



Management and Review of 'Did Not Wait' Patients that Present to Emergency Services Policy

1. Background

Some patients present to WA Country Health Service (WACHS) Emergency Services and leave after triage without waiting to be treated. The term 'did not wait' (DNW) is used as a classification for reporting purposes.

A DNW is different to patients who are Discharged Against Medical Advice (DAMA) which applies when an Emergency patient (post triage who has been treated by clinical staff) and / or an inpatient chooses to leave hospital and / or is removed by their parent / carer / responsible person before the completion of recommended treatment or against the advice of the treating clinician.

The scope of this policy does not include DAMA. Refer to the:

- [Discharge Against Medical Advice Policy](#)
- WACHS [Admission Discharge and Intra-hospital Transfer Clinical Practice Standard](#)).

2. Policy Statement

To ensure the safety and culturally appropriate treatment of all patients attending WACHS Emergency Services for treatment, this policy outlines the process of management and review for those patients who did not wait for treatment after triage and the WACHS duty of care for the presenting patient.

2.1 Person-centred care

It is not always obvious why patients choose to leave the Emergency Department / Service following triage. WACHS is committed to providing a person-centred care approach to support the delivery of care that is respectful, individualised and empowering.

Person-centred care promotes recognition, understanding and consideration of each person's unique needs and circumstances, including culture, beliefs, values, traditions, family situation, social circumstances, lifestyle and preferences. This approach supports and encourages each person to participate in decision-making to the fullest extent possible or desirable in their own care which may mean they choose to leave without care.

However, WACHS retains a duty of care for all patients and the follow up of patients that DNW should be adhered to in accordance with this policy.

2.2 Documentation of DNW patients

If a patient is not present in the Emergency Department / Service waiting room when called, this is to be documented on the [MR1](#) at the time of calling the patient. To assist in this documentation, a stamp or the following format may be used.

Example of DNW stamp

DNW	Time	Signature	Action
Not found / present after three calls (caller signs)			
Lead registered nurse (RN) notified and signs			
Emergency doctor notified if applicable			

The patient is given three opportunities to be called at least 10 minutes apart. If not found, all three DNW episodes are to be documented on the MR1.

Following the third entry of DNW details, the staff member who called the patient notifies the triage nurse (**TN**) / **lead RN** who then ensures the DNW is entered into the appropriate patient database and is to request the Patient Medical Record for review (if available).

The **TN lead RN** is to review the information recorded at triage and subsequently the nature of the patient's documented presenting complaint, and is to check the Patient Administration System (PAS) for any history of DNW.

The **TN lead RN** is to consider the risk to the patient of DNW with particular consideration of:

1. the triage score and assessment
2. one or more of the patient's observations that are of clinical concern
3. whether the patient is paediatric (in general under 18 years)
4. children identified as having or requiring a [WebPAS Child at Risk Alert Procedure](#) whether the patient has presented on more than one occasion during the previous week
5. Whether the patient has presented previously but DNW or did not complete their assessment on one or more prior presentations
6. whether the patient is Aboriginal¹
7. whether the patient is known to the Department for Child Protection and Family Support (CPFS)

¹ Disclaimer1 – Within Western Australia, the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of Western Australia. No disrespect is intended to our Torres Strait Islander colleagues or community.

8. Any patient presenting with mental health concerns or has a known mental health history (confirmed via the medical record, PSOLIS or via Rural Link) is to be considered, at a minimum, a moderate risk under the definition of this policy
9. Any patient referred under the Mental Health Act (MHA) for assessment by a psychiatrist is to be considered high risk under the definition of this policy
10. Any patient where the Emergency Department / Service staff has requested a community Mental Health (MH) staff member to wait with the patient in the Emergency Department / Service is high risk
11. Any patient presenting with deliberate self-harm, suicidal ideation or thoughts to harm others are to be considered high risk under the definitions of this policy.

Once the **Nurse Shift Coordinator TN lead RN** has assessed the patient and their risk as a result of their DNW status, they are to discuss the risk assessment with the relevant staff as per their local regional escalation processes (which may include Emergency Telehealth Service (ETS) for medium and high risk.

2.3 DNW Patient Risk Assessment

It is acknowledged that there is no perfect predictor for knowing what is low, moderate and high risk and this will rely on your best clinical assessment each time. Low risk has been defined as requiring no action, moderate risk requires deferred action and high risk requires immediate action. Note Special Consideration section 2.4 when assessing risk.

2.3.1 Low Risk – No Action

Where the TN / lead RN determine that the risk to the patient is low, no further action needs to be taken and this decision and supporting evidence is to be entered into the MR1 and signed.

2.3.2 Moderate Risk – Deferred Action

Where the lead RN and/or the Emergency doctor determine a moderate risk to the patient who did not wait, the patient is to be referred for active follow up by way of phone call during the next available business hours.

This follow up may be by the **lead RN** or through handover to a **lead RN** during a business hours shift. Where the patient is Aboriginal, this follow up may involve an **Aboriginal Liaison Officer (ALO)** or Aboriginal Health Worker (AHW) where and when available or other appropriate person. In these cases, active efforts are to be undertaken to make phone contact with the patient and encourage them to return for assessment and if not to contact their GP and the conversation is to be documented in the medical record.

Inability to contact the patient is to be documented and further risk assessment made by the **lead RN** in collaboration with an **Emergency doctor**.

2.3.3 High Risk – **Immediate** Action

Where the **lead RN** and the **Emergency doctor** determine that there is high immediate risk to the patient who did not wait to be seen, the **lead RN** is to immediately attempt contact with the patient in an effort to encourage them to return.

The **ALO**, AHW or other appropriate support can be enlisted if available especially for vulnerable patients such as Aboriginal patients and/or paediatric patients. Follow up contact should still occur even if no ALO/AHW available.

Where these attempts at contact are unsuccessful but the patient is still considered to be at significant risk, the [Missing or Suspected Missing Inpatient Procedure](#) (and patients post triage) is to be activated and request for assistance to locate the patient is to be escalated appropriately in line with that procedure. . All actions and conversations are documented in the patient's medical record. Please refer to Appendix 1: Response to Did Not Wait Flow Chart.

2.4 Special Considerations

Special consideration for Paediatric patients - (in general under 18 years)

Paediatric patients who did not wait are a high-risk group. Prolonged waiting, or the perception of prolonged waiting by the presenting parent / adult pose a risk in that families may leave with the child prior to medical review. The most at risk children are from socially disadvantaged families who may have limited access to transport to return to the ED.

Special Considerations for Mental Health Patients

The assessment and management of patients presenting with mental health complaints who DNW is to include consultation with Psychiatric Liaison Nurses and Psychiatric Consultation Liaison staff or through Mental Health ETS. Where the patient was referred to the emergency department by local mental health services, or where a concern regarding the mental state of a patient has been identified, staff must consult with the Community Mental Health Case Manager.

In accordance with the Mental Health Act section 97 Absence Without Leave (AWOL), any patient referred under the *Mental Health Act 2014* for assessment by a psychiatrist who leaves an authorised hospital, general hospital, including emergency department, or other place under the *Mental Health Act 2014 s97(1) (a)* must be reported to the Office of the Chief Psychiatrist through Datix CIMS as a notifiable incident.

Patients presenting with deliberate self-harm and/or suicidal ideation will be managed in accordance with the [Safety Planning for Mental Health Consumers Policy](#) – MP 018/24 and [Principles and Best Practice for the Clinical Care of People Who May Be Suicidal guideline](#).

Special consideration for Aboriginal patients

In the Aboriginal context, person-centred care should focus on the social, emotional and cultural needs of the person and ensure patients and families/carers are involved in patient's care. Person centred care should recognise the diversity within Aboriginal people and communities including across gender, age, language, geographic location, sexual orientation, religious beliefs, family responsibilities, life experiences and educational levels.

3. Definitions

Did not wait (DNW)	Patients who present to WACHS Emergency Department / Services and did not wait to be treated after triage are classified as 'did not wait' for reporting purposes.
Lead (RN)	Most senior nurse on shift.
TN	WACHS triage competent nurse

4. Roles and Responsibilities

The roles and responsibilities of the positions below have been outlined in the policy. Please ensure that you are familiar with what is required of your role.

These positions include:

- Staff member who called the patient
- Lead RN
- Emergency Doctor
- Aboriginal Liaison Officer
- Aboriginal Health Worker
- Nurse Unit Manager
- Psychiatric Liaison Nurse/Psychiatric Consultation Liaison staff.

All Staff are required to work within policies and guidelines to make sure that WACHS is a safe, equitable and positive place to be.

5. Compliance

Failure to comply with this policy may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Integrity Policy Framework](#) issued pursuant to section 26 of the [Health Services Act 2016](#) (WA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies is mandatory.

6. Records Management

All WACHS corporate records must be stored in the approved Electronic Documents and Records Management System in accordance with [Records Management Policy](#)

All WACHS clinical records must be managed in accordance with [Health Record Management Policy](#).

7. Evaluation

The **Senior Doctor for the Emergency service or lead RN when no doctor** and the **Nurse Unit Manager** for the Emergency service are to review DNW statistics and follow up outcomes weekly.

The Regional Patient Safety and Quality Committee are responsible for monitoring DNW trends, raising any unwanted clinical variation with those with operational accountability and supporting formulation and documentation of any clinical risks or improvement plans. DNW is a KPI within the Health Service Performance Report (HSPR) and performance is monitored through the variance reporting process coordinated by WACHS Business Performance.

Review of this procedure is to be carried out by Medical Services at the WACHS Central Office in three to five years from implementation of the procedure.

8. Standards

[National Safety and Quality Health Service Standards](#) – 1.5, 6.4c

9. Legislation

[Mental Health Act 2014](#)

10. References

[Aboriginal Patient Take Own Leave, Review and recommendations for improvement](#)
Australian Commission on Safety and Quality in Health Care [Recognising and Responding to Acute Physiological Deterioration](#)

11. Related Forms

[MR1 WACHS Emergency Department Notes](#)
[MR46 WACHS Suicide Risk Assessment and Safety Plan](#)

12. Related Policy Documents

WACHS [Missing or Suspected Missing Inpatient Procedure](#)

WACHS [Clinical Escalation of Acute Physiological Deterioration including Code Blue Medical Emergency Response Policy](#)

WACHS [Assessment and Management in the Emergency Department - Clinical Practice Standard](#)

WACHS [Discharge Against Medical Advice Policy](#)

WACHS [Health Record Management Policy](#)

WACHS [Patient Administration System and Clinical Systems business Rules Policy](#)

13. Related WA Health Policies

[MP 0086/18 - Recognising and Responding to Acute Deterioration Policy](#)

[WA Health - Principles and Best Practice for the Clinical Care of People Who May Be Suicidal](#)

[Policy for Mandatory Reporting of Notifiable Incidents to the Chief Psychiatrist](#)

[MP 0099/18 - Community Mental Health Status Assessments: Role of Mental Health Clinicians Policy](#)

[MP 018/24 - Safety Planning for Mental Health Consumers Policy](#)

14. WA Health Policy Framework

[Clinical Governance, Safety and Quality Policy Framework](#)
[Mental Health Policy Framework](#)

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Appendix 1 – Response to Did Not Wait (DNW) Flow Chart

