

The prevalence and determinants of non-urgent visits to the emergency department in Madinah, Saudi Arabia

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Introduction:

Non-urgent patients' visits to the emergency department (ED) is a global concern. Inappropriate ED visits place a burden on the ED which limits emergency conditions handling, access to good quality services, raises health care costs, and compromises patients' satisfaction.

Objective:

We aimed to assess the prevalence of non-urgent visits to the ED in two main public hospitals in the Madinah Region, namely King Fahad Hospital (KFH) and Madinah General Hospital (MGH). Furthermore, determinants of non-urgent ED visits, such as sociodemographic factors and patients' knowledge on the ED, were evaluated.

Methods:

A cross-sectional study was conducted on 280 ED patients attending KFH and MGH. Patients were classified into urgent and non-urgent ED cases according to the Canadian Triage and Acuity Scale. Data were collected through a structured interview-based questionnaire covering sociodemographic characteristics, level of triage, knowledge, and preference of ED as well as reasons for ED preference.

Results:

The overall rate of non-urgent visits to the ED was 55%. Non-urgent visits were significantly higher among the younger age group ≤ 25 years (81%), singles (70.5%), students (77.6%), and Madinah residents (58.3%) ($p < 0.05$). Among non-urgent visitors, 59.7% reported low/moderate ED knowledge. Moreover, 73% had previous experience with primary health care (PHC) where 85.1% preferred the ED over PHC. Rapid medical care (52.9%), better quality of care (41.2%), and easier access to the ED (38.6%) were the most common reported reasons for preferring the ED.

Conclusion:

Efforts should be made to decrease the burden on the ED. The findings of this study may help health care planners to develop targeted strategies to minimize non-urgent ED visits. It is important to conduct campaigns to educate the public about the appropriate utilization of PHC and ED services.

Keywords:

Canadian Triage and Acuity Scale (CTAS), emergency department, non-urgent visits, Triage, primary health care (PHC), patient preference, Saudi Arabia.