Low Acuity Emergency Department Access: Are Other Options Available?


Introduction
Patients with low-acuity (CTAS level IV and V) complaints often use the emergency department (ED) to access care. This has often been attributed to lack of a primary care provider (PCP). However, patients frequently present to the emergency department (ED) for care despite being registered with a primary care provider (PCP) and there is some evidence that a lack of timely access to primary care may contribute to low acuity ED presentations. The Wait Time Alliance, a group of Canadian physicians and their respective professional associations, has recently set a benchmark of same day access to family doctors. It is unclear if this benchmark has been achieved in all jurisdictions.

Methods
We performed linked cross sectional surveys to quantify the number of people presenting to the ED for non-urgent problems who felt unable to access primary care. Primary care practices were also surveyed to assess use of formal triage methods and measure access using the metric of time to third next available appointment. Sample size calculations were completed.

Results
In the patient survey, 381 of 580 patients consented to participate. Of those, 89 patients met eligibility criteria. 36% reported that the wait to see their PCP was too long. 54% of patients did not contact their PCP’s office prior to ED presentation. The majority of 324 consented patients (86%) reported reasons for their ED visit was wait times of greater than 48 hours. A total of 46 of 72 physician surveys were returned; a response rate of 63.8%. The mean time to third next available appointment in the region was 6.6 (+/- 2.1) days, with median time of 4 days and a range of 0-22 days. No physician office or practice reported utilizing a formal triage system when booking appointments.

Conclusion
Around half of low acuity patients do not attempt to access their PCP prior to ED presentation. The benchmark of same day access to primary care has not been achieved in many practices in our region and none of the practices in the surveyed region use a formal triage system to allocate appointments, despite a range of wait times that extended up to 50 days. Further education regarding primary care access would likely be beneficial to both patients and providers.