
CONFERENCE ABSTRACT

Why families present to a Queensland tertiary paediatric emergency department: Social Needs Assessment and Identifying Linkages in the Emergency Department (SNAIL-ED) – Phase 2

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Introduction

The Social Needs Assessment and Identifying Linkages in the Emergency Department (SNAIL-ED) study aims to explore the reasons families present to the Queensland Children's Hospital (QCH) ED for non-urgent reasons and explore how health services can better support these families. Phase 1, which involved 100 parent surveys conducted in the ED, found that it is a complex issue which requires a multifaceted approach to understand and design interventions to address the issue. Phase 2 of the study aimed to understand the perspective of ED staff, GPs and further explore the circumstances that impact a parents' choice to attend the ED with a more targeted cohort of high intensity users.

Methods

Phase 2 was split into three parts:

- (1) ED staff survey assessed staff perspectives on non-urgent ED presentations, awareness of community health services, comfort and ability to ask and address social determinants of health.
- (2) Parents who had presented to ED 4 or more times over 12 months were targeted with the survey and an additional qualitative semi-structured interview.
- (3) GPs identified by the parents were interviewed for their perspective on why families attend ED for non-urgent reasons and if/how/why they refer children to QCH ED.

Results

Eight parent interviews were conducted, 3 GP interviews were conducted, and the ED staff survey captured 73 responses.

All parents attempted to contact their GP, were told to attend by their GP or "knew" their GP wasn't going to be available prior to attending the ED. GPs stated that there are some families who will choose to present to ED despite their reassurance and education. Staff indicated they were keen to learn how to address the social determinants of health and link to other services and supports in the community.

Discussions

Parental concern is the major reason for why families attend QCH ED for conditions categorised as non-urgent according to this research project. This is a broadly experienced phenomenon. This research debunked assumptions that high intensity users have unmet social needs and/or are lacking a GP.

Conclusions

Without broader systemic changes there are limited solutions that can be implemented within an ED to influence parental concern or need for reassurance. However, ED staff's ability to connect families with additional community resources and support services, encouragement of families to seek primary care regularly, and addressing the social determinants of health can be enhanced.

Lessons learned

We may not be able to stop an initial ED visit due to parental concern, however there are opportunities to intervene whilst the parent / carer are in ED and integrate their care with other services.

Limitations

Accessing parents who were not busy with staff or receiving treatment in ED was challenging in the participant recruitment, meaning the number of parent interviews was lower than hoped. Accessing specific GPs named by parents in interviews was also challenging and limited our number of interviews.

Suggestions for future research

Two other hospital sites located in lower socioeconomic communities are replicating the study, thus a comparison of findings will be useful.