

## Next-Day Care for Patients with Non-Acute Conditions Presenting to an Emergency Department

Washington DL, Stevens CD, Shekelle PG, et al. Next-day care for emergency department users with nonacute conditions. A randomized controlled trial. *Ann Intern Med* 2002;137:707–14.

### Study Overview

**Objective.** To test whether next-day care is equivalent to immediate care for patients arriving at the emergency department with a non-acute condition.

**Design.** Randomized controlled trial.

**Setting and participants.** 1176 patients using a public, urban hospital emergency department weekdays between 7 AM to 3 PM were screened using deferred care guidelines for 1 of 3 non-acute conditions: abdominal or pelvic pain, musculoskeletal pain, and upper respiratory infections. 299 patients met deferred care criteria, and 156 adults were randomized either to usual care in the emergency room or deferred care the following day in an urgent care clinic setting.

**Main outcome measures.** Primary outcomes were self-reported health status as measured on a 14-point survey instrument (Medical Outcomes Study Short Form) and use of additional health services at 1-week follow-up. Secondary outcomes included days of illness and disability.

**Main results.** There were no clinically significant differences in health outcomes between the usual care and deferred care groups. Deferred care patients reported a similar mean improvement in health status at 1 week (2.35 points [95% confidence interval {CI}, 0.7–4.0] for the deferred care group versus 4.20 points [95% CI, 2.2–6.0] for the usual care group). 3/74 (4%) patients in deferred care group sought additional health services as compared with 3/81 (4%) patients in usual care group. There were no hospitalizations or deaths in either group. Both groups reported similar days in bed and days of disability resulting from illness, but the CIs for the difference could not exclude 1 extra day in bed or with disability for the deferred care group.

**Conclusion.** Next-day care for emergency room patients with non-acute conditions can be safely implemented, although larger studies are needed to demonstrate equivalent days of illness or disability.

### Commentary

Overcrowding in emergency departments is increasingly common and may delay acute care for the sickest patients [1]. In 1993, the General Accounting Office reported that 43% of patients treated in emergency departments presented with non-acute conditions and could have been treated in an ambulatory clinic [2]. However, the solution to overcrowding is complex, as many patients have inadequate access to care, transportation difficulties, and poor social support that may interfere with diverting them from the emergency department setting. Previous programs to relieve overcrowding have used adjacent “fast-track” sites with higher staff-to-patient ratios or sent patients off site. This study is the first to evaluate the feasibility, safety, and acceptability of deferred care using a randomized controlled design.

The paramount issue when implementing a program to defer care is patient safety. Excess deaths or hospitalizations attributable to a delay in care are unacceptable to patients and providers alike. To avoid adverse outcomes, the authors of this study designed an enhanced triage process for the 3 most common non-urgent conditions—abdominal or pelvic pain, musculoskeletal conditions, and upper respiratory symptoms. A registered nurse interviewed the patient to ensure the absence of “red flags” signaling an emergent disease process. 36% of patients with the above presenting complaints met deferred care guidelines and no excess mortality or hospitalization was observed. However, the study was not powered to detect such differences, and uncommon, catastrophic outcomes are still possible. In their discussion, the authors cited a rate of incorrect triage of 1.2% to 5.5% in the literature. A triage error in the deferred care system has larger safety implications than with traditional triage, and a larger study is needed to exclude serious adverse events with more confidence.

Acceptability of deferred care was similar among the intervention and control groups at about 60%, indicating that it was slightly preferred to an unpredictably long wait for immediate care. Given that one third of patients meeting the inclusion criteria declined enrollment, it can be expected

that less than half of eligible emergency department patients would choose deferred care. Acceptability would likely increase as the wait time increases, so that deferred care may ultimately find its place as a stop-gap measure to prevent the most severe overcrowding in U.S. emergency departments.

In summary, deferred, next-day care is an innovative but likely incomplete solution to emergency department overcrowding. Further information would be necessary prior to implementing deferred care on a large-scale basis. The cost advantages of deferred care over an adjacent "fast-track" site would need to be sufficient to offset the loss of convenience for the patient and the potential delay in treatment. Further study also is needed to explore issues of acceptability, safety, and patient symptom burden.

### **Applications for Clinical Practice**

Deferred care for patients arriving at an emergency department with a non-urgent condition requires further study to satisfy concerns about patient safety, cost, and acceptability.

*—Review by Josh F. Peterson, MD, MPH*

### **References**

1. Derlet R, Richards J, Kravitz R. Frequent overcrowding in U.S. emergency departments. *Acad Emerg Med* 2001;8:151–5.
2. United States General Accounting Office Human Resources Division. Emergency departments: unevenly affected by growth and change in patient use: report to the chairman, Subcommittee on Health for Families and the Uninsured, Committee on Finance, U.S. Senate. Washington (DC): The Office; 1993.

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