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Abstract

Objective: Emergency department (ED) patients may choose to leave prior to physician evaluation, elope during treatment, or leave against medical advice during treatment. This study was performed to identify the reasons why patients left the ED before completing treatment.

Methods: This prospective study was conducted at Miami Valley Hospital, an urban level 1 trauma center. This study identified ED patients who left before completing treatment, including those who left without being seen (LWBS), eloped during treatment, or left against medical advice (AMA), from September to December of 2018. This project included a chart review and a prospective patient telephone survey.

Results: A total of 68 patients (23% of the overall subjects) responded to the telephone interview survey. Patients identified multiple reasons for not completing treatment in the ED. The most

frequently reported reasons were wait time (23%), expectations not being met (23%), and having a negative interaction with ED staff (15%).

Conclusions: Patients who left the ED without completing treatment cited reasons including wait time, expectations not being met, and having a negative interaction with ED staff.

Key Words: Emergency Medicine, Emergency Department, Against Medical Advice (AMA), Eloped, Left Without Being Seen (LWBS)

Introduction/Literature Review

Patients leaving emergency departments (EDs) without completing treatment present a major problem and unique challenge to emergency medical care in the United States. Studies have estimated the rate at which patients leave EDs against medical advice (AMA) is between 0.1% and 2.7%.[1–3] The rate at which patients leave before completing treatment (elope) is approximately 1.0%[3] and the rate at which patients leave without being seen (LWBS) is approximately 1.1%.[3,4] These rates vary greatly by institution[5] and unfortunately, appear to be growing.[6] Previous studies examining why these rates are growing suggest that multiple factors seem to play a role. The factors cited as associated with the increase in patients leaving AMA include overcrowding of EDs, healthcare workforce shortages, and lack of health insurance and healthcare access.[6]

The repercussions of patients leaving EDs without completing treatment are important to quality care and patient safety. This is particularly true of patients who leave AMA, as these patients have been shown to have higher short-term recidivism rates (within 30 days) compared with those who LWBS or those who stay to complete their care in the ED.[2] These increased short-term recidivism rates utilize more resources in an already strained healthcare system. This patient population presents unique challenges to emergency medicine providers. First, there is the ethical dilemma of balancing respect for a patient's autonomy by allowing them to choose to leave without completing treatment, against beneficence, doing what is best for the patient, that is, to comply with recommended medical treatment.[7] This patient population also represents an increased source of medical legal liability compared to other ED patients, as these patients sue the emergency medicine physicians and hospitals almost 10 times more frequently than other ED patients, compounding the challenge that these patients present to emergency medicine

physicians.[6] Previous studies have suggested strategies to reduce the number of patients leaving AMA, including a complex blend of communication, explanation of the potential adverse consequences of leaving, recruiting family members to help in the decision-making process, giving patients time to think about their decision, negotiating acceptable alternative treatment strategies, informed consent, and recognizing the role that underlying psychiatric issues are playing.[2,8]

The number of studies examining patients who leave EDs without completing treatment in the United States is limited, so there remains a sizable gap in the literature on this topic.[2,9] The studies that have been done on this patient population have generally focused on information about the patients that predicts the likelihood of leaving AMA, including patient demographics, insurance status, and history of substance or alcohol abuse.[8] However, there remains a particular gap in the literature when it comes to the reasons why these patients are leaving without completing medical care. Identifying the reasons why patients leave the ED without completing treatment is significant to suggest measures that can be taken to combat these factors, and thus minimize the rate at which these patients leave. Reducing these rates will help alleviate the additional issues caused by this patient population, resulting in better health outcomes, improved patient safety, lower recidivism rates, decreased frustration of emergency physicians, and decreased medical legal liability against emergency physicians and hospitals.

Specific Aim

The specific aim of this project was to identify the main reasons that patients leave the ED without completing treatment. Patients leaving the ED without completing treatment included

patients who left AMA, patients who eloped during treatment, and patients who LWBS by a medical provider.

Methodology

Context

This project was a prospective survey study. Inclusion criteria for this study were patients aged 18 and over who left Miami Valley Hospital Emergency Department against medical advice, eloped during treatment, or left without being seen from September to December of 2018. Exclusion criteria for this study were patients under age 18, non-English speaking patients, cognitively impaired patients, and those who chose not to participate in the telephone survey. A sample size calculation demonstrated that for 95% confidence level and a confidence interval of 12, a sample size of 67 was needed. This allowed for enough participants to account for ineligibility, missing data, or those who declined to participate. This project took place at Miami Valley Hospital Emergency Department in an urban area of Dayton, Ohio. Miami Valley Hospital ED is a 72-bed level 1 trauma center that provides care to approximately 90,000 patients annually. The study was approved by the Miami Valley Hospital Human Investigation and Research Committee and the Wright State University Institutional Review Board.

Data Collection

We identified Miami Valley ED patients who left AMA, eloped during treatment, or LWBS from the daily EPIC ED census. We then extracted data from the electronic medical record (EMR) of these patients, including the following:

- Day of the week of the ED visit
- Age
- Gender
- Ethnicity
- Mode of arrival
- Arrival and departure times
- Chief complaint
- Triage score
- Vital signs (blood pressure, heart rate, respiratory rate, body temperature)
- Triage pain score
- AMA category (left AMA, eloped during treatment, or LWBS)
- History of anxiety and other mental health problems
- Alcohol use
- Drug use (cocaine, opiates, benzodiazepines, methamphetamine, marijuana, or other)
- Alcohol and toxicology screening results (if done)
- Documentation of assessment of capacity, delivery of information (risks, benefits, alternatives), and voluntary decision
- Documented reason for refusal of care

We then contacted these patients via their listed phone number to obtain verbal consent and conduct a brief interview over the phone consisting of the following questions:

- Why did you leave the ED prior to completing treatment?
- Was there anything that might have convinced you to agree to treatment?
- Do you have any comments about treatment in the emergency department?

We documented the answers to these questions and the number of days after their visit that contact was established. We attempted to reach each patient by phone a maximum of three unsuccessful times.

Data Analysis

The reasons patients stated in the phone interview why they left the ED without completing treatment were examined, and the percentages of responses were broken down into the following groups:

- Wait time
- Family obligations
- Other obligations
- Did not want the recommended treatment/tests
- Improved symptoms
- Negative interaction with ED staff
- Did not want to be admitted
- Expectations not met
- Other

The specific aim of this project was answered in the statistical breakdown of the reasons patients stated why they left the ED without completing treatment.

Results

A total of 68 patients, 23% of the overall the dataset, responded to the telephone interview survey. Many patients stated multiple reasons for not completing treatment in the ED. The most frequently reported reasons were wait time (23%), expectations not being met (23%), and having a negative interaction with ED staff (15%) (Table 1).

Table 1. Responses of 68 participants to the following question: "Why did you leave the ED prior to completing treatment?"

Reason for not completing treatment	**N**	**%**
Wait time	26	23
Expectations not met	25	23
Negative interaction with ED staff	17	15
Did not want to be admitted	16	14
Did not want recommended treatment/tests	11	10
Family obligations	11	10
Improved symptoms	9	8
Other obligations	2	2
Other	15	14

Discussion

Patients who refused ED care cited three common reasons, including wait time, expectations not met, and negative interaction with ED staff. These findings confirm previous studies which found that a long wait time is the most common reason patients LWBS.[4,10,11] ED wait times vary greatly and are related to triage acuity. Because many patients in this study had lower triage acuity, they may have experienced longer wait times.

The second most frequently stated reason why patients left was patient expectations not being met. This commonly included patients believing that their pain was not being adequately treated. In many cases, patients did not receive narcotic pain medication after requesting it. Pain the most frequent ED chief complaint.[12,13] Patients have high expectations when it comes to pain treatment. One study of ED patients found that patients reported an average expectation for pain relief of 72% while 18% of patients expected 100% relief of their pain.[14]

Negative interactions with ED staff was another common reason for refusal of care. The negative interactions with ED staff included rude staff, including nurses and a resident physician, or wanting the staff to be more caring and concerned about their medical issues. Previous studies have demonstrated that negative and patronizing attitudes, impatience, a lack of understanding from medical staff, and insufficient explanations to patients contribute to the development of negative attitudes in patients.[15] These negative attitudes developed by patients, in turn, contribute to their decision to leave without completing treatment.

Another commonly cited reason was not wanting to be admitted to the hospital. Reasons for not wanting admitted included family obligations, pet obligations, or a fear of being in the hospital. Family obligations included issues such as family transportation, family emergencies, and unspecified prior familial or pet commitments. The observed rate of patients leaving due to family obligations is similar to a previous study about hospitalized patients with asthma who left AMA.[16]

Patients not wanting the recommended treatments/tests included not wanting or being afraid of having surgery performed, not wanting to have imaging performed, and not seeing the benefit of certain procedures (e.g. receiving IV fluids). Improvement of symptoms was another frequent

reason with a rate similar those found in previous studies, which also speculated that this could be due to these patients presenting to the ED with self-limited or relatively benign conditions.[4]

Limitations

This study was limited by the small sample size of 68 patients who responded to the telephone survey. Additionally, as with all patient surveys, results are dependent on the veracity of the results. Finally, this study was conducted at a single institution and findings may not be generalizable in other settings.

Conclusion

Patients who left the ED without completing treatment cited reasons including wait time, expectations not being met, and having a negative interaction with ED staff. Future research can build off the information presented in this study to examine the effectiveness of different methods that attempt to address the reasons that patients leave EDs without completing treatment. If future research can uncover effective solutions that EDs can implement to decrease the number of patients who leave without completing treatment, quality care and patient safety will improve. Overall, this project sought to uncover the most commonly cited reasons why patients left the ED before completing treatment and found that the most common reasons included wait time, unmet expectations, and negative interactions with ED staff.

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