The MONitoring Knockbacks in EmergencY (MONKEY) audit: What are the disposition outcomes for Emergency patients initially declined admission?

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Introduction:
Emergency doctors routinely consult and refer to inpatient teams for admission1. However, disagreements and conflict around referrals are common2-3. The study investigators aimed to ascertain disposition outcomes in referred Emergency Department (ED) patients initially declined admission i.e. “knocked back”.

Description:
A retrospective chart audit was conducted over 4 weeks from January-February 2020 within the Austin Hospital ED. Treating ED clinicians identified patients for the audit whenever they encountered a knockback. There were no exclusion criteria. Patient details (Unit Record Number) were submitted to one of five sealed boxes located in the ED. Study investigators collated the details and reviewed individual patient records using Firstnet© databases.

Outcomes:
67 patients referred for admission were knocked back; 56 (84%) subsequently required inpatient admission >24 hours or other inpatient intervention, whereas only 2 (3%) were discharged from ED without specialist follow-up or changes to care. The initial admitting unit disposition was accurate in 42 patients (63%). Fourteen (21%) knockbacks involved a single inpatient unit; 25 (37%) involved two units; 23 (34%) involved three units and 5 (8%) involved four units. Multiple overlapping reasons for knockbacks included wanting referral to alternate teams (44), wanting further investigations (19), and wanting personal review (28). Majority of knockbacks (61 patients; 91%) had ED length of stays >4 hours; 33 patients (49.3%) stayed >10 hours.

Conclusions:
These findings suggest that the majority of ED referrals for admission are warranted, with accurate referral dispositions. However, knockbacks delay the admission process. Further studies could better characterise and systemically address these issues.

References: