with findings of research studies. High discharge AMA rates are linked to low satisfaction of patients. I agree that resolving this issue requires more staff and reduction in AMA discharge rates.

I think that the hospitals must take adequate actions for handling the issue of high AMA discharge because it creates complexity for the patients. The hospitals can rely on early intervention because it minimizes the possibilities of readmission. The research findings suggest that healthcare costs are also associated with early discharge. Nurses can play an effective role in improving the AMA and patient satisfaction. It is obligatory for the institutes to provide adequate care.

Reference

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