

WHY ARE THE PUBLIC ATTENDING THE EMERGENCY DEPARTMENT?

INSIGHTS FROM

HOSPITAL TENGKU AMPUAN RAHIMAH, KLANG

AP65

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INTRODUCTION

The increasing demand for emergency and urgent care services has been extensively documented, and it leads to various consequences such as overcrowding in the emergency department (ED) and prolonged waiting times.

The rising call for healthcare services can be attributed to several factors, including the growing population of individuals with multiple chronic diseases and shifts in people's behavior regarding their utilization of health services (Coster et al., 2017 & Di Somma et al., 2014).

OBJECTIVE

* To describe the demographic profile of the public attending the emergency department (ED) and factors influencing its utilization.

METHODOLOGY



Study Design:

Sample Size:

Cross-sectional study



Study Population:

ED attendance in Green Zone Hospital Tengku Ampuan Rahimah, Klang (HTAR)



382 respondents (Based on population ED attendance=53,360 at green zone

HTAR, 2022) **Sampling Technique:**



Quota sampling technique

Inclusion Criteria: All visitors attended the ED green zone,



age 18 and above) including patients/caregiver & signed informed consent



Data collection period:

18th - 22nd March 2023

DEMOGRAPHIC PROFILE

TOTAL RESPONDENTS **GENDER** 52.5% Male **47.5**%

35.5%

OCCUPATION

53.8%

34.1%

20.5%

13.1%

AGE GROUP

18-29 YEARS OLD

30-39 YEARS OLD

40-59 YEARS OLD

60 YEARS AND ABOVE

PRIVATE SECTOR WORKER

SELF EMPLOYED

HOUSEWIVES

OTHERS

RACE





20.5% Indian



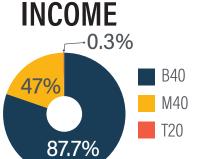
5.5% Chinese

INSURANCE

DO NOT HAVE

HEALTH INSURANCE

HOUSEHOLD





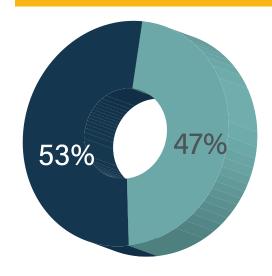
HOW THEY GO TO ED?





AVERAGE DISTANCE FROM HOUSE TO HOSPITAL

ED SERVICE USE



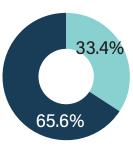
SEEK ALTERNATIVE SERVICES BEFORE GO TO ED

IMMEDIATELY GO TO ED WHEN **EXPERIENCING ILLNESS**

HISTORY OF ED VISITS

TYPE OF RESPONDENTS 4% FIRST TIME USER





PATIENTS CAREGIVER

(85.6% family members, 12.4% friends, 2.4% employer)

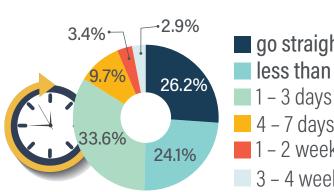
TYPE OF HEALTH PROBLEMS



33.6% HAD FEVER, COUGH, FLU, 10.0% accident

6.0% injury (fall/swelling/wound)

DURATION OF ILLNESS ONSET



go straight to ED less than 24 hours

■ 4 – 7 days 1 – 2 weeks 3 – 4 weeks

ED EXPERIENCED FOR THE PAST 12 MONTHS

MINS (3.2 HOURS) WAITING TIME FOR

visited 1 – 3 times

wait too long and left unattended

KNOWLEDGE ON ED

THOUGHT

Flu, coughs, dizziness /headaches, and common fevers will receive immediate treatment in the ED

KNOWLEDGE ON ZONE IN ED

31.2%

DO NOT KNOW THE FUNCTION OF **GREEN ZONE** FOR NON-CRITICAL CASE

DO NOT KNOW THE FUNCTION OF **YELLOW ZONE FOR** SEMI-CRITICAL CASE

15.7%

DO NOT KNOW THE FUNCTION OF **RED ZONE** FOR CRITICAL CASE

KNOWLEDGE ON EXTENDED HOUR CLINICS

do not know on the extended hours clinics

willing to be referred to the Health Clinic if the screening results at the Triage-EDt indicate a non-emergency case



PERCEPTION TOWARDS ED

- ED has expertise and complete facilities in providing treatment
- Had no other choice except ED
- ED is the first line for treatment for all types of illness
- ED services is faster than others
- Still go to ED despite knowing ED functions for emergency cases

TOP 5 REASONS ON THE USAGE OF ED 24 HOURS OPERATION TREATMENT COST IS CHEAP

CONFIDENCE WITH THE TREATMENT QUALITY

81.9%

TO ENSURE THE **LEVEL OF HEALTH** APPROPRIATELY DISEASE IS
SEVERE & NEED
URGENT TREATMENT

CONCLUSION

THE LAST VISITS

Findings indicate several reasons that may influence ED utilization. An intervention based on behaviour insights is now tested to enhance understanding of the roles of ED, alternative care options, and self-care management. It could reduce the number of ED's attendance with non-emergency cases, which is essential for alleviating ED's congestion.

Acknowledgment

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Coster, J. E., Turner, J. K., Bradbury, D., & Cantrell, A. (2017). Why Do People Choose Emergency and Urgent Care Services? A Rapid Review Utilizing a Systematic Literature Search and Narrative Synthesis. Academic emergency medicine: official journal of the Society for Academic Emergency Medicine, 24(9), 1137-1149. https://doi.org/10.1111/acem.13220

Di Somma S, Paladino L, Vaughan L, Lalle I, Magrini L, Magnanti M. (2015) Overcrowding in emergency department: an international issue. Intern Emerg Med. Mar;10(2):171-5. doi: 10.1007/s11739-014-1154-8. Epub 2014 Dec 2. PMID: 25446540.