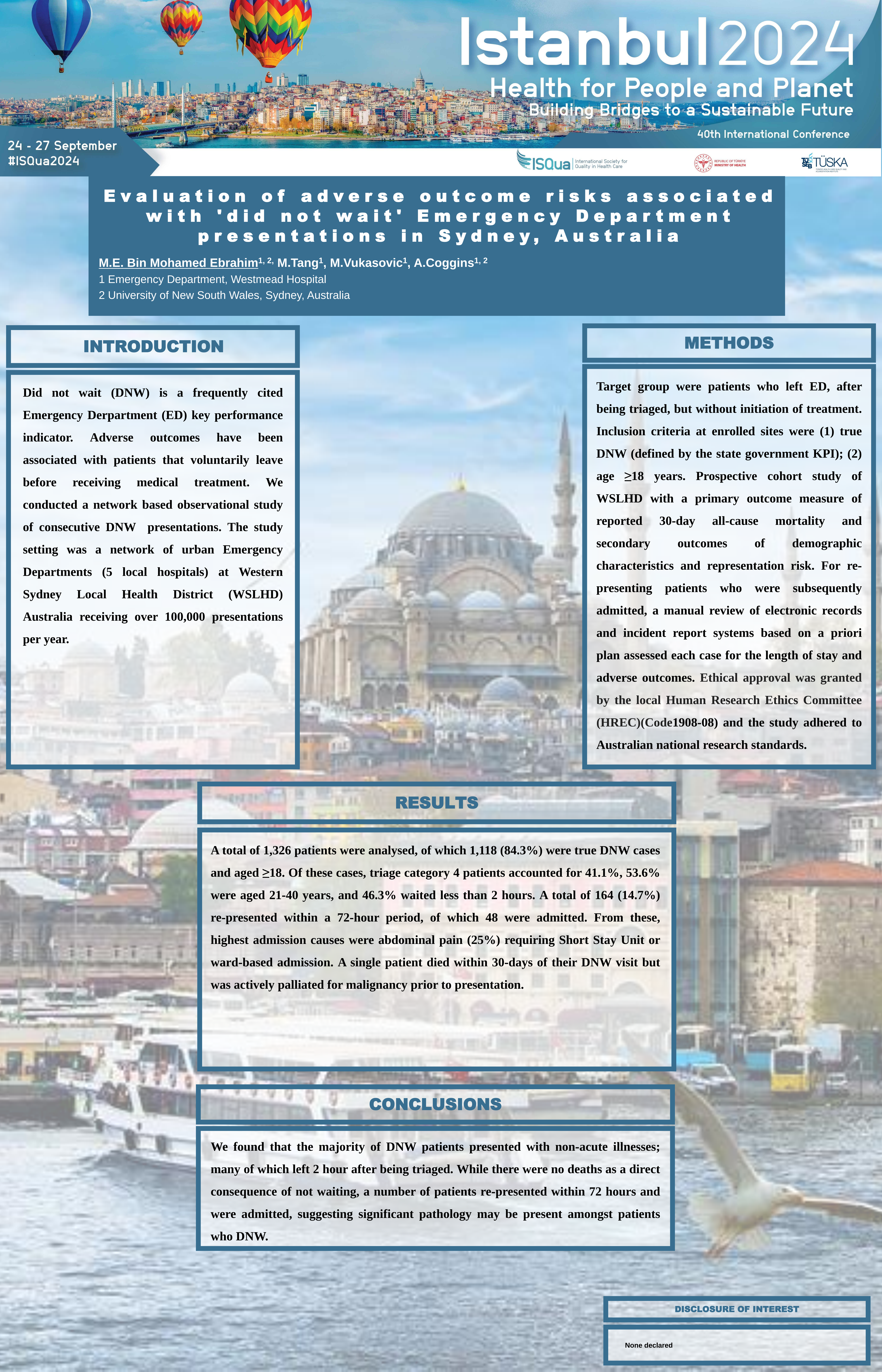




Evaluation of adverse outcome risks associated with 'did not wait' Emergency Department presentations in Sydney, Australia

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INTRODUCTION

Did not wait (DNW) is a frequently cited Emergency Department (ED) key performance indicator. Adverse outcomes have been associated with patients that voluntarily leave before receiving medical treatment. We conducted a network based observational study of consecutive DNW presentations. The study setting was a network of urban Emergency Departments (5 local hospitals) at Western Sydney Local Health District (WSLHD) Australia receiving over 100,000 presentations per year.

METHODS

Target group were patients who left ED, after being triaged, but without initiation of treatment. Inclusion criteria at enrolled sites were (1) true DNW (defined by the state government KPI); (2) age ≥ 18 years. Prospective cohort study of WSLHD with a primary outcome measure of reported 30-day all-cause mortality and secondary outcomes of demographic characteristics and representation risk. For re-presenting patients who were subsequently admitted, a manual review of electronic records and incident report systems based on a priori plan assessed each case for the length of stay and adverse outcomes. Ethical approval was granted by the local Human Research Ethics Committee (HREC)(Code1908-08) and the study adhered to Australian national research standards.

RESULTS

A total of 1,326 patients were analysed, of which 1,118 (84.3%) were true DNW cases and aged ≥ 18 . Of these cases, triage category 4 patients accounted for 41.1%, 53.6% were aged 21-40 years, and 46.3% waited less than 2 hours. A total of 164 (14.7%) re-presented within a 72-hour period, of which 48 were admitted. From these, highest admission causes were abdominal pain (25%) requiring Short Stay Unit or ward-based admission. A single patient died within 30-days of their DNW visit but was actively palliated for malignancy prior to presentation.

CONCLUSIONS

We found that the majority of DNW patients presented with non-acute illnesses; many of which left 2 hour after being triaged. While there were no deaths as a direct consequence of not waiting, a number of patients re-presented within 72 hours and were admitted, suggesting significant pathology may be present amongst patients who DNW.

DISCLOSURE OF INTEREST

None declared