



FOR IMMEDIATE RELEASE

March 23, 2007

CONTACT:

Jill Blake, Program Manager (530) 538-6464

Making the Call: Emergency Room or Primary Care Provider

Going to an Emergency Department (ED) of a hospital for non-urgent/emergent care can be costly; waiting times can be lengthy, as the more seriously ill are triaged ahead of you or your loved one. In addition, the experience can be intimidating and frightening, which can be particularly true for small children. Why do parents bring their children to the ED for apparent non-urgent/emergent care when other treatment options are available?

The answer to this question has been an area of focus for the Clean Start, Healthy Beginnings (CSHB) Team: To identify children 0 to 5 years of age, who have been treated in the Emergency Department at Enloe Medical Center with a discharge diagnosis not generally considered urgent or emergent. The Team's objective is to contact families who could benefit from a follow-up phone call from the CSHB nurse. The nurse reviews the ED visit with the parent, determines why they went there, assesses their particular needs and offers education and/or intervention that may assist them in obtaining the most optimal healthcare environment for their child.

The following criteria are reviewed from the ED visit to determine a potential contact:

- Has a primary care provider (PCP)?
- Enloe Children's Health Center (EHC) Patient?
- Time of day / Day of week
- Chief complaint on admission
- Discharge diagnosis consistent with chief complaint and appropriate with ED level visit?
- Chronic illness?
- Was a follow up visit indicated? Did the f/u visit occur?
- Primary Language? Was translation needed?

Due to the volume of Enloe ED visits for children, chart review is reserved for children age 0 to 5 who do not have a PCP listed, or the child has EHC listed as their provider. Time of day and day of week identifies children who are seen in the ED when other appropriate healthcare resources may be available. Chief complaint upon admission is compared to the discharge diagnosis to answer the following questions: Is it consistent with the diagnosis? Could education be of benefit to the parents? Chronic illness such as asthma, particularly if there is no PCP listed, may indicate the child is not getting regular checkups to manage their condition. For follow up visits, patients are generally referred back to their PCP. However, if the child does not have a PCP, they may be told to come

(more)

Emergency Room or PCP?
Page 2 of 3

back to the ED. Returning back to the ED can be a daunting experience, and can be forgone, especially if the parent feels the child is doing better. Lastly, language barriers, coupled with issues identified above can be an opportunity to set up an appointment in a calm, less hectic healthcare setting that provides translation onsite. A thorough health assessment, history and immunization status can then be obtained and a PCP relationship established.

Over a twelve month period 826 medical records of children age 0 to 5 were screened by the Clean Start, Healthy Beginnings Nurse. Of those reviewed, 297 (36%) were found to have at least one or more elements of the screening criteria. The phone survey resulted in common themes as to why the ED was chosen for non-emergent care. The most common being:

1. A lack of knowledge of the child's medical condition. For instance, concern about when to treat a fever.
2. First time parents who are not familiar with newborn care – what is normal versus not normal.
3. Not aware of other clinics that offer same day visits or walk-in appointments.
4. Language barriers. Caregiver unaware of clinics having translation services onsite.
5. No transportation. Driver not available until after business hours.

During the contact, if the parent or caregiver was receptive, additional education was provided about the medical condition the child was seen for and/or normal growth and development milestones. Primary care referrals or follow up visits were set up with an appropriate healthcare provider if indicated. Information on availability of clinics, translation services and education on when to use the ED was shared.

Dolores Marcotte, CSHB R.N., followed 69 of the 297 families for three months over the course of the year. Parent(s) were contacted monthly to check in on their child and offer any nursing advice and education indicated by the initial contact. Twelve of the 69 families did not have a primary care provider for their children. Nine families were established with a primary care provider at ECHC. The remaining families had moved out of the area or were unable to be reached. 37 children were seen at ECHC in follow up to their ED visits. 35 parents benefited by receiving additional support and education on their child's health during these contacts.

Emergency Departments are an important safety net for providing urgent and emergent healthcare in our community. But that resource needs to be used wisely. Children are best served when they have an ongoing relationship with a medical provider who knows their history. This recent scenario with a mother and her three children exemplifies what positive outcomes can be achieved.

The mother, new to the area, had brought one of her children to the ED for suture removal during typical office hours. The sutures had not been placed at this ED. Dolores

(more)

Emergency Room or PCP?
Page 3 of 3

made contact with the mom and it was apparent she did not know about any of the clinics in town. The mother explained to Dolores her child had only emergency Medi-Cal coverage so she took the child to the ED for everything. Dolores worked with the mom and the ECHC admission staff to check Medi-Cal eligibility for all three of her children. All three qualified for full scope Medi-Cal. Appointments for physicals and immunizations were scheduled with a provider at ECHC. This mother continues to bring her children in for sick visits and well child check-ups.

The screening of ED visits has resulted in identifying and helping parents get the best outcome for their children who might have otherwise fallen through the cracks.

If you would like to learn more about the Clean Start, Healthy Beginnings Program, please call (530) 332-3841. And for more information about First 5 Butte County programs, please call (530) 538-7964 or visit www.buttecounty.net/bccfc.

About First 5 Butte County Children and Families Commission

Research shows that a child's brain develops most dramatically in the first five years and what parents and caregivers do during these years to support their child's growth will have a meaningful impact throughout life. Based on this research, California voters passed Proposition 10 in 1998, adding a 50 cents-per-pack tax on cigarettes to support programs for expectant parents and children ages 0 to 5. First 5 Butte County Children and Families Commission distributes approximately \$2 million a year in Prop. 10 revenues to programs and services that meet local needs.

###