Appendix A

AMA Chart Abstraction Tool:

Study ID Number: ­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient characteristics/demographics.

1. MRN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Sex
* 1. Male
* 2. Female
1. Race/ethnicity
* 1. Asian/Pacific Islander
* 2. Black
* 3. Hispanic/latino
* 4. Native American
* 5. White
* 6. Other
* 7. Unknown
1. Language
* 1. English
* 2. Spanish
* 3. Cantonese
* 4. Tagalog
* 5. Mandarin
* 6. Vietnamese
* 7. Other
1. Date of birth: \_\_/\_\_/\_\_\_\_\_
2. Admission housing status
* 1. Housed
* 2. Homeless
* 3. Skilled nursing facility/rehab/long term care
* 4. Psychiatric housing
* 5. Substance rehabilitation
* 6. Incarcerated
* 7. Unknown
1. Number of admissions to Highland in the six month prior to this admit (not including hospitalization of interest) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. A. Number of ED visits at Highland in the six months prior to this admit (not including hospitalization of interest) \_\_\_\_\_\_\_\_\_\_\_\_\_
3. Has a primary care physician (PMD)
* 1. Yes
* 2. No
* 3. Unknown
1. Alcohol use
* 1. Current heavy (>2 drinks daily or binge)
* 2. Former heavy
* 3. Occasional
* 4. Never
* 5. Unknown
1. Illicit drug use
* 1. Current (specify type) \_\_\_\_\_\_\_\_\_\_\_\_\_\_
* 2. Former (specify type)\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* 3. Never
* 4. Unknown
1. Mental health diagnoses (mark all that apply)
* A. Depression
* B. Bipolar disorder
* C. Schizophrenia
* D. Dementia
* E. Other\_\_\_\_\_\_\_\_

About this admission:

1. Admitting Diagnosis \_\_\_\_\_\_\_\_\_\_\_\_\_
2. Length of stay \_\_\_\_\_\_\_\_\_\_\_days (0=<24 hours)
3. Admitting Service
* 1. Internal Medicine
* 2. Trauma surgery
* 3. Orthopedic surgery
* 4. OB/gyn
* 5. Urology
* 6. Podiatry
* 7. Neurosurgery
* 8. Other
1. AMA threat documented prior to discharge
* 1. Yes
* 2. No
* 3. Unknown

About the discharge

1. AMA form signed
* 1. Yes
* 2. No
* 3. Unknown
1. Medications prescribed
* 1. Yes
* 2. No
* 3. Unknown
1. Follow-up appointment arranged
* 1. Yes
* 2. No
* 3. Pending at time of discharge
* 4. Unknown
1. Reason for AMA documented
* 1. Yes
* 2. No
1. If yes, what was the reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Capacity documented
* 1. Yes
* 2. No
* 3. Equivocal
* 4. Patient does not have capacity
1. Contact information for patient documented
* 1. Yes
* 2. No
1. Time of AMA discharge
* 1. 7am-6:59pm
* 2. 7pm-6:59am

After discharge

1. Number of ED visits in 6 months after AMA discharge \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Number of admissions in 6 months after AMA discharge \_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Time until first ED visit after AMA discharge in days \_\_\_\_\_\_\_\_\_\_\_\_\_
4. Time until first admission after AMA discharge in days \_\_\_\_\_\_\_\_\_\_\_\_
5. For patients admitted again, the NEXT admission ended in
* 1. AMA
* 2. AWOL
* 3. Conventional discharge
* 4. Death
* 5. Patient still admitted
* 6. Other