Extemporaneous Writing. What steps can a hospital take to reduce or eliminate the instances of people going into the emergency room for non-emergency-related medical conditions?

Sirens blair. Doctors shout orders and attempt to save lives. People rush in and out. Heart monitors beep over each other, creating a constant buzz. Patients with life-threatening injuries are rushed inside. Every patient inside an emergency room is there for just that: an emergency. Well, almost every patient. Some enter the E.R. for a sore throat, or a discolored bruise, or a headache. While in extreme cases these can be dangerous, for the most part, they are not. People with non-emergent medical conditions are stealing beds from those who have life-threatening injuries.

The number of people who visit an emergency room for non-emergent conditions has skyrocketed, and is only going to continue to go up. According to the CDC National Center for Health Statistics, there were 145.6 million emergency room visits in 2016. Only 8.7% of them resulted in hospital admittance. Using the E.R. when it is not needed results in waste of medical supplies, higher insurance premiums, and longer waiting times. Something needs to be done about this crisis, and now. One step that hospitals could take to reduce the number of non-emergent E.R. cases are to have an alternative to E.R.s or InstaCares, like a clinic. Another would be to educate the public about the differences between emergent and non-emergent cases.

The first step a hospital could make to lessen the number of non-emergent E.R. visits is to have another place where the public could go to be examined. A good example is a clinic. In my rural Utah town, we do not have a hospital. Instead, we have a clinic with a team of insanely talented physicians who examine patients at a lower cost.
than an emergency room. Everyone in my town knows that if you have the flu, a bad cut, chronic headaches, or anything in between, you go to the clinic. However, if something is serious and the patient does need to go to the E.R., the doctors at our small clinic immediately call the larger hospitals in our area, like Park City Medical Center of the University of Utah Hospital. This system reduces the number of non-emergent cases sent to the emergency rooms; instead, non-emergent cases are dealt with outside the E.R. Instead traveling to a larger hospital where the care is more expensive and less personalized, citizens of Coalville flock to the clinic, where the co-pay is just under $25 and you have a personal relationship with the doctors. During an exam, I have been asked about school, sports, my dogs, my family, and my friends, all because the doctors know who I am. Having a personal relationship with them makes it easier to come to them when I have a health concern, which is what most emergency rooms are missing. Making the care more personalized, more available, and less expensive has cut the emergency room visits from Coalville citizens down greatly. Having a clinic where people know they can go for non-emergent cases can greatly reduce the number of emergency room visits.

The second step a hospital could take would be to better inform and educate the public about emergent vs. non-emergent cases. My sister works at an InstaCare facility in the Salt Lake Valley as a medical assistant. More than half of her cases that come into the InstaCare facility are non-emergent; the patients, however, think that they are. They do not know the difference between emergent and non-emergent cases. Billboards, posters, pamphlets, television commercials, even things like water bottles or frisbees, can all be part of a campaign to inform the public about the difference between
the two cases. Just telling people that their case is non-emergent will not do the trick. Telling them that their non-emergent visits are resulting in higher bills and insurance premiums for everyone will. Who doesn’t like to save money? Social media could be utilized as well. Putting up a poll on Instagram or Twitter, quizzing people on their knowledge about emergent vs. non-emergent, is a fun and interactive way to educate the public without them really knowing that they’re being educated. When someone wants to to the emergency room and don’t know if their case is emergent or non-emergent, they can think back to the social media poll or the T.V. commercial they saw, and know the difference. If the public is better educated about the differences between emergent and non-emergent cases, they will be less likely to visit the E.R. for a non-emergent case because they know the difference.

The number of people visiting the emergency room for non-emergent cases is shocking. Because E.R.s are being used when they are not needed, people with real life-threatening injuries are suffering from lack of supplies, higher insurance premiums, and longer wait times. Something needs to be done, and now. Two steps that hospitals can make to reduce the number of non-emergent E.R. visits are to have an alternative place where patients can go for non-emergent cases and to educate the public about the differences between emergent and non-emergent cases.

In my family, we only go to the emergency room when someone is clearly sick or hurting. This happened last December. My dad had been having some stomach pain, and tried to brush it off. As the pain got worse, he took a week off of work to try to heal. It only got worse. At a week and a half of intense stomach pain, my mom dragged him to the emergency room at the University of Utah, where doctors found four kidney
stones stuck in his urethra. He had to be taken to surgery immediately. Without the emergency room visit or the surgery, my father might have been seriously injured. Can you imagine what would have happened if he had to wait hours for care, because beds were being taken by non-emergent cases? Something needs to be done about the non-emergent E.R. visits, or the next person to walk in with extreme stomach pain might not walk out.