Patients who present to the Emergency Department but do not wait

An exploratory study

by

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# Table of Contents

Table of Contents ........................................................................................................... ii
List of Figures & Tables ................................................................................................. v
Appendices ..................................................................................................................... vi
Glossary of Terms ........................................................................................................... vii
Abstract ........................................................................................................................... viii
Preface ............................................................................................................................. ix
Acknowledgements ......................................................................................................... x
Frontispiece ..................................................................................................................... xi

## Chapter 1 - Introduction & Overview ........................................................................ 12

- Introduction .................................................................................................................. 12
- DNW – The Context for a growing problem in NZ ..................................................... 13
- Medico-Legal Debate - Case Study ............................................................................ 14
- Aims and Objectives .................................................................................................... 16
- Define a DNW population ......................................................................................... 16
- Commonalities or Themes of DNW ........................................................................... 17
- Nature of the presenting complaints for DNW ......................................................... 17
- Summary ....................................................................................................................... 18

### Chapter 1

- Chapter 1 ..................................................................................................................... 18
- Chapter 2 ..................................................................................................................... 18
- Chapter 3 ..................................................................................................................... 18
- Chapter 4 ..................................................................................................................... 18
- Chapter 5 ..................................................................................................................... 19
- Chapter 6 ..................................................................................................................... 19

## Chapter Two - Literature Review ............................................................................ 20

- Introduction .................................................................................................................. 20
- Study Selection ............................................................................................................. 20
- Inclusion criteria ......................................................................................................... 20
- Exclusion criteria ....................................................................................................... 21
- Appraisal & Levels of Evidence ................................................................................. 21
- Limitations of the literature search ............................................................................. 21
- Electronic Databases .................................................................................................. 22
- Results ........................................................................................................................... 22
- DNW – An Urgent Problem or Not? ........................................................................... 22
- The Australasian Triage Scale ..................................................................................... 23
- Defining DNW ............................................................................................................ 24
- Levels of Urgency ........................................................................................................ 25
- Appropriate Attendance ............................................................................................. 26
- When DNW can occur ................................................................................................ 26
- Communication ......................................................................................................... 28
- Estimation of waiting times ....................................................................................... 29
- Satisfaction ................................................................................................................... 29
- ED – A Primary Care service? .................................................................................... 30
- Patients who DNW – Outcome ............................................................................... 31
- ED – A Place of Safety? ............................................................................................. 31
- DNW – A Mental Health Issue? ................................................................................ 31
- Summary ....................................................................................................................... 32
- Definitions of a DNW Patient ..................................................................................... 32
- Conclusion ................................................................................................................... 33
Qualitative Results .................................................................................................................. 84
Introduction .......................................................................................................................... 84
Construction of the survey responses ................................................................................. 84
Framing of Questions ........................................................................................................... 84
Reasons for Attending/Leaving .......................................................................................... 85
Unifying Themes ................................................................................................................... 88
Perception of Illness ............................................................................................................. 88
Action ................................................................................................................................... 89
Expectation ............................................................................................................................ 89
Environment ......................................................................................................................... 90
Linking of Concepts ............................................................................................................. 90
Concentricity of Themes ...................................................................................................... 91
Summary ................................................................................................................................ 93
Conclusion .............................................................................................................................. 94

Chapter Five - Discussion .................................................................................................... 95
Introduction ............................................................................................................................ 95
Operationalisation of Concepts ............................................................................................ 95
Defining DNW ....................................................................................................................... 96
DNW Context ......................................................................................................................... 97
DNW Sample Measured ......................................................................................................... 98
Systems Processes ................................................................................................................ 100
Model of Care ....................................................................................................................... 100
Setting .................................................................................................................................. 101
Low Responses Rates ......................................................................................................... 104
Statistical Analysis ............................................................................................................... 104
Qualitative Analysis ............................................................................................................. 105
Conclusion ............................................................................................................................. 105

Chapter Six - Conclusions & Recommendations ............................................................... 106
Introduction ............................................................................................................................ 106
DNW - Concept, Measurement & Research ......................................................................... 107
Poisson Distributions ........................................................................................................... 107
Limitations of the study method .......................................................................................... 108
Study Sample ........................................................................................................................ 108
Response Rates .................................................................................................................... 108
Participant Exclusion .......................................................................................................... 109
Participant Feedback .......................................................................................................... 109
Completion of Study ............................................................................................................. 109
Procedural, Design and Measurement Limitations ............................................................. 109
Phase One ............................................................................................................................. 110
Phase Two ............................................................................................................................. 110
Phase Three .......................................................................................................................... 110
Scope of the Project ............................................................................................................. 111
Bias from researcher - influencing the results .................................................................... 111
Recommendations .............................................................................................................. 111
Micro Context ....................................................................................................................... 112
Macro Context ....................................................................................................................... 112
Recommendations for Future Research ............................................................................ 114
Concluding Statement ......................................................................................................... 115

References ............................................................................................................................ 116
Appendices ............................................................................................................................. 127
Bibliography .......................................................................................................................... 141
Index ..................................................................................................................................... 142
List of Figures & Tables

Figure 1  ED Attendances & In-patient Admissions in New Zealand .................................. 8
Figure 2  A Common Treatment Continuum for patients attending the ED .......................... 27
Figure 3  Elements of Triangulation .................................................................................. 40
Figure 4  Role of the Research Assistant ........................................................................... 56
Figure 5  Role of Lead Researcher .................................................................................... 57
Figure 6  Methods used to extract themes from data .......................................................... 62
Figure 7  AGE Groups & ATS Categories for DNW Populations ...................................... 69
Figure 8  Box Plots of Gender & ATS Code ...................................................................... 70
Figure 9  Histogram Demonstrating Age distribution of DNWs ....................................... 72
Figure 10 Flow Process of patients attending the Emergency Department ........................ 79
Figures 11 & 12 Pain Frequencies ..................................................................................... 81
Figure 13 Pain Pie Chart .................................................................................................... 82
Figure 14 Conceptual Model depicting the Concentricity of Themes ................................ 92

Table 1  Australasian Triage Scale ....................................................................................... 23
Table 2  Phases of study ....................................................................................................... 42
Table 3  Participant Exclusion Criteria ................................................................................ 55
Table 4  Comparison of Populations between June & Sept 04 ........................................... 67
Table 5  Frequency of DNW Arrival Times ......................................................................... 68
Table 6  Mean Waiting and Departure Times ...................................................................... 68
Table 7  DNW Age Descriptive ............................................................................................ 71
Table 8  Chi (X^2) Square Test Statistic ............................................................................ 73
Tables 9 & 9a. Pearson Chi (X^2) Square Test Statistic for linear association ...................... 73
Table 10 Frequency Table for DNWs with Community Service Cards ............................... 74
Table 11 Pearson Correlations Statistic ............................................................................. 75
Table 12 Partial Correlation Coefficients ............................................................................ 75
Table 13 Descriptive Statistic on DNW Outcome ............................................................... 76
Table 14 Descriptive Statistics on DNW Outcome ............................................................. 76
Table 15 Follow-up of DNW responses ............................................................................. 77
Table 16 Timeframe for follow-up ..................................................................................... 77
Table 17 Pain Relief frequencies ........................................................................................ 81
Appendices

Appendix A - DNW Statistics & DNW Triage Categories 2001-04 ............................................. 127
Appendix B - Department Activity & Hourly Distribution of Activity 2001-04 .......................... 128
Appendix C - The Survey ........................................................................................................ 129
Appendix D - Information Sheets .......................................................................................... 130
Appendix E - MUHEC/Regional Ethics Committees Approval Letters ................................. 131
Appendix F - Scholarship Confirmation .................................................................................. 132
Appendix G - Permission from DHB Group Manager .............................................................. 133
Appendix H - DHB Policy - Research & Innovative Practice ................................................. 134
Appendix I - Research Assistant Confidentiality Agreement ................................................. 135
Appendix J - Research List A .................................................................................................. 136
Appendix K - Research List B ................................................................................................ 137
Appendix L - Approval letter from Te Whare Ruopura .......................................................... 138
Appendix M - Data CD-Rom containing all hard data collected ............................................ 139
Appendix N - Scientific Review Committee Notification ......................................................... 140
## Glossary of Terms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Abbreviation</th>
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<tbody>
<tr>
<td>ACEM</td>
<td>Australasian College of Emergency Medicine</td>
</tr>
<tr>
<td>ANA</td>
<td>American Nurses Association</td>
</tr>
<tr>
<td>ATS</td>
<td>Australasian Triage Scale</td>
</tr>
<tr>
<td>CENA</td>
<td>College of Emergency Nurses Australia</td>
</tr>
<tr>
<td>CENNZ</td>
<td>College of Emergency Nurses New Zealand</td>
</tr>
<tr>
<td>DHB</td>
<td>District Health Board</td>
</tr>
<tr>
<td>DNW</td>
<td>Did not wait</td>
</tr>
<tr>
<td>ED</td>
<td>Emergency Department</td>
</tr>
<tr>
<td>ENA</td>
<td>Emergency Nurses Association</td>
</tr>
<tr>
<td>GP</td>
<td>General Practitioner</td>
</tr>
<tr>
<td>ID</td>
<td>Irregular Discharge</td>
</tr>
<tr>
<td>LD</td>
<td>Left Department</td>
</tr>
<tr>
<td>MoH</td>
<td>Ministry of Health</td>
</tr>
<tr>
<td>MUHEC</td>
<td>Massey University Human Ethics Committee</td>
</tr>
<tr>
<td>NZ</td>
<td>New Zealand</td>
</tr>
<tr>
<td>PHO</td>
<td>Primary Health Organisation</td>
</tr>
<tr>
<td>SD</td>
<td>Self Discharge</td>
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</table>
Abstract

People who do not require urgent treatment often visit Emergency Departments. Furthermore, a small - yet significant - group leave the Emergency Department (ED) before even being seen by a doctor. Previous studies suggest that most people who do not wait (DNW) having presented to the ED and then leave without being seen by a doctor may have non-urgent conditions. However, other studies contradict this.

This is an exploratory study into this subject. Its main aims are to:
- correctly define this DNW group who present to EDs;
- identify the size of a DNW population in a New Zealand setting;
- establish common factors that influence people's decision to present then leave and;
- ascertain whether nursing practice may impact on this population of emergency presentations.

Data collection took place, over a period of 4 months, in a Level 5 District Health Board Emergency Department in New Zealand. The study uses a retrospective cross-sectional postal survey design to secure data on people's experiences of the ED, asking them, amongst other things, why they did not wait. The study sample consisted of 642 people. 489 people were sent postal surveys which resulted in a response rate of 18% (n = 92). Data was analysed and compared using a combination of quantitative and qualitative techniques, using SPSS© and MS Excel© statistics software, elements of operations research (field observation) and content analysis. Subjective data was illuminated and extended by qualitative methods, namely interpretative and descriptive content analysis and an abstract conceptualisation of the themes generated is offered. Regional Ethics Committee approval was sought and granted prior to this investigation commencing.

The results indicate that the majority of DNWs occur during daylight hours. The mean age of those who DNW was 27 years. They tended to be male. The greatest proportion of the DNW population analysed lived locally and waited a mean time of 112 minutes before choosing to leave. All Australasian Triage Scale categories (except ATS 1) demonstrated examples of those who took a DNW discharge. The most common complaints people presented with were ones they had endured for more than 12 hours and were sometimes days old. A high proportion of people reported that they received definitive treatment within 12 -24 hours following their departure from the ED. Common themes identified as reasons people chose to leave the ED related to their perception of action, perception of their illness and environment. Additional themes extracted from the data that influenced people's decisions to leave concerned their perceptions of staff communication/behaviour; systems processes; feelings of abandonment; other commitments and waiting time.
Preface

The nature of trauma and emergency nursing can be inherently stressful and arduous, whilst at the same time rewarding and gratifying, from the very challenges it asks and demands of those who deliver these services daily. This unusual paradox expresses itself in terms of the physical demands and mental stamina necessary to be a kind of 'jack-of-all-trades-and-master-of-none' whilst simultaneously embroidering the rational and intellectual burdens the profession demands to further express, define and protect its ideals and principle beliefs. It is often challenging, for example, to demonstrate the sufficient degree of rationality expected when faced with such absurdity or unrealistic-expectation that often abound from a public whose anticipation and demand for its services increases exponentially. And, at such a pace too, that it is almost impossible to keep up with in the context of dwindling human and material resources with which most health professionals usually have to contend. Despite all this, however, emergency nurses' trudge on and this study could be considered a testament to those aforementioned attributes that are perhaps intrinsic to the very nature of nursing but more particularly within in this specialty.

It is these dimensions that have, in their own small way, influenced this study. When I initially approached some colleagues to inform them of my decision to research this topic, their responses were varied but included: "Why? It's all to do with waiting too long, isn't it?" If that were true, immersing myself in this subject for the last 12 months would have been straightforward – I already had the answer, hadn't I? However, it would be fair to say that nursing practice must continually look for ways to improve itself and, perhaps more importantly, it needs to better define itself and the ways it does things to benefit people and the service they provide. In this context 'people' are those who present to Emergency Departments looking, quite simply, for help. This study does not seek to define if those who DNW in EDs are inappropriate – that is another research question. The results of this research study aim to clarify some facts that may offer nurses the means they require to suggest those changes (they may already know instinctively or intuitively) they need to make within their own settings. Provision of care, after all, is the business of nurses worldwide. It is not necessarily the business of nurses, however, to ask first whether their provision of help/care is appropriate or not. Another way of putting it might be this: people who do not wait are those who do not get help when they want or need it. This is where I started my investigation.

It was for these reasons (and others) that I felt compelled to undertake a project that I hoped would add something which not only alluded to helping people but might also help to better define what nurses do. I hope that you will find some value and learn from the pages that follow.
Acknowledgements

Typically, behind any research project is a wealth of precious hidden treasures whose contribution to the project (and its completion on time) have been tacit, salient yet hugely invaluable. This study is no exception. My list of hidden treasures includes the contribution of the following generous individuals:

Dr Andrew Swain (Clinical Director, Emergency Department, MidCentral Health) for his enthusiasm and support in granting approval for this study. I am vastly indebted to Robyn Brady (Team Leader, Emergency Dept.) for her support, encouragement and infinite wisdom, as well as for those numerous "reflective moments" we shared surrounding the issues at hand – both to do with the project and just getting through the busy weeks. Unbeknownst to her, she remains a seemingly tireless source of invaluable acumen and experience which I have heavily leaned upon for the three years I have had the privilege of working with her. A number of administrative costs were picked up by the Department which helped in the data collection aspects and for this my appreciation and thanks abound to MidCentral Health DHB. Thanks must go to Paula Rowe for her blind commitment and for readily taking up the challenge of being my research assistant during a particularly busy period for the Emergency Department. John Manderson, Information & Data Support, MCH, for his help in extracting some of the hard data from the DHB system and with helping me to extrapolate some sense from (my often inadequate), first attempt pivot tables. My thanks also extend to Dr Martin Tolich, Professor Sylvia Rumball and the other members of Massey University Human Ethics and Manawatu Regional Ethics Committees for their useful and insightful comments shared while gaining ethics approval for this study.

My sincere thanks must also extend to my fellow charge nurses and the members of, if I may be so bold, my team – Angela Joseph, Iona Bichan and Beth Dickins. Thanks for 'covering' for me and sticking with me through thick and thin. I must also mention the poor woman who has had to endure my many moments of profanity and hot-temper taken out on the PC – Charlotte Thomson, Clinical Nurse Educator, who has had the misfortune to share the same office space with me for the last year – my sincere thanks to you for your perseverance and for freely sharing your vast insight and experience of emergency nursing.

To my academic supervisors, Professor Steve LeGrow and Martin Woods – for their input over the last 18 months but, particularly in Martin's case, for the perpetual reassurance, support and inspiration he has given me during my academic journey over the years. The Practice Development Unit and Medical Scholarship Fund at MidCentral Health deserve my sincere thanks for their financial support and chiefly Professor Jenny Carryer (Chair of Nursing, MCHDHB) and Sue Wood (Director of Nursing MCHDHB) for their steadfast support and encouragement. Dr Stuart Nairn, University of Nottingham, UK provided me with some valuable insight into the aspects of applying the qualitative research paradigm in the Trauma and Emergency setting and willingly shared his valuable time in discussion with me in cyberspace – perhaps we might actually meet one day!

Last, but by no means least, my sincere love and thanks go to my wonderful family for their fortitude and forbearance of the journey I have taken them on, spreading over three continents and the last five years and without necessarily always seeking their informed consent first. Fiona, my superb wife, for her endurance, understanding and relentless composure despite my frequent and infuriating episodes of apparent absence. My beautiful children, Heidi and Angus, for allowing me to be a part-time Dad and full-time nurse and scholar for the last seven years. My love and thanks to you all.
"For millions of years, mankind lived just like the animals. Then something happened, which unleashed the power of our imagination, we learned to talk.

It doesn’t have to be like this. All we need to do is make sure we keep talking."¹

Stephen Hawking PhD, 1994.

¹ The significance of this quote appeared to the author to be wonderfully and inadvertently sculpted to a few of the main attributes of this study and its inherent findings. It’s a general quote about communication and the power it can have to help us change. But it also conveys a simple message of hope that, by communicating better, we can reach higher levels of understanding. Professor Hawking is largely held in the scientific community as a present-day genius, often compared with the likes of Sir Isaac Newton or Albert Einstein. He is a physicist who has developed, amongst other works, the Big Bang Theory about the creation of the cosmos. This is, perhaps, the biggest question ever asked. He is a scientist steeped in the language of mathematics and the study of quantum physics. Hawking is a living (and unfathomable) example of how someone can use the quantitative approach to explain our reality.

The irony in the quote stems from the man himself, who is severely disabled by Motor neurone Disease and is required to communicate with the aid of a sophisticated computer synthesiser. Hawking’s genius and resourcefulness – in his ability to cope with such a debilitating disease whilst simultaneously conveying the infinite complexities of the creation of life using the language of numbers and mathematics – was an inspiration to me. I felt that, if this unique individual could do what he has in the face of such adversity – without having the ability to speak or to write – then surely conveying the more straightforward themes offered by this study would be achievable in time I had set myself. The quote appears in a song, from the popular rock band Pink Floyd, called Keep Talking – which is also apt as I am a huge fan.