


Emergency room search for non-urgent patients: Literature review

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Marco Antonio Schueda¹, Debora Endler Simioni², Gabriela Manhães de Oliveira Cavalcante³,
Guilherme Wengenoski⁴, Karenn Eduarda Barbosa⁵ and Marcella Sescatto⁶

ABSTRACT

Based on the question of why there is a demand for non-urgent patients to an Emergency Service (ED), this literature review demonstrated that the problem is not a Brazilian privilege, but a global context. Emphasizing the fact that the screening performed is not based only on clinical criteria, being influenced by social issues, or even because, for the patient, his problem needs immediate treatment. The lack of accessibility to specialized care, geographical dispersion, distrust due to the deterioration of the doctor-patient relationship, the lack of health education among the population, and the culture of immediacy are the main causes of the increase in attendance at hospital emergency services on their own initiative. The definition of "non-urgent" is variable and is generally associated with the economic and social condition of the individual, also claiming that going to the emergency room is due to the convenience of being close to the place of residence and being open 24 hours a day. These consultations (average survey is 2/3 of the patients not classified as urgent) cause harm both to the population that actually needs the ED and to the health care providers due to the overcrowding of the system. Its resolution is complex, as it ranges from investments in more efficient outpatient care services to society's awareness of what an urgency really is.

Keywords: Non-urgent, Emergency services.

¹ Doctor, Coordinator of the Faculty of Medicine of the University of Contestado UNC Campus Porto União - Santa Catarina

E-mail: schueda.sc@gmail.com

² Undergraduate student of the Medicine Course at the University of Contestado
University of Contestado

E-mail: deboraendlersimioni@gmail.com

³ Undergraduate student of the Medicine Course at the University of Contestado
University of Contestado

E-mail: gabrielacavalcante1224@gmail.com

⁴ Undergraduate student of the Medicine Course at the University of Contestado
University of Contestado

E-mail: guilermewengenoski@gmail.com

⁵ Undergraduate student of the Medicine Course at the University of Contestado
University of Contestado

E-mail: karolxkarenn07@gmail.com

⁶ Undergraduate student of the Medicine Course at the University of Contestado
University of Contestado

E-mail: marcellasescatto@hotmail.com



INTRODUCTION

In order to identify the profile of the population served in an Emergency Care Unit (UPA) in the city where our Campus is located, in the period of 1 year (2017/2018), surveying 49,651 visits, it was concluded that 73% of the demand could have been met by the Primary Health Care network, that is, they were not emergencies.¹

In order to update the theme and verify whether the problem was only regional, it was idealized to collect contemporary literature on the subject and identify causes and effects of this demand for non-urgent patients from the Emergency Services (ED).

METHODOLOGY

The methodology chosen to carry out the research was a literature review with an exploratory approach.

For Marconi and Lakatos (2019), literature reviews have the purpose of putting the researcher in direct contact with everything that has been written, said or filmed on the subject. It is not a mere repetition of the subject, but provides analysis of the theme from another point of view or approach, in order to reach new conclusions².

After choosing the theme and preliminary research, the research was carried out through a bibliographic survey, using the following databases: LILACS (Latin American and Caribbean Health Sciences Literature), MEDLINE (Medical Literature Analysis and Retrieval System Online), SCIELO (Scientific Electronic Library Online), PUBMED (International Health Sciences Literature). Thus, the characteristics of the research were defined in order to discuss, interpret and present the results achieved.

The guiding questions were:

- What are the causes of patients with non-acute problems seeking emergency services?
- What are the statistics of this demand?
- How to solve this problem?

For a bibliographic review of the theme, searches were carried out in printed bibliographies and digitized articles.

The articles were collected until April 2024, preferably up to 5 years old, raising works specifically related to the proposed theme. They resulted in 16 articles from five continents, except Antarctica (figure 1).

Fig. 1 – Countries where the articles were collected



In the articles studied, a pattern was noticed in the problem addressed, i.e., the authors also had the same doubt as in the present study with the object of the research.

Understanding this subject is of great importance for physicians and professionals who work in the area of urgency and organization of public health services.

RESULTS AND DISCUSSION

WHAT ARE THE CAUSES OF PATIENTS WITH NON-ACUTE PROBLEMS SEEKING EMERGENCY SERVICES?

Our survey listed the reasons that lead patients to voluntarily seek emergency services (ED).

- Looks for unanimous urgencies in all articles even because it's obvious
- Ease of access, geographical proximity, 24-hour service.¹⁻¹⁰ years
- Time saving^{4,6,7,8,10,11,12}
- Service effectiveness^{3,6,7,10,11,12}
- Lack of accessibility to specialized care³⁻⁶
- Difficulty scheduling appointments and/or overcrowding in offices and outpatient clinics^{4,5,8,14}
- Less expensive^{7,9,10,12}
- Ease of taking exams^{5,7,10}
- Confidence in SE^{4,7,8,10}
- Lack of knowledge about the provision of medical services^{4,8}
- Influence of family members, neighbors, or co-workers¹⁴
- Referral from a medical professional¹¹
- Other reasons.^{3,15}

The most common reason why patients self-refer to the ED was the patient's or family member's belief in "being urgent" (61%).^{3,5,12}



Young adults sometimes make "unnecessary" use of urgent and emergency care for more than convenience. Your decisions need to be understood in relation to the complexity of your experience, including a lack of confidence in health-related decision-making.^{15th}

SEs, because they are faster and open 24 hours a day compared to clinics¹⁰ and the effectiveness of the service, avoid a lot of waiting time.⁹

The main factor: the population's lack of knowledge and the ease of access to the ED, compared to other clinics, cause its overcrowding and staff attrition.⁸

Due to the quality of services provided and convenience, most patients have positive experiences.⁹

WHAT ARE THE STATISTICS OF THIS DEMAND?

Most cases are adults (97.3%) and half of them are women (54.8%). Non-urgent visits accounted for 78.5% of non-life-threatening cases. One-third of patients (33.8%) had three or more emergency room visits during the past year.⁵

Most consultations (73.4%) occur during the week and result in prescription of medications (94.2%), laboratory tests (62.8%), sick leave (4.7%), radiological examinations (3.6%) and only 3.6% of consultations in basic health units (family medicine) within one week after the emergency consultation.¹⁶

The mean age was 34.5 years and 54.2% were women. 8% of the patients were considered "urgent" by the doctor.³

The clear majority of participants were men, representing 79.4% with a mean age of 38 years, workers and living near the ED where the main factor that led patients to consult an emergency department was to obtain hospital care, including greater access to laboratory and imaging tests or subsequent hospitalization where only 2.1% of patients were actually hospitalized.⁷

According to the professional criteria, the search for the ES was considered correct in 33.5%, increasing to 63.1% when the patient criteria were used.^{17th}

64.6% of patients were triaged as non-urgent, 35.4% were cases of urgent and semi-urgent consultations.^{12th}

Non-urgent visits increased in younger patients, during weekends and night shifts, and in patients suffering from recurrent symptoms lasting 1 week or less.^{12th}

Patients between 40 and 50 years of age were more likely to receive non-urgent consultations (OR = 3.21, 95% CI 1.15 to 8.98).⁵ Non-urgent visits were significantly lower among patients with cancer (OR = 0.37, 95% CI 0.19 to 0.72) and cardiovascular disease (OR = 0.43, 95% CI 0.23 to 0.83) and those living close to the hospital with access to outpatient clinics (OR = 0.49, 95% CI 0.28 to 0.88).⁵



The majority (61.4%) were less urgent or non-urgent.¹⁶

The most common reasons for non-urgent consultations were routine examinations and investigations (40.9%), medication replacement (14.6%), and infection with upper respiratory tract symptoms (9.9%).¹⁶

Non-urgent patients are heterogeneous, and many factors influence their decision-making. Considering the complexity with which patients live, treating them as a single entity can be problematic.⁶

HOW TO SOLVE THIS PROBLEM?

The results of the study could help inform patient-centered care and future policy initiatives that will address the practices and barriers that contribute to non-urgent emergency department visits.¹¹

The lack of accessibility to specialized care, geographic dispersion, distrust due to the deterioration of the doctor-patient relationship, the lack of health education among the population, and the culture of immediacy are the main causes of the increase in attendance at hospital emergency services on their own initiative identified in this population.⁴

The most valuable solution is the construction of specialized clinics to provide health services to non-urgent patients during weekends and busy and night shifts.

Receiving higher fees from these patients could be adopted with caution.

Promoting awareness and knowledge among healthcare providers and patients about the key role of ECs will help to improve their performance. As a long-term solution, it is recommended to adopt the family doctor program and improve the referral system.^{12th}

Improving primary care services, according to community awareness, is an important component to reduce the burden due to non-urgent use of the ED.⁵

Differential access to primary care may underlie the demographic differences observed in the non-emergency use of the ECS, especially paediatric ones.^{18th}

Limiting excess non-urgent visits likely requires a multi-pronged approach. For many ED patients, they have a very clear problem that needs to be addressed.⁶

A low percentage are hospitalized later, with them being able to be reoriented through care provided by doctors assigned to these cases so as not to disturb more serious cases.⁷

Non-urgent consultations cause more harm than good for both the population and health care providers.⁸

Awareness plans and a new organizational structure are needed to optimize care without neglecting the population and also to make them aware of the choice for the ED.⁸



Other services are not available to the population, either because they do not exist or are inefficient, or financially, with the fact that the population does not know the real reason for the use of the emergency.⁹

CONCLUSION

The literature review of the present study demonstrated that the problem of "non-urgent" consultations in the EDs is not a Brazilian privilege, but a global one.

The lack of accessibility to specialized care, geographical dispersion, distrust due to the deterioration of the doctor-patient relationship, the lack of health education among the population, and the culture of immediacy are the main causes of the increase in attendance at hospital emergency services on their own initiative.

The definition of "non-urgent" is variable and is generally associated with the economic and social condition of the individual, also claiming that going to the emergency room is due to the convenience of being close to the place of residence and being open 24 hours a day. Emphasizing the fact that the screening performed on patients is highly influenced by social issues instead of being based on clinical criteria, even because, for the patient, their problem needs immediate treatment.

"Non-urgent" consultations (average survey is 2/3 of patients not classified as urgent) cause harm to both the population and health care providers due to the overcrowding of the system.

Its resolution is complex, as it ranges from investments in more efficient outpatient care services to society's awareness of what an urgency really is.



REFERENCES

1. Schelbauer, M. P. L., & Veiga, J. F. P. (2019). Unidade de Pronto Atendimento-UPA 24h: caracterização da demanda atendida. Mafra, Santa Catarina. Recuperado de file:///C:/Users/Usu%C3%A1rio/Downloads/TCC%20URGENCIA.pdf
2. Marconi, M. A., & Lakatos, E. M. (2019). **Fundamentos de Metodologia Científica** (8ª ed., p. 200). São Paulo, SP: Atlas.
3. Tuz, C., & Özçakir, A. (2024). Why patients self-refer to the emergency service for nonurgency? A mix-method survey from a family medicine perspective. **Medicine (Baltimore)**, 103(10), e37453. doi:10.1097/MD.00000000000037453. PMID: 38457545; PMCID: PMC10919528.
4. Relinque-Medina, F., Pino-Moya, E., Gómez-Salgado, J., & Ruíz-Frutos, C. (2021). Aproximación cualitativa al incremento de la demanda asistencial por propia iniciativa en un servicio de Urgencias Hospitalarias [Qualitative approach to the increase for care demand on self-referral in a hospital emergency department]. **Rev Esp Salud Publica**, 95, e202106087. PMID: 34159951.
5. AlOtmy, S. S., Abduljabbar, A. Z., AlRaddadi, R. M., & Farahat, F. (2020). Factors associated with nonurgent visits to the emergency department in a tertiary care centre, western Saudi Arabia: cross-sectional study. **BMJ Open**, 10(10), e035951. doi: 10.1136/bmjopen-2019-035951. PMID: 33028545; PMCID: PMC7539577.
6. McIntyre, A., Janzen, S., Shepherd, L., Kerr, M., & Booth, R. (2023). An integrative review of adult patient-reported reasons for non-urgent use of the emergency department. **BMC Nurs**, 22(1), 85. doi: 10.1186/s12912-023-01251-7. PMID: 36991388; PMCID: PMC10061911.
7. Ghazali, D. A., Richard, A., Chaudet, A., Choquet, C., Guericolas, M., & Casalino, E. (2019). Profile and Motivation of Patients Consulting in Emergency Departments While not Requiring Such a Level of Care. **Int J Environ Res Public Health**, 16(22), 4431. doi: 10.3390/ijerph16224431.
8. Bahadori, M., Mousavi, S. M., Teymourzadeh, E., & Ravangard, R. (2020). Non-urgent visits to emergency departments: a qualitative study in Iran exploring causes, consequences and solutions. **BMJ Open**, 10(2), e028257. doi: 10.1136/bmjopen-2018-028257. PMID: 32051293.
9. Matifary, C. R., Wachira, B., Nyanja, N., & Kathomi, C. (2021). Reasons for patients with non-urgent conditions attending the emergency department in Kenya: A qualitative study. **Afr J Emerg Med**, 11(1), 113-117. doi: 10.1016/j.afjem.2020.09.004.
10. Labainville, I., & Lefève, C. (2023). Non-urgent patients in emergency departments: Prioritisation, orientation, and selection through the prism of social science. **Med Sci (Paris)**, 39(6-7), 569-574. doi: 10.1051/medsci/2023074.
11. Bornais, J. A. K., Crawley, J., & El-Masri, M. M. (2020). One Stop: Examining the Reasons Patients Use the Emergency Department for Nonurgent Care and the Barriers They Face. **J Emerg Nurs**, 46(2), 163-170. doi: 10.1016/j.jen.2019.08.007. PMID: 31685337.
12. Bahadori, M., Mousavi, S. M., Teymourzadeh, E., & Ravangard, R. (2019). Emergency department visits for non-urgent conditions in Iran: a cross-sectional study. **BMJ Open**, 9(10), e030927. doi: 10.1136/bmjopen-2019-030927. PMID: 31601591; PMCID: PMC6797411.



13. Truter, P., Edgar, D., Mountain, D., & Bulsara, C. (2021). An emergency department optimized protocol for qualitative research to investigate care seeking by patients with non-urgent conditions. **Nurs Open**, 8(2), 628-635. doi: 10.1002/nop2.667. PMID: 33570278; PMCID: PMC7877135.
14. McKenna, G., Rogers, A., Walker, S., & Pope, C. (2020). The influence of personal communities in understanding avoidable emergency department attendance: qualitative study. **BMC Health Serv Res**, 20(1), 887. doi: 10.1186/s12913-020-05705-5. PMID: 32958065.
15. Long, A., Knowles, E., Bishop-Edwards, L., & O’Cathain, A. (2021). Understanding young adults’ reasons for seeking ‘clinically unnecessary’ urgent and emergency care: A qualitative interview study. **Health Expectations**, 24, 1535-1544. doi: 10.1111/hex.13301.
16. Alnasser, S., Alharbi, M., Alibrahim, A., Al Ibrahim, A., Kentab, O., Alassaf, W., & Aljahany, M. (2023). Analysis of Emergency Department Use by Non-Urgent Patients and Their Visit Characteristics at an Academic Center. **Int J Gen Med**, 16, 221-232. doi: 10.2147/IJGM.S391126. Erratum in: *Int J Gen Med*. 2023 Jan 26;16:357-358. PMID: 36711428; PMCID: PMC9880025.
17. Lin, C. Y., & Lee, Y. C. (2020). Appropriateness of emergency care use: a retrospective observational study based on professional versus patients' perspectives in Taiwan. **BMJ Open**, 10(5), e033833. doi: 10.1136/bmjopen-2019-033833. PMID: 32398332; PMCID: PMC7223150.
18. Ravi, N., Gitz, K. M., Burton, D. R., & Ray, K. N. (2021). Pediatric non-urgent emergency department visits and prior care-seeking at primary care. **BMC Health Serv Res**, 21(1), 466. doi: 10.1186/s12913-021-06480-7. PMID: 34001093; PMCID: PMC8128083.