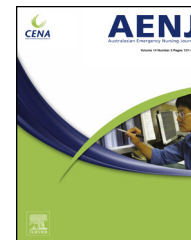




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RESEARCH PAPER

Patient characteristics and institutional factors associated with those who ‘‘did not wait’’ at a South East Queensland Emergency Department

Who are those who ‘‘did not wait’’ in ED?



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KEYWORDS

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Summary

Background: Patients who do not wait in Emergency Departments (ED) are a key concern for healthcare consumers, providers and policymakers.

Methods: A six month descriptive retrospective cross-sectional designed study was undertaken at a public, metropolitan, adult tertiary referral ED in South East Queensland (SEQ). Using hospital administrative data, all patient presentations were examined over the timeframe with the aim of identifying and describing patient, institution and economic factors for individuals who attend the ED with the focus on patients who did not wait for medical treatment.

Results: A total of 1088 (4.2%) of 25,580 ED patient presentations did not wait (DNW). When compared to patients who waited those who DNW differed significantly regarding age ($p < 0.001$),

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triage category ($p < 0.001$), mode ($p < 0.001$) and shift of arrival ($p < 0.001$). Patients who DNW were younger, assigned less urgent triage categories and presented in higher proportions by private transport, during evenings and overnight. Some ($n = 550$) were incorrectly coded as DNW when they actually waited, but left after treatment commenced. The crude cost of incorrectly coding these patients amounted to $> \$160,000$.

Conclusions: Understanding the characteristics of patients who DNW enables strategies to be considered and implemented to manage and mitigate both the potential clinical risk to patients and the financial implications for health care institutions.

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What is known

- The subgroup of ED patients who DNW can represent ED access (and performance) issues. National and international literature spanning more than 20 years on patients who DNW reflect the persistence of the issue.
- The general demographic and clinical profile of patients who DNW includes: younger, assigned less urgent triage categories, have an overseas or no address, identify a language other than English and present to the ED in higher proportions by private transport, and during evening and night time hours.

What this paper adds

- This study offers an initial insight into the characteristics of patients who DNW in a busy, academic, tertiary teaching hospital ED in Queensland, Australia.
- Unique to this study is a crude cost analysis indicating potential hospital cost implications of patients who DNW amounting to $> AU\$160,000$ in expenses due to incorrect coding. Highlighting room for improvement in critical data discrepancies requiring attention and possible rectification through staff education.

Introduction

The Emergency Department (ED) is commonly recognised as the interface between the community and the hospital providing over 6.2 million accident and emergency services during 2010–2011 in Australia.¹ With an annual growth rate of approximately 4.0% over the past five years¹ the impact on access to emergency health care services, effecting patients' experiences. Escalating growth in ED demand is multifactorial and has been attributed to changes in demographics, expectations, morbidity such as: rise of chronic diseases, and impacts of improved population health campaigns.² The inability to meet expectations may contribute to dissatisfaction causing patients to leave the ED before being assessed and treated by a medical officer. Globally, patients who "did not wait" (DNW) are viewed as an indicator of poor ED performance, and these individuals pose a key concern for healthcare, providers and policymakers.

Research on the phenomenon of patients who DNW for ED medical assessment has been conducted internationally with studies in Hong Kong, United States of America (USA), Canada, United Kingdom (UK) and Ireland reporting DNW rates from as low as 0.36% (Hong Kong)^{3,4} up to 15% (USA).⁴ Australian studies report rates between 4.1%⁵ and 11.2%.⁶ Inconsistent results could be attributed to variations in study designs, study periods, sample sizes and patient populations.

Demographic profiles of patients who DNW vary within the literature. Australian and international studies report higher percentages of young adult patients^{5,7–9} as more likely not to wait compared to older patients. Patients reported as 'non-white' or 'black' are frequently mentioned in the USA literature as socially disadvantaged and more likely not to wait.^{9–11} Australian studies indicate that patients of Aboriginal descent (often a socially disadvantaged group) are also less likely to wait.^{6,12,13}

Clinical profiles of patients who DNW are relatively consistent. Despite variation in triage categorisation processes between countries, the majority of studies reported that the least sick or non-urgent were most likely not to wait.^{6–11,14–20} Service profiles of EDs (including factors such as day of week and month of year) revealed conflicting findings in relation to patients who DNW. Some studies identified weekdays^{14,21} while others found weekends to have higher rates.^{5,8} Evenings and overnight were unanimously reported as having high rates of DNW.^{5,7,16}

Queensland's population differs somewhat to those studied internationally and in other Australian states. As such, the aforementioned findings may not be generalisable. In ten years to 2011, Queensland's population grew by 23%, the second fastest growth of all Australian states and territories, behind Western Australia at 24%.²² This rapid population growth in Queensland may result in the inability of health services to meet demand. Patients may be presenting to EDs as their only alternative and might therefore be considerably unwell. Supporting this are Queensland rates of hospitalisation which are 5% higher than the national rate and double the rate in Canada.²³

Aim

The aim of this study was to understand the scope of the problem of individuals who attended a public, adult tertiary referral ED within South East Queensland (SEQ) and who DNW for medical assessment and treatment.

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