

XXXVI CICLO - Anno Accademico 2022/2023

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Titolo tesi: Pediatric emergency department organizational models in a national and international context of epidemiologic and care transition

ABSTRACT

Introduction: About 20–30% of children access the Pediatric Accident and Emergency Department (A&E) for non-urgent health care that should normally follow other health care paths. This study aimed to investigate why parents take their children to the A&E for non-urgent visits rather than using primary care services.

Methods: 3 studies were carried out with the aim of analyzing: 1) what are the main reasons why there are so many children with nonemergency codes in emergency department (ED); 2) whether the implementation of alternative pathways to those found in most emergency rooms can help in reducing waiting times and dropout rates; 3) analyzing the literature to understand what are the major reasons around the world for pediatric population access to emergency rooms and what could be the solutions to be implement.

Results: The results obtained were satisfactory in all studies. In particular:

Study 1): Parents of 238 children completed the questionnaire (mean age = 2.6 years; male 58%). The most common symptoms were fever (n = 105; 44.1%) and skin rash (n = 63; 26.5%); symptoms usually started more than 24 h earlier (n = 163; 69.4%). Reasons for accessing the A&E for non-urgent visits included the availability of rapid medical tests (n = 71; 29.8%), deterioration of the clinical conditions after the pediatrician's visit (n = 67; 28.2%), and the perceived need for urgent care (n = 65; 27.3%). Besides, 26.6% (n = 63) of parents reported not being able to contact their pediatrician before accessing A&E.

Study 2): The comparative group included 14,822, and the intervention group included 15,585 patients. The new organizational model significantly reduced the numbers of patients who left the ED without being seen from 12.9% to 5.9%.

Study 3): factors associated with non-urgent presentations to PEDs included parents' belief that PEDs deliver better care than community healthcare services, lack of availability of community services out of hours, advice to go to the PED from a community healthcare professional, proximity of the PED to the family's home as well as parents' inexperience and anxiety.

Conclusion: there are multiple factors that characterize an overcrowded condition in pediatric emergency rooms. The causes identified through this paper also allowed us to test, through alternative routes to the common visit to the pediatrician in the emergency room, whether a solution space can be found within hospital facilities.