



Is It a True Emergency?: ERs vs Urgent Cares



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INTRODUCTION

- Urgent care centers were developed in an effort to provide effective and timely treatment to patients with non-emergent conditions.
- In theory, the formation of urgent care centers would reduce Emergency Department (ED) overcrowding. However, there is still a large population of patients who present to the ED for non-emergent conditions.
- In the United States alone, over 90% of EDs report overcrowding and overuse of emergency room resources with almost 40% reporting daily overcrowding, ultimately leading to poorer patient outcomes and clinician burnout.

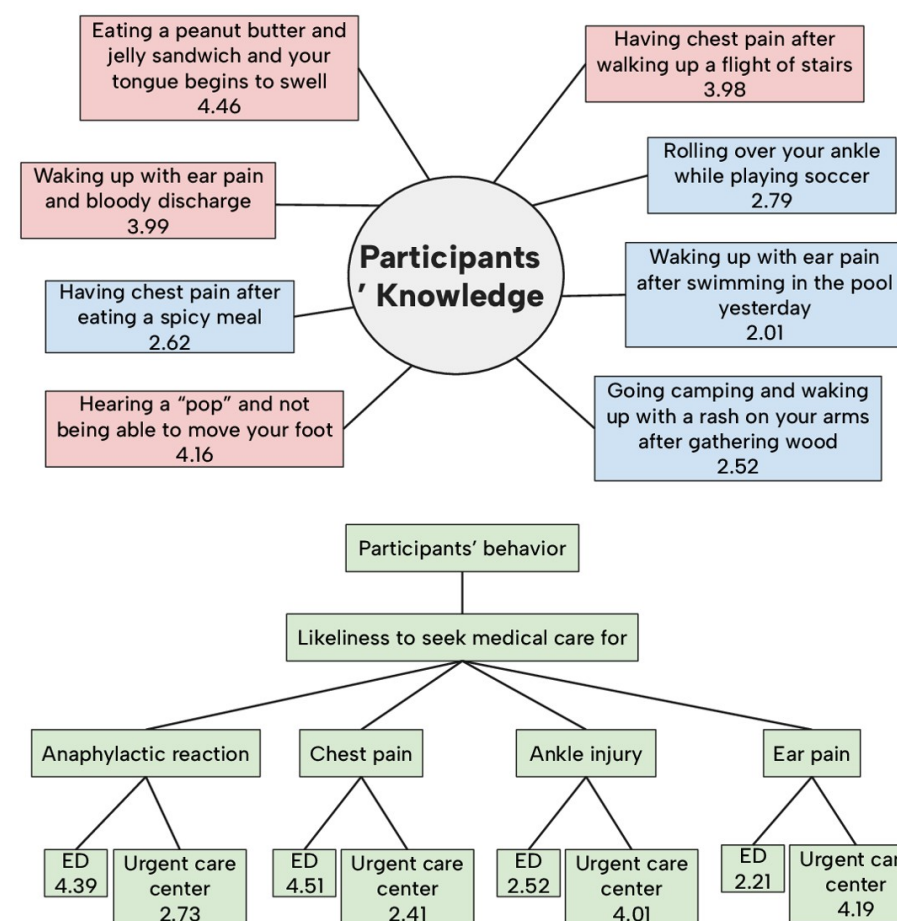
PURPOSE

- To explore the participants' knowledge of medical conditions and their perceptions of clinical sites and providers to determine why they choose EDs or urgent care centers for their acute medical needs.

METHODS

- Our research study was approved by the Human Experimental Review Board at Wagner College and was performed via an anonymous survey that is designed to maintain participant confidentiality.
- The survey was then distributed to a wide range of respondents aged 18 years and older via email, text message, and social media.
- The survey consists of 4 sections including: participant demographics, participants' knowledge on the severity of medical conditions, participants' perceptions of clinical sites, and participants' perception of clinical providers.
- The survey sections exploring participants' knowledge and perceptions were measured using a Likert Scale ranging from 1 - 5, with 1 indicating strongly disagree and 5 indicating strongly agree.
- The data obtained was then transferred from Qualtrics to SPSS to be analyzed. On SPSS, the data was analyzed for distribution of demographic variables and then reflected upon using a comparison of means T-Test, Pearson Correlation, and Regression Analysis with an alpha level set at 0.05.

RESULTS



CONCLUSION

- Our participants demonstrated the ability to differentiate between non-emergent and emergent conditions based on their existing knowledge, ultimately leading them to the appropriate care setting.
- In conclusion, participants' perceptions of clinical sites and healthcare providers, along with their understanding of medical conditions, influenced their decisions on where to seek care.
- This ultimately supports our hypothesis that these factors affect participants' behavior on presenting to the ED or urgent care center.
- We can conclude that the primary cause of ED overcrowding and misuse of resources is not attributed to the lack of knowledge of both facility capabilities and medical conditions.

FUTURE IMPLICATIONS

- Research like ours should encompass a broader geographic region and a larger sample size, as perceptions and knowledge can vary between communities.
- Future research should be performed to study the effects of ED overcrowding and misuse of medical resources after the widespread implementation of urgent care centers.
- In addition, providers should advocate for the development and implementation of strategies, policies, and resources that enable easier patient access to primary care providers.
- Raising public awareness by sharing our findings could help inform discussions about ED overcrowding and the underutilization of urgent care centers.
- Sharing our findings with the general public and educating them on non-emergent conditions that urgent care centers are equipped to manage is essential. While our participants generally responded accurately, these results may vary across more diverse populations.

Perception of clinical provider:

Physician: Anaphylactic reaction and chest pain - ED

Physician Assistant:

Anaphylactic reaction and chest pain - urgent care center

Nurse Practitioner:

Anaphylactic reaction and chest pain - urgent care center

All providers: Ankle injury and ear pain - urgent care center

Perception of urgent care center:

Presenting to ED:

Anaphylaxis and chest pain

Presenting to urgent care center:

Ankle injury and ear pain

Knowledge of medical condition:

Presenting to ED: Anaphylaxis, unstable angina, achilles tendon rupture, and ruptured eardrum

Presenting to urgent care center:

Ankle sprain and otitis externa

Neither ED nor urgent care center: Contact dermatitis and GERD