

## CONFERENCE ABSTRACT

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

2nd Asia Pacific Conference on Integrated Care, Melbourne, 11-13 November 2019

Kelsa Laughlin, Hannah Johnson

Children's Health Queensland Hospital and Health Service, South Brisbane, QLD, Australia

---

**Introduction:** To deliver an integrated family-centred model of care it is necessary to address the underlying causes of poor health. Access to quality community-based healthcare, health literacy, access to material basics, social connectedness, parental stress, and domestic violence have significant impact on children and young people's health and wellbeing and are not routinely addressed in an emergency department (ED). This study brings together several departments across the hospital and health service with an aim to identify the reasons families present to the Queensland Children's Hospital (QCH) ED for non-urgent reasons. The hypothesis was that families and young people who present frequently to ED are lacking: access to material basics, connections with primary and community care, and experience fragmentation of health and social services.

**Methods:** Phase 1: 100 surveys were conducted in the QCH ED during March-April 2019. Parents whose children were triaged as 'non-urgent' were recruited through convenience sampling. The survey questions were focused on: accessing healthcare; health literacy; access to material basics; parental stress; and domestic violence.

Phase 2: Currently in progress, expanding upon the findings from Phase 1.

1- QCH ED staff survey and interviews assessing: perspectives on non-urgent ED presentations, awareness of community health services, comfort in asking and ability to address social determinants of health.

2- Parents who have presented to ED 4 or more times in 12 months will be targeted with the survey and an additional qualitative semi-structured interview to explore their responses further.

3- General Practitioners (GP) identified by the parents will be interviewed for their perspective on why families attend ED for non-urgent reasons and if/how/why they refer children to QCH ED.

**Results:** Phase 1 data demonstrated no clear link between frequent ED presenters and access to material basics. There was a link between higher socioeconomic area of residence and repeated visits. The data showed that 100% of frequent ED presenters have a regular GP, though reported higher parental coping concerns.

**Discussions:** The findings from Phase 1 suggest that parents are seeking healthcare from a range of services, including primary care, though are still presenting to ED. Perception of the urgency of

their child's condition is a key driver for ED presentation, as is their perception of quality care, and advice from their GP.

**Conclusions:** This is a complex issue which requires a multifaceted approach to understand and design interventions across the broader system to meet the needs of children and families who are frequently attending ED.

**Lessons learned:** Assumptions cannot be made for specific populations, such as families who present to ED frequently.

**Limitations:** Low sample size and single-site research may limit generalisability.

**Future research:** Phase 2 is currently underway. This will explore broader perspectives on families presenting frequently to ED as well as attitudes towards and ability to address the social determinants of health in a paediatric ED. These results will guide the organisation to improve integrated care for children and families.

Results will be available for presentation by November 2019.

Expansion to a second research site is in development.