Extemporaneous Writing

Is It Really an Emergency?

Every year, millions of people visit emergency rooms in the United States to receive treatment, though s slim 8.7% of the visits result in hospital admission. (hosa.org) There are numerous problems caused by this misuse of emergency room services, including an increase in healthcare costs and inability to receive proper continuity of care once treatment has been established. With proper education through community resources, patient teaching through primary care, and with hospital encouragement during emergency intake, unnecessary use of the emergency room could be greatly diminished.

Community resources are a vital aspect in healthcare education throughout the country. Health departments in cities typically offer everything from vaccinations, assistance with family planning, nutrition education, and the varying programs available that each specific client may benefit from. Through health departments, knowledge is broadened while time, money, and resources are saved for care providers and patients alike in many facets of healthcare. A visit to the health department would be the perfect time to provide a potential patient the information on when an emergency room visit is necessary. A few of the methods available to provide information include brochures, checklists, posters, and the always-beneficial patient teaching. These methods would also be beneficial at community events such as vaccination clinics or public health screenings. A community care provider has ample opportunities to provide the information necessary to prevent unnecessary emergency room visits.
Primary health care providers are the first line of defense when it comes to preventing unnecessary visits to the emergency room. Primary care providers are at the upper hand when you consider they provide continuity of care and may prevent disease exacerbations by increasing patient compliance through regular visits. These regular visits present the perfect time to give proper teaching on when it is acceptable to visits the emergency room versus the primary provider’s office or an urgent care setting. “Non-life threatening overutilization of the emergency room results in higher emergency room costs and higher insurance premiums.” (hosa.org) If clients were thoroughly informed on the increased costs and the long-term financial repercussions of these visits, perhaps they would truly consider whether their sore throat warrants a trip to the emergency room. However, many patients do not seek healthcare until they feel it is unavoidable due to pain or complete inability to perform activities of daily living, and then visit the emergency room once the condition is past receiving conservative treatment. It creates an endless cycle of unnecessary emergency room visits for minor conditions or visits for a once-minor condition that has gone too long without treatment. The family care physician may decrease the amount of people being sucked into this cycle of ineffective healthcare treatment and should encourage the use of continuation of care. Establishing a relationship with a physician and promoting regular visits would serve as a means to access affordable care. However, shortly after the introduction of the Affordable Care Act, “the Robert Woods Foundation only showed a .3% increase in new patient visits to primary care providers in the first year.” (hosa.org) Providing patient teaching that encourages visits to the primary care physician or urgent care center first would prove greatly beneficial to all healthcare workers and patients involved.
The last chance to prevent unnecessary emergency room visits lies in the hands of the hospital itself. Posters in the emergency room lobby or entrance with checklists that ask the potential patients to really consider whether they are candidates for emergency services would serve as a beneficial method of information transfer. Perhaps the best way to prevent these unnecessary visits, however, would be to have an emergency services screening coordinator. This hospital staff member could screen the patient(s) upon intake prior to providing care. They may ask questions regarding the severity of the illness or injury that cover symptoms and form a basic analysis whether emergency services are truly needed in the specific situation. A patient is likely to second-guess their judgement considering their illness or may simply not want to wait until their primary care physician opens in the morning, but having a healthcare provider reassure the patient that they would be better off visiting their regular doctor or urgent care would provide the best chance at saving money and ensuring that continuity of care is performed. While this may add additional costs by adding staff to the hospital, the long-term financial effects would likely decrease when copays and costs of service are reduced. Regardless of the costs involved, ensuring that patients are well-informed and have the knowledge necessary to make sound healthcare decisions, including when to make a visit, should be the first step in changing the ways of hospital emergency rooms across the country.

Emergency rooms should be used only when one is experiencing a true emergency. These non-emergent visits clog up emergency rooms, have incredibly high costs of care compared to primary care visits, and increase healthcare costs through insurance premiums. While healthcare providers should always encourage patients to
seek care when they are experiencing signs or symptoms of a disease or illness, it is imperative that they know which avenue is appropriate to take when seeking care. Community resources, primary care providers, and hospitals alike have many opportunities to stop non-emergent visits from happening, which benefits every facet of healthcare.