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Patients who present to the Emergency Department but do not wait

An exploratory study

by

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Glossary of Terms

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

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 speciality.

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

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Frontispiece

*"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.