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Review

Contributing factors of frequent use of the emergency department: A synthesis

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ABSTRACT

Introduction: Overcrowding in emergency departments is an issue that has a negative impact worldwide. As attendance in emergency departments has increased, the ability to provide critical services to patients suffering from actual medical emergencies in a timely manner has decreased as these departments are many times at or over capacity. One patient population whose negative influence has been researched with regard to their impact on the overcrowding issue is that of the frequent user.

Methods: A search of two electronic databases was conducted to identify factors that frequent users state as their reasoning for using an emergency department. Peer reviewed articles in English were searched for in CINAHL Plus and PubMed, as well as a review of reference lists.

Results: A review of the literature identified two predominant factors related to frequent users in the emergency department: a lack of awareness of medical necessity and issues of access.

Discussion: To address the frequent users in emergency departments, implications for practice need to be explored and implemented. Implications for practice include education of medical necessity for the frequent users, expansion of the pre-hospital role in primary care and inappropriate use prevention, and improvement of access to alternative healthcare services.

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1. Introduction

In 1976, James Mannon published a research article in which he discussed the definition and treatment of what he termed as ‘problem patients’ in the emergency department (ED) of a hospital located in the Midwestern United States (US) [1]. Within this article, he refers to a group of patients as ‘regulars’, defining these patients based upon the staff’s description as those who visited the ED multiple times during a given week [1]. He goes on to state that some communities had ED’s that were understaffed and underdeveloped and this, coupled with the influx of regulars, could cause conflicting and increasing demands [1]. His insight of the impact of frequent users was foreshadowing of a growing issue that has reached epic proportions in present day.

Highlighting the growth of ED use, in 1987 there were 51.9 million visits by patients in the US [2], a figure that rose to 93.1 million in 1996, again increased to 129.5 million in 2006 [3], and in 2011 statistics show 136.3 million visits [4]. Looking at these numbers from a different perspective, between 1996 and 2006 use of the ED in the US grew by 36% [5]. This increased

usage has translated into the overcrowding of ED’s in the US, where many facilities report they are at or over capacity 50% of the time [6].

The frequent user has been discussed as a contributing factor to overcrowding in the ED [6]. A definitive number of visits to classify a patient as a frequent user is not agreed upon across the literature [6,7], as researchers have used values of more than two [8], more than three ([3,9,10]), more than four [5,6,11–14], more than five [15], more than six (Milbrett & Halm), and more than twelve [16], most using a year as their time frame for number of visits. The salient point, however, is that no matter the number of visits attributed to frequent use the impact upon such frequency is staggering. Researchers have shown that a small portion of the ED patient population, ranging from as little as 1% [15], to between 4% and 8% [3,5,10,16] contributes to somewhere between 17% and 30% of all visits annually [3,5,6,10,12,15,16]. Referring again to the total visits made in 2011 – 136.3 million [4] – coupled with even the most modest of percentage use by a frequent user – 17% – this translates into over 23 million visits annually by patients considered frequent users.

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2. Methods

A CINAHL Plus search was completed using the terms ‘emergency department or emergency room’, ‘frequent’, ‘use*’, and ‘factor*’. The CINAHL Plus search returned a total of 257 results, and abstracts reviewed for appropriateness to be included. PubMed was consulted next, utilizing the same search words, with 242 results returned. Results were reviewed, with duplicate articles removed. Reviewing the abstracts, three articles applicable for this paper were identified. One additional article was found using the related articles feature on the database website, and four additional articles were found after a review of reference lists.

Inclusion criteria included studies that addressed frequent users of the ED, published in English, and the publication date was not a factor as all articles found were considered to help add a historical perspective on this subject. Exclusion criteria were limited to articles found that were not published in English, those that did not address the use of the ED, and opinion publications or letters to the editor.

3. Results

A synthesis of the factors that frequent users state as their reasons for using an ED was conducted. Included in this synthesis are factors related to misunderstanding medical necessity and access to care.

4. Misunderstanding medical necessity

The first factor to highlight was that of a frequent user experiencing a medical issue that they believe was serious enough that it could not wait for an alternative other than the ED. Hayes [8] found that all of the frequent users in her study believed their medical issue was too serious to go anywhere but the ED. When she looked closer at their medical records, however, 81% of the frequent users were triaged in a non-urgent category [8]. Doran et al. [3] had similar findings, with a majority of their frequent users stating that their medical issue was too urgent to require anything but a visit to the ED. Within their study, Doran et al. [3] only looked at patients who were triaged at a low acuity, basing low acuity on what a reasonable person may consider as a non-emergent complaint. The researchers did not offer an explanation for this limitation, but may have done so to highlight the non-emergent conditions that frequent users present with when they think they are experiencing a medical emergency. In reviewing their results, Doran et al. [3] stated that frequent users had difficulty in determining the seriousness (or lack thereof) or had a different understanding of their medical complaints. Behr and Diaz [17] conducted a similar study in which they assessed only frequent users who were triaged as low acuity, non-emergent. Their classification was based upon the Emergency Severity Index, a common scale used in the triage process where patients with high acuity are assigned a 1, with decreasing acuity in complaint being assigned a higher number ending with five being non-emergent. Their findings were similar to that of Doran et al. [3], concluding that a majority of the frequent users in their study believed they were experiencing a medical emergency when in fact their triaged category showed otherwise [17]. Milbrett and Halm [18] speculated that patients used the ED because they believed their medical condition was serious enough to warrant immediate attention, however the researchers did not provide data in their results to corroborate this opinion.

5. Access to other healthcare alternatives

A second factor related to frequent users contributing to ED overcrowding is limited access to other healthcare alternatives. Within this factor, three contributing concepts were found, those being ease of care, time of care, and physical/geographical access to care.

5.1. Ease of access

Regarding ease of care, Doran et al. [3] found that a majority of their frequent users reported it was just easier to visit the ED than taking the time to make an appointment at a clinic. Milbrett and Halm [18] discussed a similar finding, stating that access to healthcare without having to make an appointment was attributable to high use of the ED. Finally, Acosta and Lima [19] found as well that frequent users in their study reported that it was easier to go to the ED than it was to access alternative health services, especially primary care offices. In Behr and Diaz [17] study, frequent users reported attempting to schedule an appointment with their primary care physician, only to show up at the ED anyways. However, within their discussion Behr and Diaz [17] did not offer a reason as to why the frequent users chose to go to the ED even after attempting to contact their primary care physician.

5.2. Time of care

Time of day with regard to access was another issue identified when looking at research regarding frequent users. Milbrett and Halm [18] found that a majority of their frequent user population had visits that occurred during either the evening shift or the night shift. Although they did not identify the time frame for either of these shifts, the general assumption is the evening shift occurs between the hours of 1500 and 2300, and the night shift occurs between the hours of 2300 and 0700 h the next morning. Milbrett and Halm [18] reported in their findings that frequent users presenting at such a high percentage on the evening and night shifts could be attributed to more accessible hours than other healthcare services. Kirby et al. [20] reported a similar conclusion, finding there to be a lack of options for healthcare in the after hours time frame for frequent users. Acosta and da Silva Lima [19], found that the frequent users in their study did not cite restrictive hours of alternative healthcare services to be a cause for their use of the ED. Their frequent users went on days and at times when the alternative healthcare options in their area were available [19].

5.3. Geographic location

The third concept related to access to healthcare alternatives was geographic location. Capp et al. [11] conducted a qualitative study of frequent users and found that a majority of their participants lived close enough to an ED that they could walk there for medical services. They also found that study participants had a lack of transportation to their primary care physician and other medical services creating a barrier to access of these services. Frequent users further stated that calling an ambulance to be transported to the ED was easier than having to manage public transportation to get to their primary care physician [11]. A second study conducted by Kirby et al. [20] found that a lack of adequate public transportation for frequent users to get to primary care services made the ease of getting to the ED a more convenient option. Bieler et al. [21] found in their study that frequent users were four times more likely than non-frequent users to present to the ED when their distance from home to hospital was less than ten kilometers.

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