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Abstract Title:

A qualitative analysis of inappropriate attendance at the A&E department: Exploring GP and Casualty doctor perspectives (Research Abstract)

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Abstract

Background

Inappropriate attendance at the A&E department at Malta's Mater Dei Hospital is an issue that has been in the public spotlight in recent years, with the impact of frequent attendance to A&E for minor complaints by members of the public resulting in significant political and media interest.

Methodology

Data collection was carried out by means of an anonymous online survey tool. Emailed circulars were sent out to GPs working in the primary care department and in private practice and a link to the survey was disseminated to A&E doctors' via a social media platform. 52 respondents participated in the survey.

Results

When asked to define inappropriate attendance at A&E, the most common defining features mentioned by respondents were presenting with complaints that could safely and effectively be treated in another setting, presenting with non-acute complaints and attending for 'administrative purposes' such as bypassing waiting times for appointments or investigations.

Themes emerging from participants' perspectives on the reasons why some individuals attend A&E inappropriately include lack of information and education, perception that A&E offers better care, lack of faith in primary care, inaccessibility and long waiting times for other services, cost issues, and convenience.

With regards to solutions to limit inappropriate A&E visits and decrease referrals from primary care, the most commonly mentioned suggestions from respondents included investment in primary care, which was the most frequently recurring theme among suggestions by a wide margin. Other suggestions included improving training for GPs and health centre staff, improving communication between primary, secondary and tertiary care, increasing patient satisfaction with hospital services, (particularly waiting times), educational campaigns on various media, improving continuity of care, improving gate-keeping at the A&E department and introducing fiscal measures.

Conclusions



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The perspectives of doctors working within primary care and the emergency department resulted in a rich description of a multifaceted, complex phenomenon that is not determined solely by factors within primary care or the A&E department, but encompasses the entire healthcare system. Likewise, suggested solutions are multi-pronged and broad-ranging.

Message

In GP and A&E doctors' view, lack of faith in primary care, service-user perceptions that A&E offers better care and inaccessibility/long waiting times of other services are central reasons for inappropriate A&E attendance. Multi-pronged solutions are suggested, with the need for investment in primary care emerging as a core dimension.