Emergency Department Use for Non-Urgent Care: Patient Perspectives and Possible Solutions

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Study purpose and goals

- Explore the extent to which a hospital emergency department (ED) is used for non-urgent child health care
- Explore reasons for ED use for non-urgent care
- Apply results from this study to develop strategies to reduce preventable ED use

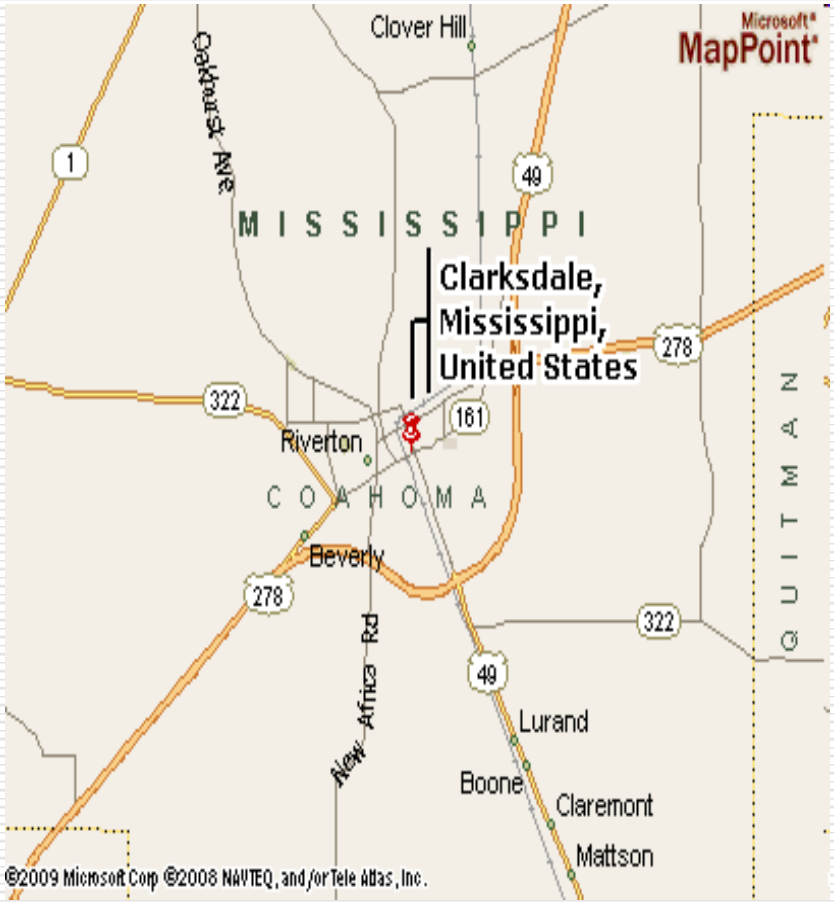
Project partners

- Northwest Regional Medical Center, Clarksdale, MS
- Aaron E. Henry Community Health Center, Clarksdale, MS
- Children’s Health Fund, New York, NY
- Delta State University Institute for Community-Based Research, Cleveland, MS

Community context

- Small city in rural northwest Mississippi
- Population (Census 2000): 20,645

  County: 30,622)
- Estimated 2007 population: 18,296
- 68.5% African American
- 36.2% of individuals below poverty line
- 42.6% of families with children under five years below the poverty line



Methods: Survey and field notes

- Face-to-face survey conducted in ED waiting room
- Semi-structured interview with 11 items (some with multiple parts)
- Adults (parents/caregivers) interviewed about their child under 18 years brought to the ED (N = 100)
- Data entered and analyzed using SPSS
- Qualitative field notes to document observations and record respondents' stories and interactions analyzed
- Hospital ED across the street from the community health center (CHC)

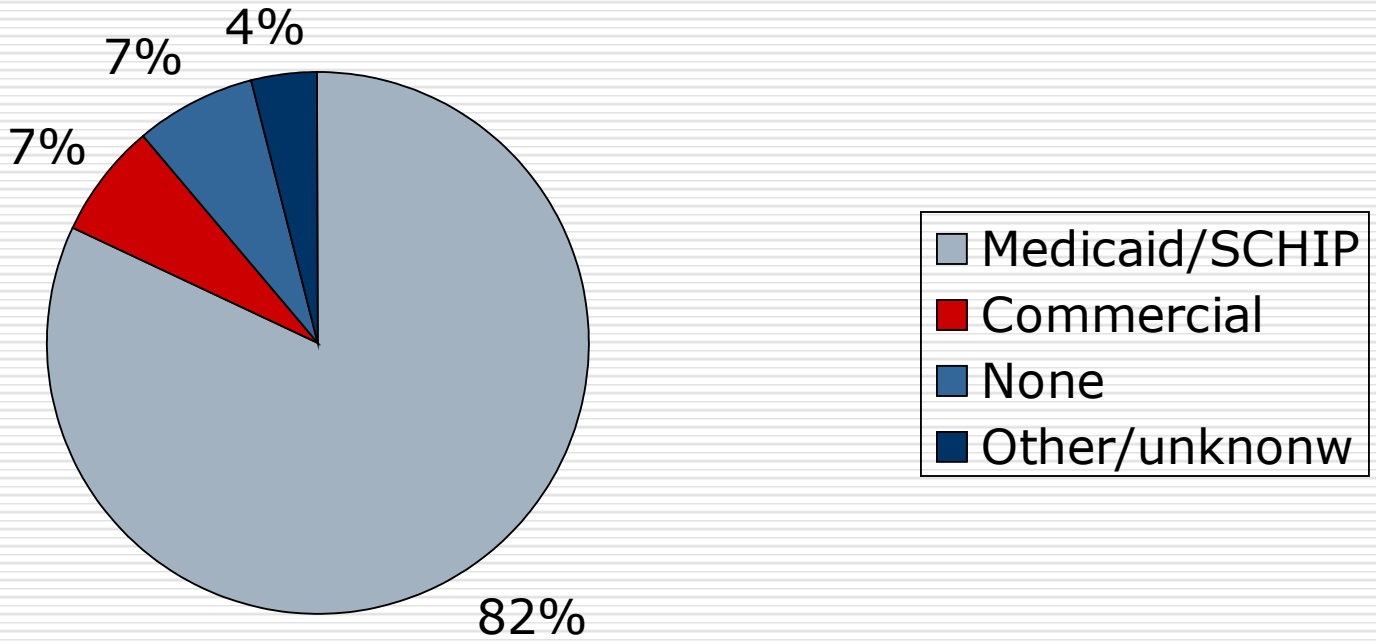
Methods: Sampling

- Historical ED use data analyzed for four month time period prior to study
- Interviews conducted in two-hour blocks
  - Two blocks per day for a selected sample of days and times
- More than 100 hours of time logged in ED
- Low (8.8%) refusal rate among potential respondents with children estimated by interviewer to be 18 years or younger

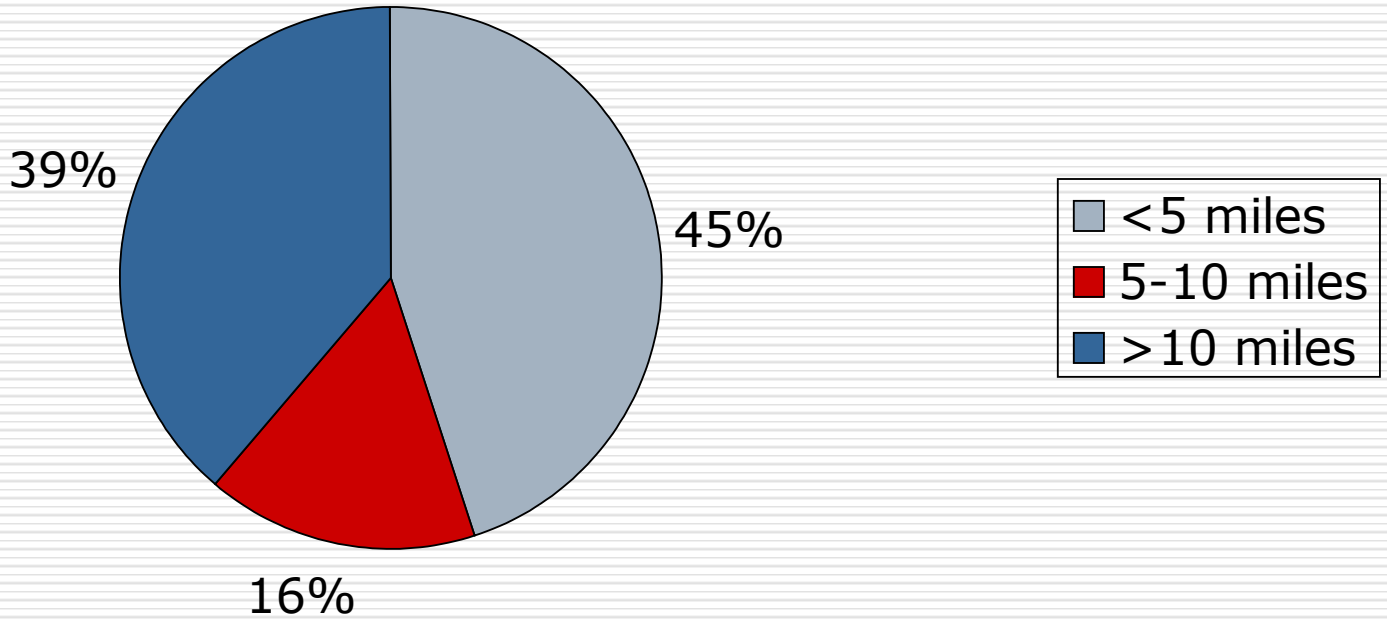
Results:
Patient demographics (N=100)

- Mean age of pediatric patients: 5½ years
  - Range: infancy through 18 years
  - 20% infants (< 12 months old)
  - 59% age 4 years or under
- Race/ethnicity: 95% African-American, 5% white
- Gender: 53% male
- No regular source of pediatric care: 16%
- Mean distance to source of care: 10.4 miles
  - Range: 0.5 to 60 miles

Patient insurance status (Parent report)



Distance from regular source of care



Transportation was a greater barrier to routine care than cost

- Twelve percent of parents reported they missed a child health care appointment in the previous 12 months because transportation was not available

- Only 4% cited cost or insurance type as a reason for a missed appointment
  - Most patients were publicly insured

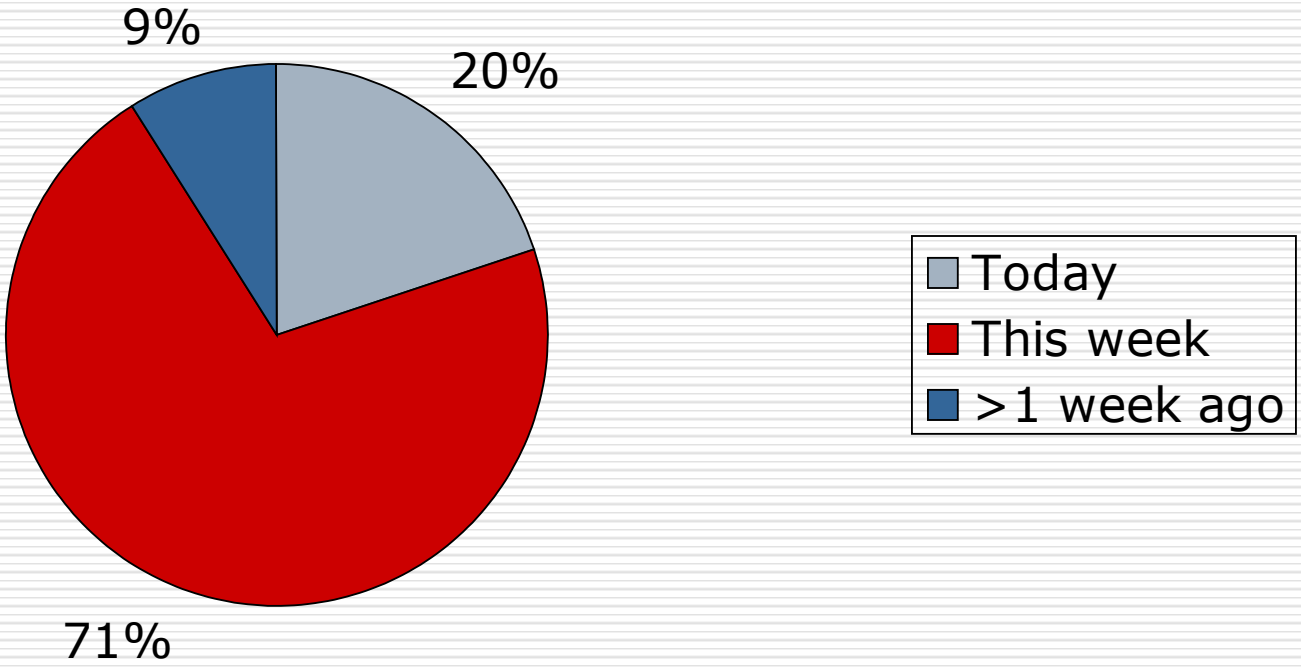
Perceived urgency (parent report)

- Only 24% considered the problem to be urgent
- Only 25% sought care before coming to the ED
- Some sought care at a non-ED source and came to the ED because of long wait times and overcrowding
- Only 20% came to ED the day the problem was noticed
- 11% came to the ED because the condition had gotten worse
- Most common reasons prior care was not sought:
  - Clinic schedule inconvenient
  - Insufficient capacity (no appointment available or doctor not present at clinic)

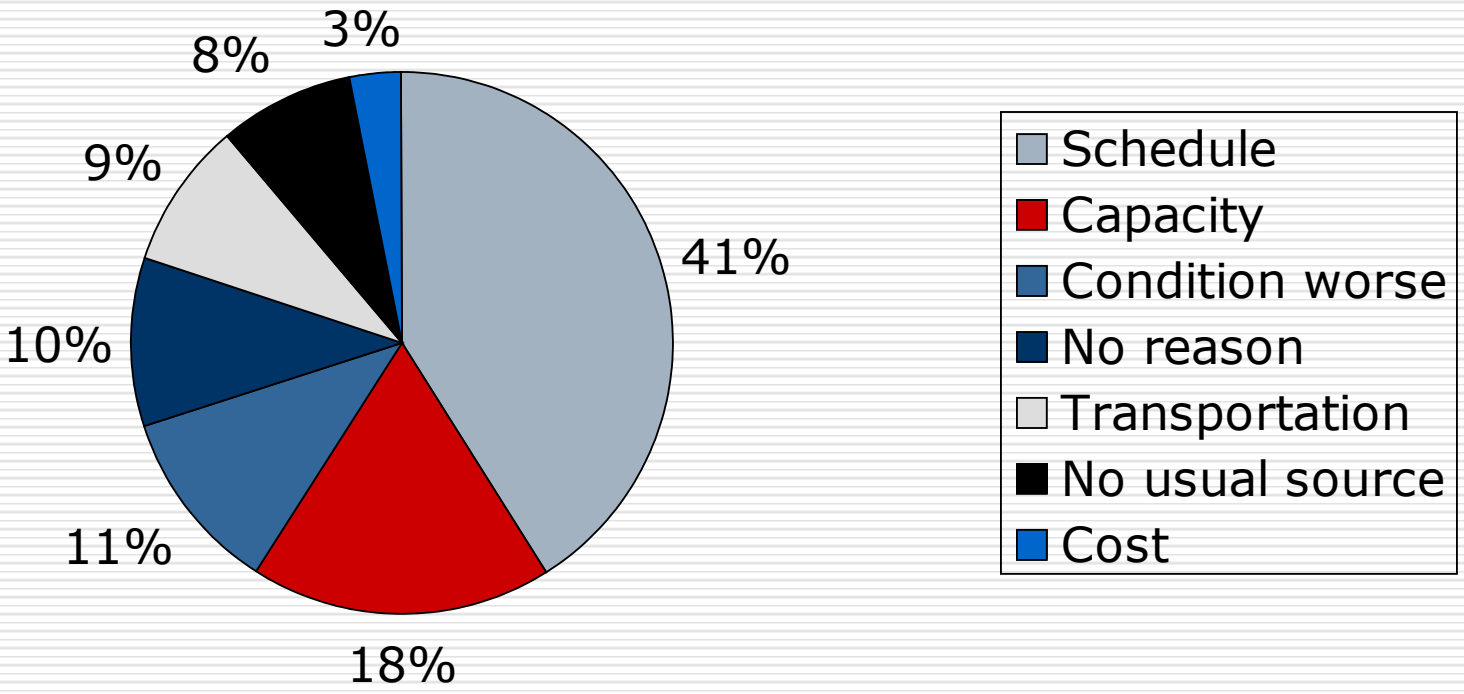
Presenting problem for ED visit (Parent report)

Cold	20%
Asthma, upper respiratory	18%
High fever	18%
GI complaint	13%
Injury	11%
Other (e.g., pain, rash)	10%
Ear pain or injury	8%
Flu	2%

When problem was first noticed



Reason non-urgent care was sought from ED not alternate source



Structural barriers to access influenced cultural practices

- Many respondents took it for granted that the ED is "where you go" without insurance, when the clinic is closed or has a long wait
- Some said the ED is more convenient because walk-ins are seen, no appointment is needed, and prescription medicines are easier to obtain
- Transportation a greater barrier than indicated in the data
  - CHCs were open when transportation was not available
  - ED only available option when transportation was available
- Routine ED use may be conceptualized as an adaption to a health care system not structured or financed to meet patient needs
- Many were unaware of the services available at local CHCs or why their use is preferable to the ED

Policy and program implications

- The following are predicted to improve utilization of existing health services and prevent ED use for non-urgent care
  - Expanded hours of operation at CHCs and other providers
  - Publicly available transportation for child health care
  - Social marketing and awareness campaigns
  - Culturally appropriate health education materials and services to improve health literacy
  - Appropriate funding for workforce development and capacity building at CHCs and other community-based healthcare providers
    - Improved safety net for the uninsured