Nonurgent Use of the Emergency Department by Pediatric Patients: A Theory-Guided Approach for Primary and Acute Care Pediatric Nurse Practitioners

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ABSTRACT

Providing quality, cost-effective care to children and their families in the appropriate setting is the goal of nurse practitioners in primary and acute care. However, increased utilization of the emergency department (ED) for nonurgent care threatens cost-effective quality care, interrupts continuity of care, and contributes to ED overcrowding. To date, descriptive research has identified demographics of those using the ED for nonurgent care, the chief complaints of children seeking nonurgent care, the cost to the health care system of pediatric nonurgent care, and characteristics of associated primary care settings. Using Donabedian's Model of Quality of Healthcare and a Theory of Dependent Care by Taylor and colleagues, acute and primary care pediatric nurse practitioners can incorporate interventions that will channel care to the appropriate setting and educate caregivers regarding common childhood illnesses and the value of continuity of care. By using a theoretical framework as a guide, this article will help both acute and primary care pediatric nurse practitioners understand why parents seek nonurgent care for their children in the ED and actions they can take to ensure that care is provided in an optimal setting. J Pediatr Health Care. (2016) *30*, 339-346.

KEY WORDS

Nonurgent, emergency department, nurse practitioner, theory

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Nursing as a discipline values consistent, high-quality care, which includes access to care, continuity of care, and preventive care. These values can be jeopardized,

however, when children receive nonurgent care in the emergency department (ED). In 2010, there were more than 25.5 million ED visits by children, with 58% to 85% of visits considered nonurgent (Berry, Brousseau, Brotanek, Tomany-Korman, & Flores, 2008; Cohen et al., 2013; Wier, Yu, Owens, & Washington 2013). Nonurgent care provided in the ED results in overcrowding, increased cost, poor health outcomes, lack of continuity of care, and inadequate access to primary care (Brousseau et al., 2007). Additionally, nonurgent visits threaten the ability of the ED to provide timely emergent care (Niska, Bhuiya, & Xu, 2010).

Pediatric nurse practitioners (PNPs) utilize theory to guide practice and provide a foundation to understanding patients and their health care needs. Utilizing theories strengthens interventions and provides a framework to evaluate effectiveness. A variety of theories are used by PNPs determined by the population and issue being addressed. For the issue of nonurgent ED care, a theory that examines the process of care delivery (Donabedian's Model of Quality of Healthcare, 1988) and a nursing theory that assesses the abilities of the caregiver (Theory of Dependent Care, a corollary theory to Orem's Theory of Self-Care [Orem, 1995]; Taylor, Renpenning, Geden, Neuman, & Hart, 2001) provide the groundwork for a sound approach to this issue.

The Model of Quality of Healthcare (Donabedian, 1988) provides a framework to evaluate the multifactorial issues of nonurgent use of the ED by pediatric patients. This framework is designed to assess the *performance of practitioners* ("nursing agency" according to Orem), as well as *contributions of patients/caregivers* ("self-care agency" and "dependent care agency" according to Orem) and the *health care system* itself by evaluating the structure, process, and outcome of care provided. Using the theories of Donabedian and Taylor in tandem allows the system within which care is provided (primary care and the ED) to be assessed, along with the contributions to care made by the PNP and caregiver.

NONURGENT ED VISITS BY PEDIATRIC PATIENTS

According to the Centers for Disease Control and Prevention (CDC), in 2010 there were 130 million ED visits in the United States, 24% of which were children 6 years and younger (CDC, 2013). The number of annual ED visits has increased by 34% since 1995, with 58% to 82% considered nonurgent, indicating that the majority of ED care could be managed in primary care settings (Berry et al., 2008). As early as the 1950s, the public's view of the ED began to change, with indications that the ED was being used for nonurgent care in the 1970s (Krug, 1999). The last half of the 20th century saw a 600% increase in ED visits; in 2009-2010, cold symptoms (including fever, cough, and sore throat) were the most common reasons children came to the ED (CDC, 2013; Krug, 1999). These trends are indicative of ED overuse, especially for nonurgent issues, which are considered to be handled less effectively and more expensively in the ED. Nonurgent ED use can have a negative impact on the quality of care provided, as a lack of continuity and proper follow-up is replaced by fragmented care from multiple providers (Cunningham, 2006).

CHARACTERISTICS OF THOSE WHO USE THE ED FOR NONURGENT CARE

Through descriptive studies, the population identified as frequent users of the ED for nonurgent care are those with public insurance (41% to 66% depending on age), low health.literacy (33% to 55%), and an identified primary care provider (PCP) (up to 95%; Kubicek et al., 2012; Morrison, Myrvik, Brousseau, Hoffman, & Stanley, 2013; Morrison, Schapira, Gorelick, Hoffman, & Brousseau, 2014; Wier et al., 2013). This vulnerable population often seeks nonurgent care in the ED where the Emergency Medical Treatment and Active Labor Act, enacted in 1985, requires that examination or treatment be provided for all patients who present for care.

A parent's decision to seek health care in the ED is multifactorial, with the level of knowledge regarding their child's condition as possibly the most significant factor (Yoffe et al., 2011). If parents lack the ability to determine the severity of their child's symptoms, they are more likely to seek immediate health care rather than monitoring their child at home or making an appointment with their PCP.

Evidence suggests a reciprocal relationship between quality primary care and appropriate ED utilization. High-quality primary care results in decreased ED utilization (Brousseau et al., 2007). Quality care (defined as family-centeredness, timeliness, and access to care) was assessed, by parent report, to determine the relationship between quality primary care and nonurgent ED visits (Brousseau et al., 2007). High-quality family-centered care and increased access to care are both associated with decreased nonurgent ED visits (Brousseau et al., 2007). Additionally, for children with public insurance and those younger than 2 years, both identified as high utilization groups for nonurgent ED visits, high-quality family-centered care was associated with a 42% reduction in nonurgent ED visits for publicly insured children and a 49% decrease in nonurgent ED visits for children younger than 2 years (Brousseau

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