

Routine Child Health Care in the Emergency Department

Ivan Brown, PhD,¹ Brian Shaw, PhD²

Most parents in Canada are connected with a physician who sees to, and follows, the routine health care needs of their children over time. The continuity of care that usually results is thought to have many advantages for both the developing child and the health care system. Routine health care needs are also addressed through numerous other publicly funded programs available to most parents. Emergency departments in hospitals, by contrast, are designed to handle medical problems that need to be addressed immediately, and that may require access to a hospital's resources. Yet, emergency rooms are often used for non-emergency purposes and even routine care.

Canadian hospitals have been aware of this for a number of years, but have not always fully understood it. In late 1998, The Hospital for Sick Children in Toronto began to collect information about the medical needs of patients at its emergency department. It initiated a *triage* system, where all patients are assessed immediately after coming to the emergency room and classified according to the degree to which their presenting medical problem appears to be serious. The five triage classifications, ranging from most to least serious are: resuscitation, emergent, urgent, semi-urgent, and non-urgent. Between January 1 and July 31, 1999 the emergency department had 28,243 patient visits. Of these, 9,551 (33.8%) were triaged as non-urgent and 9,806 (34.7%) were triaged as semi-

urgent. The children who were classified as non-urgent, and perhaps many of those who were classified as semi-urgent, had health care needs that might have been addressed in such places as doctors' offices or neighbourhood clinics.

It has sometimes been argued that hospitals should not openly discourage people from coming to their emergency departments, even if the majority are coming for what hospital staff themselves consider to be non-emergency or "inappropriate" reasons. The principal argument is that these "inappropriate" patients can often be dealt with quickly and easily during intervals between emergency cases, and thus provide the means for making an emergency department financially viable. An emergency department that is financially viable can offer staff and other resources that are needed to effectively treat real emergency problems. On the other hand, there are concerns that emergency department care for non-emergency purposes costs more per patient, and that the benefits of single health care professionals monitoring children's health over time are sufficient that parents should be discouraged from relying on emergency departments for their children's routine health care needs.

The question of why some parents rely on a hospital emergency department for routine child health care is an interesting one. Currently available research provides no clear answers, but is beginning to point to at least four possible reasons. First, one of the most frequently cited possible reasons is that parents bring their children to emergency departments simply because no other health service is available.¹ Second, some evidence from the United States suggests that socio-demographic factors such as poverty or ethnicity may be related to

greater emergency department use,^{2,3} but contradictory findings have also emerged^{4,5} and in Canada, universal access to health care may well offset any effects of such factors. Third, research from a variety of international sources suggests that age and health status of children both seem to be related to emergency department use.^{4,6} Parents of very young children and parents of children who have chronic health problems appear to go to emergency departments at a higher rate than other parents. Patient information collected at the emergency department at the Hospital for Sick Children in Toronto corroborates this view. Last, parents may not have a clear understanding of what emergency departments in hospital are for.¹ These and other possible reasons for using emergency departments have not been researched in depth, though, and thus our knowledge of their effects is still developing.

Research to date has not addressed two factors that may be crucial to understanding why some parents use emergency departments for routine child health care. First, there has been a considerable increase in the cultural diversity of the Canadian population over the past few decades. This is especially the case in the country's largest cities. Population changes such as these might mean that many new citizens have not yet learned the "Canadian method" of hooking into the health care system, or that they have different beliefs about what emergency and non-emergency health care is.

A second factor that needs to be addressed is the relationship between children's health care services and the changing lifestyles of most Canadian families. In families where both parents work during the day – the most common family model today – it may be that the local hospital

1. Centre for Health Promotion, University of Toronto

2. Hospital for Sick Children, Toronto

Correspondence and reprint requests: Ivan Brown, Director, Disability Support Unit, Centre for Health Promotion, University of Toronto, 100 College Street, Suite 511, Toronto, ON, M5G 1L5, Fax: 416-946-3680, E-mail: ivan.brown@utoronto.ca

emergency department is often the most accessible place to get even routine child health care.

Hospital emergency departments have not always made a clear decision about whether or not they wish to provide routine health care to children. But if they do not wish to do so, they may need to be more pro-active in understanding why parents choose to bring their children in for non-emergency reasons and in advocating for equally accessible alternatives.

REFERENCES

1. Boushy D, Dubinsky I. Primary care physician and patient factors that result in patients seeking emergency care in a hospital setting: The patient's perspective. *J Emerg Med* 1999;17(3):405-12.
2. Hansagi H, Edhag O, Allebeck P. High consumers of health care in emergency units: How to improve their quality of care. *Quality Assurance in Health Care* 1991;3(1):51-62.
3. Padgett DK, Brodsky B. Psychosocial factors influencing non-urgent use of the emergency room: A review of the literature and recommendations for research and improved service delivery. *Soc Sci Med* 1992;35(9):1189-97.
4. Watson JM, Kemper KJ. Maternal factors and child's health care use. *Soc Sci Med* 1995;40(5):623-28.
5. Feigelman S, Duggan AK, Bazell CM, et al. Correlates of emergency room utilization in the first year of life. *Clinical Pediatrics* 1990;29(12):698-704.
6. Woodward CA, Boyle MH, Offord DR, et al. Ontario child health study: Patterns of ambulatory medical care utilization and their correlates. *Pediatrics* 1988;82(3(2)):425-33.



Health for All in the Year 2000



**Canadian Public
Health Association
Annual Conference**



**Ontario Public
Health Association
51st Annual Conference**

**OTTAWA ■ ONTARIO
22-25 OCTOBER 2000**

For more information:
CPHA Conference Department
400-1565 Carling Avenue
Ottawa, ON, K1Z 8R1

 613.725.3769

 613.725.9826

 conferences@cpha.ca

 www.cpha.ca



à santé pour tous en l'an 2000



**Conférence annuelle de
l'Association canadienne
de santé publique**



**51^e Conférence annuelle
de l'Association pour la
santé publique de l'Ontario**

**OTTAWA ■ ONTARIO
DU 22 AU 25 OCTOBRE 2000**

Pour plus de renseignements :
Service des conférences de l'ACSP
400-1565 avenue Carling
Ottawa (Ontario) K1Z 8R1

 613.725.3769

 613.725.9826

 conferences@cpha.ca

 www.cpha.ca