

Paediatric patients who absconded from the emergency department - A 9-month prospective study

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Study objectives: To determine the main causes and consequences of abscondment of paediatric patients from the Emergency Department (ED) before obtaining appropriate treatment. **Methods:** Records of all paediatric patients (age group 0-12 years) who absconded from the ED of a tertiary level acute care hospital were traced and telephone interviews were conducted. The duration of study was from 1st July 1995 to 31st March 1996. **Results:** 177 out of 19,556 registered paediatric patients absconded before obtaining adequate medical care. 139 (78.5%) patients had telephone interviews conducted. 81 (58.3%) patients absconded because of long waiting for medical attention. 26 (18.7%) patients left because their parents/guardians felt that the patient's condition had improved. 32 (23%) patients left the department for various other reasons. 94 (67.6%) patients subsequently sought medical attention elsewhere and 5 (3.6%) patients required in-patient treatment. **Conclusion:** The paediatric abscondment rate was low. Most of these patients absconded from the ED because of relatively long waiting for medical attention. A large proportion of these patients could have been adequately treated in a primary care facility in the first instance. (*Hong Kong j.emerg.med.* 2000;7:137-140)

Keywords: Paediatric abscondment, waiting time

Introduction

Patients who leave an Emergency Department (ED) without being seen are a cause for concern amongst ED Managers.^{1,2} Abscondments, as these are usually referred to, reflect on the level of customer satisfaction achieved by an emergency service. The ED of the Singapore General Hospital uses abscondment rates as one of her performance indicators. It is therefore important to know the characteristics of patients who leave the ED before obtaining appropriate treatment and the clinical significance of their problems so that remedial actions and service re-engineering programs can be carried out to address these problems as focussing attention on specific populations of such abscondments may prove rewarding.³

In Singapore, children are a national asset. This factor is magnified by the generally small family size. Paediatric patients are hence a very special group of patients. When children fall sick, their parents or guardians' routines are upset and they seek the services of the ED promptly so as to be reassured that all is well. Abscondment indicates that for some reasons, theirs or their precious child's expectations had not been met.

A study was therefore conducted to find out the causes, and consequences of abscondment of paediatric patients who presented at the ED.

Materials and methods

The study was conducted at the ED, Singapore General Hospital; a 1680-bed tertiary level acute care hospital that provides a 24-hour comprehensive Emergency Medical Service. The study was conducted from 1 July 1995 to 31 March 1996.

All paediatric patients (patients below the age of 12 years) who registered at the ED and who absconded

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before completing the full process of ED management were included in this study. A person was defined as having absconded if the patient did not answer to three separate calls to see or be reviewed by a physician, each call being spaced at least at 15-minute intervals except at triage when they were called at 5-minute intervals. The time of abscondment was recorded as the time of first call for which there was no response.

These patients or their parents/guardians were then contacted via telephone by a physician within two weeks from the abscondment. Attempts were made on three separate occasions to contact these patients over a two-week period from the time the patient registered at the ED. The first telephone call was made three days after the abscondment. The patients/parents were asked how the child was doing and whether they had sought any further medical care, whether the medical care was sought for the same chief complaint, whether they had been admitted as inpatients and their main reason for abscondment from the ED.

Results

Out of a total of 121,497 attendances recorded during the period of study, 19,556 (16.1%) were paediatric patients. During the period of study a total of 177 paediatric patients (0.9% of paediatric attendances) absconded from the ED. Of these, 7 (4.0%) patients absconded before triage, 148 (83.6%) patients absconded before seeing the doctor for the first time and 22 (12.4%) patients left before being reviewed by the doctor after initial consultation (see Table 1). The mean waiting time for patients who absconded before triage was 23.71 ± 22.28 minutes; the mean waiting time for patients who absconded before seeing the doctor was 105.63 ± 44.27 minutes and the mean waiting

time for patients who absconded before being reviewed by the doctor was 197.73 ± 136.23 minutes.

Of the 177 patients, 38 patients (21.5%) could not be contacted. No response was received on calling 3 (1.7%) patients; 21 (11.9%) patients were found to have given us the wrong contact number and 14 (7.9%) patients had no telephone numbers. We were able to analyse results of 139 (78.5%) patients.

The causes of abscondment as obtained from these telephone interviews are as given in Table 2.

Out of the 139 patients interviewed, 94 (67.6%) patients consulted another doctor within the next 72 hours of their initial attendance. However only 5 (3.6%) patients were admitted into a hospital's inpatient department for further treatment; 4 patients presented with the same chief complaints as that at our ED earlier. One patient was admitted to a private hospital for treatment of a fracture in the forearm bones but presented to our department earlier with symptoms suggestive of viral fever.

Discussion

Dershewitz RA and Paichel W⁴ and Stock LM⁵ et al. documented an abscondment rate of between 2.0% to 4.0% in their studies. Our study revealed a paediatric abscondment rate of 0.9%. We like to believe that one reason for the relatively low abscondment rate was the prior implementation of the paediatric modular system whereby paediatric patients are seen by a particular dedicated team of medical and nursing staff. Paediatric patients did not need to compete with adult patients in the same queue when seeking medical attention at our department.

Table 1. Breakdown of when patients absconded.

When absconded	Frequency (%)	Mean waiting time
Before triage	7 (4%)	(23.71±22.28) minutes
Before first consultation	148 (83.6%)	(105.63±44.27) minutes
Before review	22 (12.4%)	(197.73±136.23) minutes
Total	177 (100%)	

Table 2. Reason for abscondement.

Reason for abscondment		Number (%)
A	Waited too long	81
	• for triage	3
	• to see doctor	71
	• to be reviewed by doctor	7
	Subtotal	81(58.3%)
B	Child's condition improved	26
	• before triage	0
	• before seeing doctor	23
	• before second review by doctor	3
	Subtotal	26 (18.7%)
C	Other reason	32 (23%)
	Total	139 (100%)

Of the 139 patients interviewed, 94 (67.6%) patients sought medical attention within the next 72 hours of their attendance at our ED. While this study suggested that there was significant morbidity when compared to the study by Dershewitz and Paichel⁴ there would have been no necessity to recall these patients back to the department for consultation as the majority of these patients could have been treated adequately in the primary care setting in the first instance. It would be more prudent to educate the public on the role of the ED, highlight management of common ailments and use of family physicians.

With the high demand for early attention at the ED and waiting times being one of the principal performance indicators of the Emergency Departments, there is a need to consider alternative methods of handling paediatric patients who are sick and need early attention - Paediatric Triage Guidelines. One method is to triage patients with non-urgent and non-emergency chief complaints out of the ED to another facility to treat this group of patients.

There is a need to develop and implement a comprehensive Paediatric Triage Scale. In this way the level of acuity of illness and severity of illness could be better defined and hence would help in overall patient management and patient flow. This would then help to cut down waiting times and patient abscondments.

A department dedicated solely to managing paediatric patients may be in a better position to implement the paediatric triage scale. However a 'fast track' system could be implemented in a general emergency department in addition to the paediatric modular system. Paediatric patients could be registered and triaged separately from adult patients. They should then be channelled to the various areas depending on the acuity and seriousness of their illness. In this way we could shorten the overall waiting time through more efficient use of valuable manpower and space.

Conclusion

This study has indicated that there is a need for careful planning for handling paediatric patients in the community. Such community planning should include public education on recognition and management of common minor paediatric ailments, use of family practitioners to manage minor paediatrics illnesses as far as possible and drawing up of specific guidelines to assist Emergency Departments in the triage of paediatric patients. It is also fair to conclude that the provision of dedicated paediatric care facilities in a general emergency department can help to expedite the care of our children when they present to these ED. Our children are an investment for the future. Parents need to be reassured on this point.

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