

Understanding strategies to reduce the impact of non-urgent visits to the pediatric emergency department

A scoping review

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BACKGROUND:

- In the pediatric emergency department (ED) crowding can be attributed to many non-urgent visits
- To identify solutions, it is essential to review the effectiveness of approaches that have been trialed

OBJECTIVE:

We have completed a scoping review to describe and assess the efficacy of initiatives undertaken to reduce the impact of non-emergent visits on the pediatric ED.

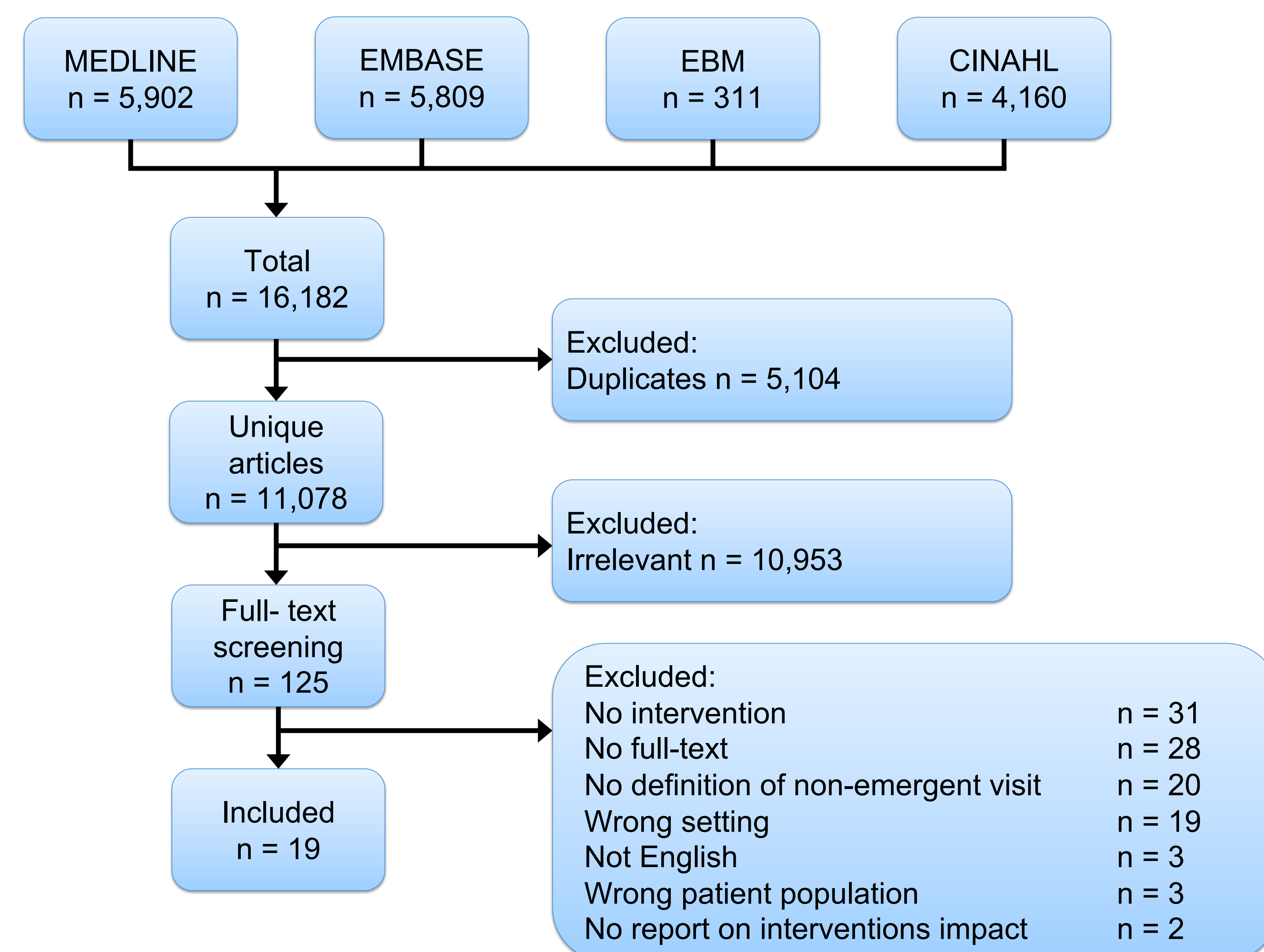
METHODS

We searched four databases from inception until April 1st, 2023

Studies were included if they:

- focused on the pediatric ED,
- defined non-emergent visits,
- discussed an intervention (hypothesizing it would reduce the impact of non-urgent visits), and,
- reported on the interventions impact.

RESULTS



Several interventions have been implemented with the goal of reducing the impact of non-emergent visits on the pediatric ED.

These interventions include:

Increasing access to primary care (n = 8)

Implementing a 'fast track' in the pediatric ED (n = 4)

Improving health literacy to prevent future non-emergent pediatric ED visits (n = 3)

Separate areas during surges in ED volume (n = 2)

A dedicated 'low-acuity' ED shift (n = 1)

Redirecting low-acuity mental health visits (n = 1)

DEFINITION OF NON-EMERGENT

Most studies (n = 12) defined non-emergent visits by considering children's triage assignment

- In 8 studies a 5-point triage scale was used; 7 defined non-emergent visits as those in triage category 4 or 5, one study defined non-emergent visits to those assigned triage category 5

Other definitions of non-emergent visits considered:

- History and physical examination (n = 3)
- Retrospective physician review of medical records (n = 2)
- Specific presentations to the pediatric ED: mental health (n = 1) and influenza-like illness (n = 1)

OUTCOMES OF INTEREST

- Most studies reported multiple outcomes
- The most common outcome measure was wait time/ length of stay (n = 13)

Other outcomes of interest considered were:

- Cost/ financial performance (n = 7)
- Left without being seen rate (n = 4)
- Volume of non-urgent visits (n = 4)
- Patient/ family satisfaction (n = 4)
- Return non-emergent visits to the pediatric ED (n = 4)

INTERVENTION IMPACT

- All interventions that increased access to primary care reported improvement in their outcome of interest
- Creation of a fast track in the pediatric ED reduced length of stay and was cost-effective
- Health literacy interventions had mixed efficacy: one intervention (providing parents a health-aid book) had favourable results, other interventions did not show an improvement in health system outcomes

SIGNIFICANCE

- This review highlights several interventions that have successfully reduced the impact of non-emergent visits on the pediatric ED
- This evidence should be considered and adapted to the local care setting to ensure future initiatives are positioned to have the maximal impact

