Why do patients leave the emergency department against medical advice?

A survey conducted in both Hadassah hospitals

למה חולים יוצאיםyat המחלקה לרופאות דוחות על דעות עצמם?
סקר עמדות בשני בתי החולים של הדסה

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9. Abstract

**Background and objectives:** Patients who present to the emergency department (ED) for care and leave without being seen (LWBS) or patients who leave after they started their evaluation, and therefore are leaving against medical advice (AMA), represent a significant problem. Since leaving the ED in such manners may have serious adverse effects, much research has been conducted on the subject throughout the world. However, in Israel the amount of research on the subject is limited. Therefore, we initiated a study with the objectives of estimating the rate of departures (both AMA and LWBS), identifying the demographics of the departing patients, and examining other factors associated with the AMA and LWBS phenomena.

**Methods:** The study was conducted in two emergency departments: Hadassah Ein-Kerem and Hadassah Mount Scopus. The study was based on data accumulated from the admittance office of both emergency departments during a three month period in 2010. In addition, a telephone survey was conducted with 443 patients who left the emergency department without having fully completed the release process.

**Results:** The rate of AMA and LWBS departures in Ein Kerem and Mount Scopus was similar to the rate reported throughout the world; however it was significantly higher than the official data published by the aforementioned hospitals. This leads to an underestimation of the problem and its severity. The study did not show any significant demographic trends defining these patients, other than their claim to have medical knowledge. This significant trend is unique to our study. Most of the departing patients were of low acuity, although 57% of these patients proceeded to seek further medical care shortly after leaving the emergency department. The main reason given for leaving the ED was prolonged wait time, but a significant number of patients cited negative interaction with the medical staff. Most patients who complained about prolonged wait times had been waiting for surgeons, either general, orthopedic, ENT or plastic. Of note, comparison of wait times revealed that the wait for an internist was longer than the wait for a surgeon. In contrast to most of the studies conducted throughout the world, most of our patients were AMA, not LWBS cases. We also discovered a correlation between emergency department crowding and a rise in the number of patients who left before the completion of their medical evaluation. Most of the patients who left either AMA or LWBS were unsatisfied with their experience in the emergency department.

We found a number of differences between the emergency departments of Hadassah Ein-Kerem and Mt. Scopus. The rate of patients who left before the completion of their medical evaluation (AMA and LWBS) was higher in Mt. Scopus than in Ein-Kerem, even though the average wait time in Ein-Kerem was longer. On the other hand, more patients left the Ein-Kerem emergency department without informing the medical staff of their intent to do so then in Mt. Scopus. Demographically, the Mt. Scopus emergency department had more Muslim patients and its average patient age was 10 years younger than that of Ein-Kerem. Leaving due to a negative interaction with the medical staff was a significant reason for leaving in both emergency departments, but in Mt. Scopus it was the main reason stated as opposed to Ein-Kerem where prolonged wait time was the main reason.
Discussion and conclusions: The actual rate of the patients who left the department before the completion of their medical evaluation was significantly higher than the reported rate in both emergency departments. Since the rate of LWBS can be used as an indicator of emergency department quality and patient satisfaction we may be getting a false picture of our patient satisfaction rates. Our study found that negative patient interaction with the medical staff is a significant factor influencing a patient's decision to leave before completion of his or her medical evaluation. In our opinion the differences in the departure rate between the two emergency departments is influenced by the different characteristics of these hospitals and not solely due to the different demographic characteristics. Future studies may wish to explore how the scope of the problem can be decreased. Perhaps explaining to the patients the risks involved in leaving the emergency department before completion of the medical evaluation, involving family members and escorts in the decision process, and improving communication between the staff and patient would be beneficial.


