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Patient absconding behaviour in a public general hospital: retrospective study

普通科公立醫院病人的潛逃行為：回顧性研究

Objective. To identify characteristics of patients who abscond from general hospital wards, and to determine patient outcomes.

Design. Retrospective study.

Setting. In-patient wards of a public general hospital, Hong Kong.

Subjects and methods. Incident reports of 116 absconding episodes over a 20-month period from 1 November 1998 to 30 June 2000 were reviewed. Clinical characteristics, time and reason for absconding, destination of patient, outcomes, and adverse events were recorded.

Results. The majority of patients who absconded were middle-aged males admitted through the Accident and Emergency Department to the specialty of general medicine. Most incidences occurred within 24 hours of admission while in the emergency admission wards. Twelve percent of incidents were repeated episodes of absconding. The most common clinical diagnoses given to this patient group were drug overdose, intoxication, and soft tissue injury. Known drug addicts (29.3%) formed a substantial proportion of the patient group. Forty-seven patients returned to the ward within a few hours, while a further nine (7.8%) re-attended the Accident and Emergency Department of the hospital within 4 days. Several adverse outcomes were recorded: one patient died following a fall from height and two patients committed criminal offences.

Conclusion. Patient absconding incidents are an important issue in hospital risk management. They can delay the delivery of appropriate medical treatment and may lead to other adverse patient outcomes, in addition to potential medico-legal consequences.

目的：鑒別從普通科醫院病房潛逃病人的特性，及確定其後果。

設計：回顧性研究。

安排：香港一所普通科公立醫院的住院病房。

患者與方法：總結了1998年11月1日至2000年6月30日二十個月期間116次潛逃事件的報告。對臨床特徵、潛逃的時間及原因，病人的目的地、後果，以及惡性事件作紀錄。

結果：大多數潛逃的病人是經由急症室轉介至內科留醫的中年男性。大多數潛逃時間發生於病人在急症病房住院24小時內。其中12%為重複潛逃。對這群病人，最常見的臨床診斷是吸毒過量，酗酒和軟組織受傷。這群病人中毒癮患者佔相當比例(29.3%)。47名患者在潛逃後幾小時內返回病房，另外9名(7.8%)在4天內又往急症室求診。本文記錄了幾個惡性後果，一名病人從高處墮下死亡，兩名病人被控刑事罪。

結論：病人潛逃事故是醫院風險管理中的一個重要事務。除了潛在的法醫學後果外，病人潛逃會延誤適當的醫療處理，還可導致其他惡性後果。

Key words:

Hospitals, general;
Inpatients;
Patient dropouts;
Risk management

關鍵詞：

普通科醫院；
住院病人；
中途出院病人；
風險管理

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Introduction

'Absconding' or 'absence without leave' refers to the departure of a patient from a ward without staff sanction.¹ Absconding is a cause for concern because it has been linked to increased risk of harm to self and to others.² Some overseas studies have examined the absconding behaviour in psychiatric in-patient services.¹⁻³ Local data on this patient behaviour, on the other hand, is more limited. The Confidential Inquiry into Homicides and Suicides in the UK (1996) showed that 22% of completed suicides by psychiatric in-patients occurred while the patients

concerned were absent without leave.³ In addition, two inquiries have taken place in the UK in recent years as a result of homicides perpetrated by patients following absconding from hospital.² Other risks associated with absconding include the effects of missed treatment.

Absconding behaviour can also have medicolegal consequences for both the patient and the hospital. Five cases brought to US courts have been described in which compensation was sought for the consequences of absconding: two cases where patients had been struck by cars, one a suicide attempt, one of common assault, and one homicide.³

This study was undertaken to examine patient absconding behaviour from in-patient wards of a public general hospital in Hong Kong. The objectives were to identify the characteristics of this patient group, patient outcomes, and to identify possible preventative measures.

Methods

This retrospective study was completed at North District Hospital, a public hospital in Hong Kong providing a total of 618 in-patient beds under the specialties of general medicine, general surgery, paediatrics, orthopaedics, ophthalmology, and dental surgery. There is no psychiatric in-patient service at North District Hospital.

Data gathered were based on 116 incident reports collected from 1 November 1998 to 30 June 2000. These incident reports related to in-patient absconding and classified absconding behaviour into three categories:

- (1) walk-away cases (leaving was witnessed by staff);
- (2) found-missing cases (leaving not witnessed); and
- (3) cases where the patient failed to return after home leave.

Data were extracted from the hospital's 'Clinical Management System' electronic medical records and from the original case notes. All data were analysed using the Statistical Package for Social Sciences (Windows version 9.0; SPSS Inc., Chicago, US). Statistical significance was determined by Chi squared analysis.

Results

Background data

In the 20-month period from 1 November 1998 to 30 June 2000, there were a total of 42 570 in-patient admissions. Of these, 31 592 (74.2%) were emergency admissions through the Accident and Emergency Department, while 10 978 (25.8%) were non-emergency admissions (clinical admissions or transfers from other hospitals). The hospital policy was to admit all adult emergency cases initially to three designated admission wards, and these patients were then transferred to the appropriate specialty wards within 48 hours of admission if further hospitalisation was considered

necessary. The 42 570 total admissions were divided among specialist wards as follows: 17 974 to general medicine, 11 709 to general surgery, 6395 to paediatrics, 5312 to orthopaedics, 593 to ophthalmology, and 587 to dental surgery.

There were a total of 116 reported absconding incidents, representing 0.27% of the total number of admissions. The 116 absconding incidents reflected the behaviour of 102 patients, with six patients absconding repeatedly.

Day of the week

Absconding incidents occurred most often on Thursdays ($n=26$, 22.4%) and least frequently on Mondays ($n=9$, 7.8%). However, analysis with the one-sample Chi squared test failed to demonstrate any association between day of the week and absconding behaviour ($P=0.086$).

Sex, age, and ethnicity of absconding patients

Of the 116 cases, 98 (84.5%) were males and 18 (15.5%) females. Compared with the proportion of total admissions for male ($n=23 945$, 56.2%) and female ($n=18 625$, 43.8%) patients, the number of male patients who absconded was significantly higher than expected ($P<0.05$).

Patient age ranged from 4 to 88 years (mean, 38.2 years; standard deviation [SD], 16.8 years). The age distribution of patients is illustrated in Fig 1. Absconding was most prevalent in the 30 to 39-year-old ($n=33$) age-group, followed by the 20 to 29-year-old ($n=27$) age-group. The majority of patients were Chinese ($n=113$, 97.4%).

Type and site of admission

One hundred and eleven (95.7%) patients who absconded were emergency admissions through the Accident and Emergency Department, while a small number were clinical admissions ($n=2$, 1.7%) or had been transferred from other hospitals ($n=3$, 2.6%). When compared with the total number of emergency ($n=31 592$, 74.2%) and non-emergency ($n=10 978$, 25.8%) admissions, it was found that the observed number of emergency cases who absconded was significantly higher than expected ($P<0.05$). The

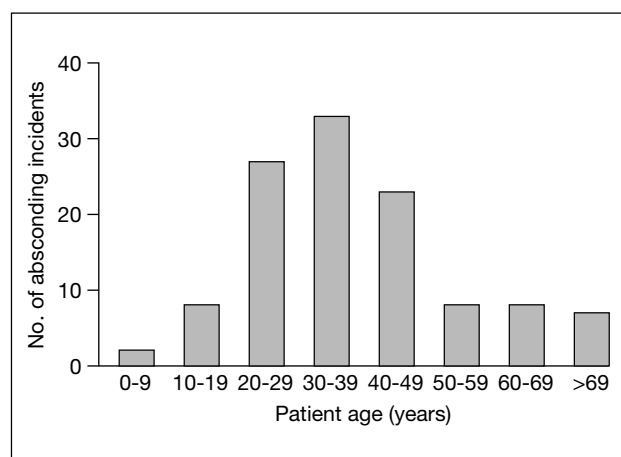


Fig 1. Age distribution of patients who absconded ($n=116$)

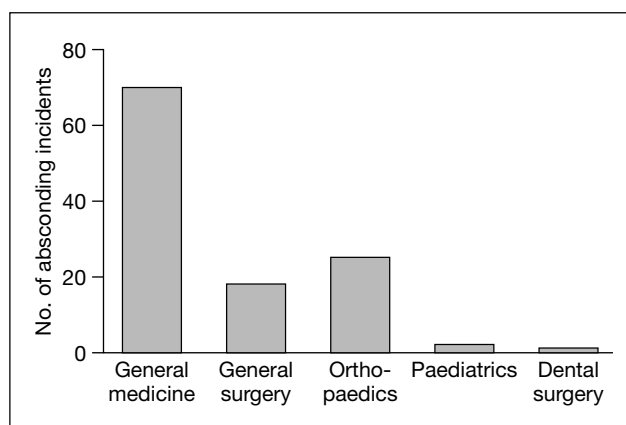


Fig 2. Patient absconding according to specialty (n=116)

majority of absconding incidents reported (n=77, 66.4%) occurred in the admission wards.

Specialty and diagnosis

The distribution of absconding incidents according to hospital specialty is illustrated in Fig 2. The majority of incidents (n=70, 60.3%) involved patients admitted to general medicine wards. The data were compared with the number of total admissions in medical and non-medical specialties, with results showing that the incidence rate in patients on medical wards was significantly higher than expected ($P<0.05$).

The most common diagnoses for patients admitted to medical wards who absconded (Fig 3) were drug overdose (n=12), intoxication (n=12), and mental illness (n=6). Fig 4 shows the diagnoses for patients admitted to non-medical specialties. Among the 25 patients admitted for orthopaedic care, the most common diagnoses were soft tissue injuries (n=10), an infective process (n=7), and bone fracture (n=3). Of the 18 surgical cases, the most common diagnoses were abdominal pain (n=6) and head injury (n=3). The two paediatric cases had a diagnosis of pneumonia and non-accidental injury, respectively. The single dental case had a diagnosis of impacted teeth.

Patient's clinical status

Seven (6%) of the 116 cases demonstrated a confused mental state. Notably, 34 (29.3%) patients were known drug addicts.

Length of stay, time, and reason for absconding

The median length of stay prior to absconding was 1 day, with an interquartile range of 0 (less than 24 hours) to 3 days. The majority of patients (n=56, 48.3%) absconded within 24 hours of admission. The time of the day when patients absconded was relatively evenly distributed throughout the day and night, with a small peak seen around 17:00 hours (n=11, 9.5%) and 18:00 hours (n=9, 7.8%).

The reasons for absconding were known and documented in only 24 (20.7%) instances. In seven cases, the patients wanted to leave in order to deal with personal matters. Three patients perceived that hospitalisation was no

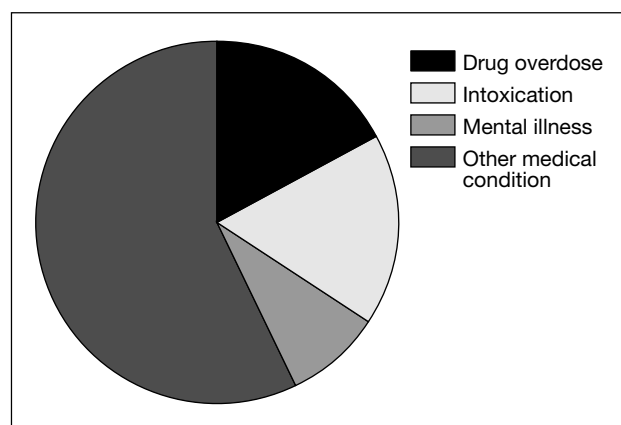


Fig 3. Patients who absconded: medical diagnoses (n=70)

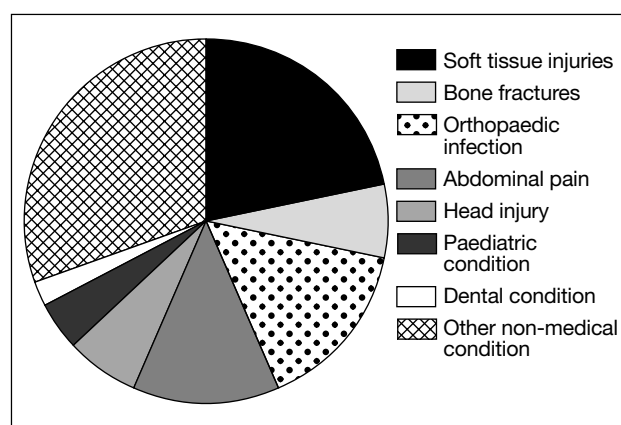


Fig 4. Patients who absconded: non-medical diagnoses (n=46)

longer necessary, while four patients left after regaining consciousness following intoxication. Four incidents were due to a single drug addict repeatedly leaving after multiple requests for narcotic injection were not satisfied. The remaining six patients left for miscellaneous reasons such as the intention to attend an alternative hospital, lack of willingness to wait for discharge documents, and due to 'non-entitled' patient status (non-residents of Hong Kong have to pay expensive hospital fees).

Classification of absconding behaviour and destination of patients

The incidents were classified according to the three designated categories for absconding behaviour. The majority (95.7%) of incidents of absconding behaviour were either walk-away or found-missing cases (Fig 5).

The destinations of patients were traced following leaving the hospital. Forty-seven (40.5%) patients subsequently returned to the ward. Nine (7.8%) patients re-attended the Accident and Emergency Department of the hospital or were re-admitted to the hospital within 4 days. Thirteen (11.2%) patients went home or to other specified sites. The destination of the remaining 47 (40.5%) patients was attributed to other unspecified sites.

The 47 patients who returned to the ward within a day were away a median of 4 hours, with an interquartile range

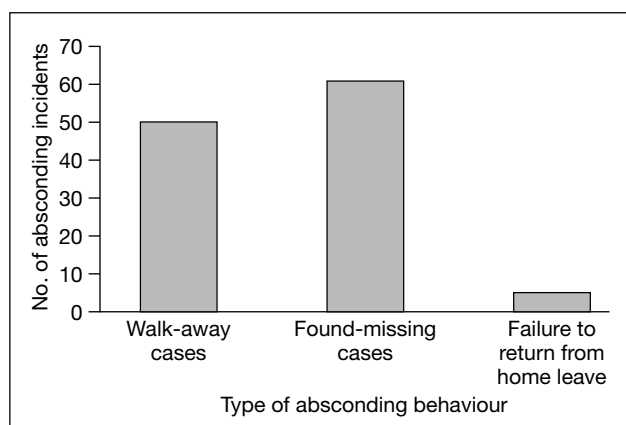


Fig 5. Categories of absconding behaviour observed (n=116)

of 2-9 hours. The majority of these patients then stayed until discharge. Only seven (14.9%) subsequently left against medical advice.

Among the nine cases who re-attended the hospital or were re-admitted within 4 days, one patient was found to have fallen from height and was certified dead in the Accident and Emergency Department the day following absconding. The patient was a 27-year-old drug addict, admitted to a general medicine ward with a diagnosis of subacute bacterial endocarditis. The reason for his walk-away absconding and subsequent fall from height was unknown. The remaining eight cases presented to the Accident and Emergency Department with the same condition as initially. All were re-admitted to the hospital, but four subsequently signed self-discharge forms or left again (walk-away incidents). One patient who had a diagnosis of mental illness was subsequently transferred to a mental hospital after re-admission.

There were other adverse consequences identified. Two patients were brought back to the ward by police because they had committed criminal offences after absconding. One patient with a diagnosis of mental illness was involved in shop theft, while the other patient, whose initial diagnosis was of drug overdose, was charged with common assault.

Attempt to search for patients and reports to police

Attempts to search for patients within and outside the hospital area by ward staff or hospital security were made in 74.1% of cases. Reporting the incident to police occurred in 71.6% of cases.

Discussion

In this study, 0.27% of in-patients left the wards of North District Hospital without staff sanction. This rate is low compared with overseas studies of psychiatric services, where reported in-patient absconding rates range from 2% to 44%.³

Although the majority of incidents in this study appeared uneventful, absconding was associated with undesirable

outcomes. Nine (7.8%) patients presented to the Accident and Emergency Department of the hospital again within 4 days, with one death on arrival after a fall from height. Two patients committed criminal offences while outside the hospital. There may be potential medicolegal consequences for hospitals in such situations. Absconding behaviour is an important aspect of hospital risk management, and strategies should be devised to prevent or minimise such incidents. Some measures that may prevent or minimise patient absconding in general hospitals are suggested.

Firstly, high-risk patients should be identified on admission. This study found that the majority of absconders were young or middle-aged adult males admitted through Accident and Emergency services because of medical problems, most commonly drug overdose and intoxication. A substantial proportion of patients (29.3%) were known drug addicts, and 12% of incidents were repeated absconding behaviour. Greater attention is needed for these high-risk patients in emergency admission wards.

Secondly, effective communication between ward staff and patients regarding planned management is essential. Approximately 40% of absconders subsequently returned to the ward within a few hours, suggesting that their absence might not be a genuine refusal of in-patient treatment, but may signify a failure in communication or in meeting patients' needs. Ward staff should try to understand patients' motives and complaints, and to deal with their concerns about personal issues, as this concern was found to be a common reason for patients to leave the hospital without the approval of hospital staff.

Thirdly, use of control methods, such as restraint or detention for potential absconders with an incapacitated mental state, may be required providing the indication for use is consistent with the guidelines of the American Psychiatric Association—"to prevent imminent harm to the patient or other persons when other means of control are not effective or appropriate".^{4,5} Careful documentation of the reasons for using restraints and the clinical evidence that the patient was mentally incompetent is necessary to protect staff from potential litigation for false imprisonment.⁶

Finally, better utilisation of the observation ward in the Accident and Emergency Department for uncomplicated cases with an expected short stay would not only help to reduce unnecessary admissions, but would prevent absconding incidents. This approach may be especially appropriate for intoxicated patients and cases of minor drug overdose, which comprise a large proportion of absconding incidents.⁷⁻⁹

Limitations of this study include the retrospective design, with the possibility of bias arising from inaccurate or incomplete information from medical records. In addition, the low absconding rate seen in this study may indicate underreporting, in which event the reported sample may not be a representative one.

Conclusion

The issue of patient absconding from general wards warrants further attention because it has potential adverse outcomes. Local data is currently sparse, and prospective studies in this area are indicated.

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