

Potential Problems With Interventions That Restrict Access to Patients Who Present Inappropriately to Emergency Departments

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Dear Sir,

Thank you for considering for publication "Potential Problems With Interventions That Restrict Access to Patients Who Present Inappropriately to Emergency Departments," a letter written in response to "Inappropriate Utilisation of Emergency Department Services in Universiti Sains Malaysia Hospital" by Selasawati HG, Naing L, Wan Aasim WA, Winn T and Rusli BN from the Medical Journal of Malaysia, Volume 59, No. 1 of 2004.

Although a certain proportion of Emergency Department (ED) presentations are inappropriate for an acute hospital-based care facility, difficulty arises when there is no consistent or safe definition as to what constitutes an inappropriate presentation¹. This may account for the widely varying findings in observational studies for such patients, ranging from 16.8 %² to 68.7%³.

Decreased access to community-based primary health care services may divert patients with non-urgent or seemingly minor ailments to Emergency Departments⁴, with the ED assuming the role of safety net provider for patients with reduced access to alternative health care⁵.

The cost per episode of ED care for such a patient is likely significantly more than that in a primary care setting⁶. Furthermore, in patients using the ED regularly for primary care, discontinuous care by ED staff not trained in primary health care results in poorer quality of care when compared with that possible at primary healthcare facilities⁶.

It has been suggested that excessive inappropriate presentations may detract from the quality of care administered to more seriously ill patients⁷. A gate-keeper role or interventions by ED staff to reduce inappropriate presentations, as suggested by Selasawati et al⁸, risks refusing care to patients with no other sources of health care, those with potential to deteriorate rapidly or whose disease severity is initially underestimated⁵. There is no uniform or safe definition regarding which patients inappropriately present to Emergency Departments^{1,9}. Patient or carer perception of illness severity and threat, particularly in children, is not often taken into account by ED clinicians¹⁰. For these reasons, gate-keeper interventions need to be undertaken with great caution if risk of material harm is to be avoided by patients who are considered to have presented inappropriately to the ED.

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