

Investigating the causes of leave with personal consent in patients admitted to the emergency department

Mehrdad Faraji¹, Ali Azadpour¹, Hamid Reza Javadzadeh¹, Sadrollah Mahmoudi^{*1}, Fahimeh Shahjooie¹, Hasan Goudarzi¹

¹Trauma Research Center, Clinical Sciences Institute, Baqiyatallah University of Medical Sciences, Tehran, Iran.

***Corresponding Author:** Sadrollah Mahmoudi, Trauma Research Center, Clinical Sciences Institute, Baqiyatallah University of Medical Sciences, Tehran, Iran. Email: sadrollah.mahmoudi@gmail.com, Phone: 09121499217.

Received 2023-11-25; Accepted 2023-12-05; Online Published 2024-06-01

Abstract

Introduction: Clearance with personal consent is a common problem in healthcare systems. Clearance with consent individuals increases mortality, disability, and disease exacerbation. This study investigates the extent and causes of discharge with personal consent in patients admitted to the emergency department of Baqiyatallah Hospital in Tehran.

Methods: This study is a cross-sectional study that was conducted in 2019 in the emergency room of Baqiyatallah Hospital in Tehran was performed. The research community of all hospitalized patients discharged with personal consent in the summer and autumn of winter was from the emergency room. The research sample was selected by census. A checklist with confirmed validity and reliability was used to collect the data.

Results: Based on the findings, the discharge rate with personal consent in the emergency room of Baqiyatallah Hospital in Tehran in the summer-autumn-winter of 2019 was equal to 1.82%. Most of the patients were male, employed, and native to Tehran. They were hospitalized in the acute care ward. Most have armed force insurance and are discharged on a night shift with an average age of 40 and a standard deviation of 62. This document was truncated here because it was created in the Evaluation Mode.

Conclusion: The residence of patients discharged with personal satisfaction has a significant relationship with factors related to the patient. Also, the residence and life of patients discharged with personal satisfaction are significantly related to the patient's reason and the job. Patients discharged with personal satisfaction have a significant relationship with the factors related to the hospital condition. The insurance of patients discharged by personal satisfaction has a significant relationship with the factors related to the hospital. Also, the place of residence and emergency departments of patients discharged by personal satisfaction with related factors. It has a significant relationship with the hospital staff, the job, and the reason for hospitalization of discharged patients with personal satisfaction, which has a significant relationship with the factors related to the hospital's condition.

Keywords: Discharge, personal consent, hospital, admissions.

Citation: Faraji M, Azadpour A, Javadzadeh H-R, Mahmoudi S, Shahjooie F. Investigating the causes of leave with personal consent in patients admitted to the emergency department. *Int J Travel Med Glob Health*, 2024;12(2):85-89. doi: 10.30491/IJTMGH.2023.426933.1391

Introduction

Because hospitals and emergency rooms allocate most of their health expenses to themselves ¹, it is for this reason that one of the directions of modern management is to pay attention to the principle of customers and to attract the satisfaction of the recipients of health services, because in any organization It is the customer who speaks first and the existence of the organization depends on his existence². Patients enter the hospital with their consent and accept the treatment process. The logical and correct situation is that he is discharged after the treating doctor's

diagnosis, but sometimes, what happens in practice is contrary to the existing logic. Patients are inclined to end the treatment process with their own will. At this time, discharge occurs with personal consent (discharge despite the doctor's recommendations), which means the patient withdraws from the permission he had previously given to the treatment staff to provide services ³. It is when the patient leaves the hospital ahead of schedule despite the doctor's recommendations ⁴. Discharge by personal consent is a common problem in healthcare systems, so

2% of all hospital discharges Discharge is assigned with personal consent ⁵⁻⁷.

In the hospitals covered by the Tehran University of Medical Sciences, the maximum discharge rate by personal consent has been reported as 32.8%, and the lowest as 1.8% ⁸. Also, in another study among patients with heart diseases, discharge with personal satisfaction was reported as 4.9% ⁵.

Discharge by personal consent increases mortality, disability, and disease severity. The most substantial predictive factor is readmission in the first 15 days after leaving the hospital, and 21% of people discharged by personal consent were re-hospitalized within a shorter period. The rehospitalization rate in regular patients in the first seven days after discharge is 7%, but in patients with personal consent, it is 14%. Reducing hospital costs is of particular importance. ¹⁴ To reduce the number of discharges by personal consent, the Ministry of Health took extraordinary measures during the clinical governance festival, during which hospitals were required to record and report discharges by personal consent and to reduce those interventions. ¹⁵ In the studies carried out in the country, the amount and causes affecting the discharge with personal satisfaction have been determined. However, action has yet to be taken to reduce it. Personal satisfaction in the emergency department of Baqiyatallah Hospital in Tehran also identifies factors affecting it.

Methods

This cross-sectional and descriptive-analytical study was conducted in the summer, fall, and winter of 2018 in the emergency department of Baqiyatallah Hospital in Tehran.

The statistical population of the research was all patients admitted to the emergency department of Baqiyatallah Hospital in Tehran in the summer, autumn, and winter of 2018.

The research sample consisted of patients discharged by personal consent in the emergency department of Baqiyatallah Hospital in Tehran in the summer, autumn, and winter. These were studied as a census from the patients' files.

The tools used in this study were two checklists: the researcher used the first checklist to collect demographic information, the shift of patients discharged from the emergency department with personal consent, and the second checklist related to telephone interviews with patients to explain the cause. Discharges have been used with personal satisfaction.

The opinions of supervisors, consultants, and social medicine and statistics experts confirmed the validity and reliability of the questions related to the checklist.

After collecting the data, it was entered into the SPSS version 26 and subjected to statistical analysis to analyze it according to the specific purpose and the hypothesis or related question from descriptive statistics and chi-square, independent t-test, and regression tests. Multiple logistics were used.

Results

Of the 214 people discharged with personal consent, the frequency of men equal to 120 people, which is 56% of the total data, has been assigned to them. The frequency of women was 94, as well as 44% of the real data. The maximum age of the patients is 92, and the minimum is one year, with a mean of 40.624 and a standard deviation of 25.479.

The marital status of patients discharged with personal consent, singles have a frequency of 59 (27.6) and married people have a frequency of 144 (67.3), and the number of people who did not answer this question is 11 (5.1). As a result, the highest number of discharged patients are married.

The frequency of non-employed people is equal to 43 (20.1), and the frequency of employed people is equal to 171 (79). As a result, the number of employed people is more than the unemployed among those who have been discharged.

The highest number of cases discharged by personal consent is related to the acute care department, with a frequency of 144 (67.3), and the lowest rate is for the male outpatient injection department, with a frequency of 11 (5.1). The highest number of patients discharged with personal consent is related to the night shift, with a frequency of 127 (59.3%), and the lowest number of patients discharged is associated with the morning shift, with a frequency of 36 (16.8%).

Out of 214 people who were discharged by personal consent, 10 people died. Most patients discharged with personal consent were trauma fracture patients, with a frequency of 31 (14.5%).

Table 1: The frequency of hospitalization of patients

Items	N (%)
asthma	24 (11.2%)
fever	24 (11.2%)
Stomach pain	22 (10.3%)
Weakness	27(12.6%)
Trauma	31 (14.5%)
Chest pain	17 (7.9%)

Most of the hospitalization hours of the patients discharged with personal consent were 3 hours, which is 45 (21.0%).

Table 2. Patients' reasons for leave

ITEMS	N (%)
Lack of Correct Understanding of The Disease and the Patient's Process	(2.8%) 6
Lack of trust in the hospital	(0.0%) 0
Positive partial recovery after receiving part of the treatment	(35%) 75
Fear of the hospital because of memories such as the death of one of the people around in this hospital	(0.5%) 1
Previous bad experience of yourself or someone around you in this hospital	(0.0%) 0
Financial Problems	(12.6%) 27
Excessive expectations from the treatment team	(0.5%) 1
Family worries and their pressure	(12.1%) 26
Participate in special events	(0.5%) 1
Addiction	(0.0%) 0
Mental problems caused by hospitalization	(1.4%) 3
Hospital-related factors in the system	
Inappropriate environment	(2.3%) 5
Lack of ability and knowledge of hospital staff	(0.0%) 0
Dissatisfaction with the way employees behave	(0.5%) 1
Dissatisfaction with the state of hospital amenities	(0.5%) 1
Low quality of services, especially non-clinical services such as food	(0.0%) 0
Dissatisfaction with the state of hospital amenities	(0.0%) 0
Lack of empty beds in inpatient departments	(0.9%) 2
Long delay in diagnosis or treatment such as canceling the operation	(1.9%) 4
Lack of empty beds in special departments	(1.9%) 4
Addiction	(0.0%) 0

The causes related to the hospital in the system had the highest average among other factors. Also, the factors related to the patient in the system had the lowest average.

Discussion

According to the available findings, the average age of people discharged with personal consent is 40.62. Therefore, most patients who were discharged with their consent were middle-aged. In terms of gender, 56% of the patients were men, and the rest, the majority of those who were discharged by personal consent, were men. The average length of stay of the patients is 1.01, and most of the patients (59.3%) were released on the night shift. Most patients (79%) were employed, and the least (21%) were homemakers. Most of the patients (62.1%) had armed forces insurance, (33.2%) were free, and (4.7%) had used insurance.

Abbasi et al. (2023) reported that of 345 patients of Qom University of Medical Sciences, 55.9% were men, and the mean age of patients was 47.1 years. The most significant causes for leaving the hospital with individual consent were lack of care (20.4%), personal causes (22.9%), fear of continuing therapy (11.9%), the recommendation of other hospital staff (35.1%), not having the desired doctor (27%), preference to continue the therapy in other medical centers (9.3%), nurses' suggestion (19.4%), and insufficient hospital space and facilities (14.0%). The results of leaving the hospital with personal consent in this study included mental illnesses (0.57%), heart illness (0.87%), mortality (3.4%), and re-admission and hospitalization (10.3%) [16](#).

Estabsari et al. found a significant association between age, gender, and patient income and leaving with personal consent [17](#). The highest discharge rate was in the morning shift, and they reported in a study that 51% of patients left the hospital on the morning shift with personal consent [17-18](#). During the investigation, 4723 patients were admitted to the ED of Qom City, of whom 741 (15.6%) left the hospital with personal consent. Another study reported that the rate was 4%. Mohseni et al. [19](#) documented the rate at 7.9%, and a study estimated this rate at 2% [20](#). The conclusions of this study follow previous studies. Furthermore, 4,690 patients were admitted to the hospital's emergency department, of whom 684 (14.5%) left the hospital with personal consent. A study reported that the average rate of leaving the hospital against medical advice increased by 1.9% each year [21](#).

Mokhtari et al. reported that the causes for leaving the hospital with personal consent were connected to prolonging patients' hospital stay. The discharge rate with individual consent and patients leaving the hospital significantly contribute to growing costs. The outcomes of this investigation were in line with those of other studies [22](#).

Conclusion

According to the results, the factors affecting the hospital have the highest average rank and frequency. The residence of patients discharged with personal satisfaction has a significant relationship with factors related to the patient. Also, the residence and life of patients discharged with personal satisfaction are significantly related to the patient's reason and the job. Patients discharged with personal satisfaction have a significant relationship with the factors related to the hospital condition. The insurance of patients discharged by personal satisfaction has a significant relationship with the factors related to the hospital. Also, the place of residence and emergency departments of patients discharged by personal satisfaction with related factors. It has a significant relationship with the hospital staff, the job, and the reason for hospitalization of discharged patients with personal satisfaction, which has a significant relationship with the factors related to the hospital's condition.

Highlights

What Is Already Known?

Clearance with personal consent is a common problem in healthcare systems. Clearance with consent individuals increases mortality, disability, and disease exacerbation.

What Does This Study Add?

The residence of patients discharged with personal satisfaction has a significant relationship with factors related to the patient.

Authors' Contributions

Concepts: Mehrdad Faraji, Ali Azadpour, Hamid Reza Javadzadeh, Sadrollah Mahmoudi, Hasan Goudarzi, Fahimeh Shahjooie. Analysis of Data, Writing and editing the paper: Mehrdad Faraji, Ali Azadpour, Hamid Reza Javadzadeh, Sadrollah Mahmoudi, Hasan Goudarzi, Fahimeh Shahjooie.

Acknowledgements

None.

Conflicts of Interest Disclosures

We declare there was no conflict of interest.

Consent For Publication

We declare consent for publication.

Ethics approval

Ethical committee of Baqiyatallah University of medical sciences confirmed the proposal of this study.

Funding/Support

None.

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