

Examining the Predictors of Non-Urgent Emergency Department Visits: A Population Based Study

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Abstract : Background: Misuse of Emergency Department (ED) for non-urgent healthcare results in unnecessary crowdedness that can result in long ED waits and delays in treatment, diversion of ambulances to other hospitals, poor health outcomes for patients, and increased risk of death Objectives: The main purpose of this study was to explore the independent predictors of non-urgent ED visits in Erie St. Clair LHIN. Secondary purposes of the study include comparison of the rates of non-urgent ED visits between urban and rural hospitals Design: A secondary analysis of archived population-based data on 597,373 ED visits in southwestern Ontario Results The results suggest that older (OR = .992; 95% CI .992 - .993) and female patients (OR = .940; 95% CI .929 - .950) were less likely to visit ED for non-urgent causes. Non-urgent ED visits during the winter, spring, and fall were 13%, 5.8%, and 7.5%, respectively, lesser than they were during the summer time. The data further suggest that non-urgent visits were 19.6% and 21.3% less likely to occur in evening and overnight shifts compared to the day shift. Non-urgent visits were 2.76 times more likely to present to small community hospitals than large community hospitals. Health care providers were 1.92 times more likely to refer patients with non-urgent health problem to the ED than the decision taken by patients, family member or caretakers. Conclusion: In conclusion, our study highlights a number of important factors that are associated with inappropriate use of ED visits for non-urgent health problems. Knowledge of these factors could be used to address the issue of unnecessary ED crowdedness.

Keywords : emergency department, non-urgent visits, predictors, logistic regression

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