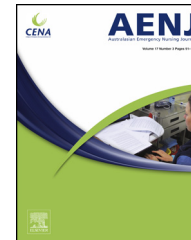




Available online at [www.sciencedirect.com](http://www.sciencedirect.com)

ScienceDirect

journal homepage: [www.elsevier.com/locate/aenj](http://www.elsevier.com/locate/aenj)



RESEARCH PAPER

# Understanding the patient journey to the Emergency Department – A South Australian study



Craig Robinson, Dip Health Science (Nursing), RN, BN, Grad Dip Emerg Nursing<sup>a,\*</sup>

Claire Verrall, Dip. App. Science (Nursing), RN, BN, MN<sup>b</sup>

Liza Houghton, Dip. App. Science (Nursing), RN, BN, Grad Cert Crit Care, Grad Dip Nurse Educ, MBA<sup>a</sup>

Kathryn Zeitz, Dip. App. Science (Nursing), BN, MN, PhD<sup>a,c</sup>

<sup>a</sup> Central Adelaide Local Health Network, Royal Adelaide Hospital, Adelaide, South Australia, Australia

<sup>b</sup> School of Nursing and Midwifery, Flinders University, Adelaide, South Australia, Australia

<sup>c</sup> School of Nursing and Midwifery, University of Adelaide, South Australia, Australia

Received 30 October 2014; received in revised form 1 January 2015; accepted 7 January 2015

## KEYWORDS

Healthdirect;  
General practice;  
ED avoidance;  
Pre-hospital care;  
Patient journey;  
Emergency  
Department

## Summary

**Background:** To determine patients' points of contact prior to or decision making processes before presenting to an Emergency Department for treatment. To obtain data that may inform future exploration of targeted Emergency Department avoidance strategies.

**Method:** All patients presenting to two metropolitan Emergency Departments over a 24 h period were surveyed. Where information was unattainable, it was sought from computerised Patient Administration Systems used by each Emergency Department. A descriptive analysis of the results was undertaken.

**Results:** Three hundred and thirty two patients presented over the 48 h survey period. Results showed that 200 (60.2%) were self-referred, 65 patients (19.6%) contacted their general practitioner, 22 (6.6%) were transferred from other hospitals and 3 patients (0.9%) contacted the National Healthdirect Australia triage hotline prior to presenting to the Emergency Department.

**Conclusion:** The study showed 39.8% had sought advice from other health care professionals prior to presenting to the Emergency Department and that 60.2% of patients were self-referred.

\* Corresponding author at: Central Adelaide LHN, Royal Adelaide Hospital, North Tce, Adelaide 5000, Australia.  
E-mail address: [Craig.robinson@health.sa.gov.au](mailto:Craig.robinson@health.sa.gov.au) (C. Robinson).

This study has not revealed any new pathways that warrant targeting for Emergency Department avoidance strategies. The focus still needs to target primary care referrals, ambulance service transports and smaller hospital transfers.

© 2015 College of Emergency Nursing Australasia Ltd. Published by Elsevier Ltd. All rights reserved.

### What is known

- Patients present to the Emergency Department using pathways such as the GP, ambulance or from other hospitals.

### What this paper adds?

- Many of the patients that presented to the Emergency Departments in this study were referred to tertiary hospitals for ongoing management by other health care professionals.

## Introduction

Australia is a high income country and is experiencing unprecedented challenges in healthcare provision as a consequence of changing demographics, increasing chronic disease and an ageing population. As a response to changing healthcare needs; healthcare reforms are aimed at reducing hospital admission rates by refashioning and expanding community services.<sup>1</sup>

Demand for Emergency Department (ED) services is increasing across both high and low income countries with the number of patient presentations increasing by between 3 and 6% each year.<sup>2</sup> Considering predictive demographic changes, and associated healthcare needs, this trend is likely to continue; compounding an already overwhelmed system.

Hospital avoidance initiatives in Australia have been in part, derived from the National Primary Health Care Strategy (2010), which included the establishment of Medicare Locals and Local Hospital Networks to coordinate regional primary care delivery.<sup>3</sup> These initiatives included the provision of more hospital beds, and a pledge to decrease public hospital waiting times through the National Emergency Access Target (NEAT) programme.

In 2006, a national health call centre network (known as National healthdirect Australia) was established as an Australian hospital avoidance strategy. Registered nurses provided telephone health advice using clinical information software. In July 2011, this nurse led service was expanded to include general practitioner (GP) support. Registered nurses triage calls and if appropriate, transfer them to a telephone based GP to further manage. This is now known as the after-hours GP helpline and operates in conjunction with healthdirect Australia.<sup>4</sup>

Central to the success of initiatives such as NEAT and the after-hours help line is the ability of primary health

care; in particular, general practice to address and manage health issues with the goal of preventing hospitalisation. Despite the National Primary Healthcare Strategy providing performance incentives for General Practitioners to meet benchmarks in clinical care that contribute to hospital avoidance,<sup>5</sup> patients continue to be referred to ED by general practitioners where there remains a perception that many of these attendances to EDs could be avoided.<sup>6</sup>

Access to GP and healthcare services varies across South Australia where many areas have limited services outside of normal business hours. Many GPs have reduced their bulk billing services leading to increased waiting times to access a GP.<sup>6</sup>

According to an Australian study by Lee et al.,<sup>7</sup> long waiting times for ED patients was a predictor for people leaving the ED before being seen by a doctor. They found that the majority of those that did not wait (DNW) presented with low acuity problems from a range of ailments including mental health, cardiac and respiratory issues.<sup>7</sup>

## Method

This prospective observational study was conducted in two adult metropolitan EDs in South Australia: the Royal Adelaide Hospital (RAH) with an annual presentation number for 2012–2013 of 72,047 and The Queen Elizabeth Hospital (TQEH) with an annual presentation rate of 43,898 for the same period.<sup>8</sup> The survey was commenced midweek (Wednesday) to enhance the researcher and subject participation i.e. Wednesday was considered most suitable because it was not influenced by the Monday increase in presentations or the variability of primary care services available on weekends.

The study consisted of a questionnaire to determine the patient's pre ED presentation journey by establishing each patient's point/s of contact before their presentation. All patients who presented during the 24 h period were included in the study and were provided the opportunity to refuse participation in the interview process. The survey included the following questions:

- Why did you come to the ED?
- Which suburb or postcode did you come from?
- How did you arrive at the ED?
- Who did you speak to in the 24 h period prior to coming to the ED?
- If you were referred or redirected to the hospital – by who and do you know why?

Other patient information was taken retrospectively from the computerised patient administration system (PAS) i.e. gender, date of birth, home postcode, referral method and mode of arrival.

Download English Version:

<https://daneshyari.com/en/article/2605797>

Download Persian Version:

<https://daneshyari.com/article/2605797>

[Daneshyari.com](https://daneshyari.com)