



Editorial

Upon the referral of outpatients from clinics to emergency departments

Mustafa Bogan^{1*}, Murat Taşdemir¹, Hamza Tahir Hallaç¹, Emre Erdem¹,
Doğukan Güler¹

¹Dept. of Emergency, School of Medicine, Düzce University, Düzce, Turkey



ARTICLE INFO

Article history:

Received 29-07-2024

Accepted 31-07-2024

Available online 06-09-2024

Keywords:

Outpatient clinics

Healthcare system

Workload

Emergency Department

ABSTRACT

Emergency departments (EDs) are critical to the healthcare system, providing 24-hour care. Increasing patient visits due to higher life expectancy and population growth lead to overcrowding and reduced care quality. Many non-urgent cases in EDs could be treated by general practitioners. Inappropriate ED use results in delayed treatment for true emergencies, higher costs, increased morbidity and mortality, privacy challenges, prolonged stays, decreased staff productivity, more violence, and communication errors. This study recorded patients directed from outpatient clinics to the ED of our hospital between April 1 and May 31, 2023, identifying 37 such cases. Pulmonology, internal medicine, and cardiology were the primary referring clinics. Most referrals were for non-urgent conditions, complicating ED operations and contributing to crowding. Further research is needed to understand and address the causes and effects of outpatient clinic referrals to EDs to reduce workload and improve care quality.

This is an Open Access (OA) journal, and articles are distributed under the terms of the [Creative Commons Attribution-NonCommercial 4.0 International](https://creativecommons.org/licenses/by-nc/4.0/), which allows others to remix, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

For reprints contact: reprint@ipinnovative.com

To the Editor

Emergency departments are responsible for providing 24-hour medical care and are of critical importance to the healthcare system. In recent years, there has been a significant increase in the number of visits to emergency departments, driven by both increased life expectancy and rapid population growth. This increase in patient volume can lead to overcrowding in emergency departments and a decrease in the quality of care provided.¹

It has been shown that many patients who present to the emergency department with non-urgent conditions could be treated by a general practitioner in an outpatient setting.¹ Chmiel et al. emphasized the inappropriate use of emergency departments and suggested the integrated primary care physician model as a solution.² Almulhim et al. discussed patients' preference for seeking care in the

emergency department rather than in primary care settings, attributing this preference to the rapid medical treatment provided in the emergency department.³

Some of the other negative consequences of the inappropriate use of emergency departments include delayed diagnosis and treatment of true emergencies, increased overall costs and resource utilization, increased morbidity and mortality rates, challenges in maintaining patient privacy, prolonged emergency department stays, decreased staff productivity, rising incidents of violence, and communication errors.³

While the majority of patients contributing to inappropriate emergency department use and overcrowding in our country and hospitals are those who present to the emergency department as walk-ins, there is also a subset of patients who are directed to the emergency department from hospital outpatient clinic units by physicians, healthcare personnel, or administrative staff. Upon reviewing the literature, we found insufficient data examining patients

* Corresponding author.

E-mail address: mustafabogan@hotmail.com (M. Bogan).

directed from outpatient clinic units to the emergency department.

We recorded patients directed to the Emergency Department from outpatient clinics in our hospital between April 01, 2023, and May 31, 2023. The number of daily patient applications to our emergency department is 250-350. During this period, we identified 37 patients who were directed to the Emergency Department. These patients had initially been examined in the outpatient clinics and were subsequently directed to the emergency department. We determined that the referring outpatient clinic units included pulmonology (n=8, 21.6%), internal medicine (n=7, 18.9%), cardiology (n=7, 18.9%), general surgery (n=4, 10.8%), family medicine (n=2, 5.4%), and other (n=9, 24.4%) clinics. The reasons for referral to the emergency department included hyperkalemia, hyperglycemia, anemia, dyspnea, suspected pneumonia, abdominal pain, hydration, pain palliation, and similar conditions identified in the outpatient clinic settings. We found that 16 (43.2%) of these 37 patients were discharged from the emergency department because their condition was not deemed urgent, while the remaining 21 (56.8%) patients were admitted to the hospital. We believe that this situation complicates the normal functioning of the emergency department and contributes to increased emergency department crowding.

37 patients in a short period of 2 months may seem like a small number, but these are the patients that we know for a fact were referred by physicians. We do not know the number of patients who were referred to the emergency department by a family physician, hospital admissions in another center or hospital admissions in our own hospital during the day. More research on the causes and effects of referrals from outpatient clinics is needed to reduce the workload of emergency departments and improve the quality of care. Currently, there is a need for studies

that specifically address the practice of referring patients from outpatient units to the emergency department. We recommend further research on its causes, consequences and impact on emergency department workload.


Conflict of Interest


None.

References


1. Wang M, Wild S, Hilfiker G. Hospital-integrated general practice: a promising way to manage walk-in patients in emergency departments. *J Eval Clin Pract.* 2014;20(1):20–6.
2. Chmiel C, Wang M, Sidler P, Eichler K, Rosemann T, Senn O. Implementation of a hospital-integrated general practice—a successful way to reduce the burden of inappropriate emergency-department use. *Swiss Med Wkly.* 2016;146:14284.
3. Almulhim N, Almulhim F, Gharash A. Preference for Visiting Emergency Department Over Primary Health Care Center Among Population in Saudi Arabia. *Cureus.* 2021;13(12):20073.


Author biography

Mustafa Bogan, -  <https://orcid.org/0000-0002-3238-1827>

Murat Taşdemir, -  <https://orcid.org/0000-0002-7887-0626>

Hamza Tahir Hallaç, -  <https://orcid.org/0009-0005-6318-4243>

Emre Erdem, -  <https://orcid.org/0009-0007-1848-8787>

Doğukan Güler, -  <https://orcid.org/0000-0003-3033-8929>

Cite this article: Bogan M, Taşdemir M, Hallaç HT, Erdem E, Güler D. Upon the referral of outpatients from clinics to emergency departments. *Yemen J Med* 2024;3(2):68-69.