

7th International Conference on **Medical Informatics and Telemedicine**
&
28th International Conference on **Pediatrics Health**

August 12-13, 2019 Rome, Italy

Discharge against medical advice in Culturally and Linguistically Diverse (CALD) Australian children

Xin Yue Guo

University of New South Wales, Australia

Objective : This study quantifies the prevalence and rates of Discharge against Medical Advice (DAMA) in Culturally and Linguistically Diverse (CALD) children and assesses the independent association of CALD status on DAMA accounting for key demographic confounders in a large tertiary Australian hospital network.

Methods: Prospectively collected data between 2010 - 2018 was extracted from the hospital network electronic Medical Records (eMR) system for admitted patients (n=192,037), outpatients (n=268,904) and between 2015 - 2018 for Emergency Department (ED) patients (n=158,903). CALD status was defined as '*preferred language being not English*'. DAMA was measured as '*discharge at own risk*' in admissions, '*no show*' in outpatients, '*left without being seen*' and '*did not wait*' in ED. Data was analysed using chi-square test, bivariate analysis and multivariate logistic regression.

Results: The prevalence of DAMA overall was 1.34% in admitted patients, 19.31% in outpatients and 12.64% in ED patients. The rates of DAMA were higher among CALD children compared to non CALD children (1.75% vs 1.29% in admitted patients, 26.53% vs 17.92% in outpatients and 18.74% vs 11.61% in ED patients) CALD status was independently associated with DAMA in admitted children (OR = 1.30, 95% CI: 1.15 - 1.44), outpatient attenders (OR = 1.55; 95% CI: 1.51 - 1.58) and ED patients (OR = 1.60; 95%: 1.53 - 1.66).

Conclusion: Being from a CALD background places children at increased risk to DAMA. Implementing appropriate health service responses may ensure equitable access and care quality for children from CALD backgrounds and reduce the rates of DAMA and its associated ramifications.

Notes: