OSEM Position Statement on redirection of low-acuity patients from Emergency Departments

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Emergency Departments (EDs) provide specialized care for acute medical and surgical conditions of all age groups. Patients presenting to the EDs are granted access for clinical assessment and treatment 24 hours a day, seven days a week.
Due to being available at all times , EDs attract patients with complaints ranging from low-acuity to life or organ-threatening. Low-acuity patients constitute a large proportion of all patients attending EDs(1). Providing care for these low acuity patients in the EDs diverts the attention away from more serious ones.This also contributes to overcrowding and subsequent increase in patients morbidity and mortality(2).

The inappropriate attendances to the EDs often compromise the efficient use of healthcare resources. Low-acuity ED visits tend to generate more prescription of diagnostic imaging and laboratory investigations when compared to primary care clinics visits(3).

Most patients presenting with symptoms deemed minor would not have Serious Medical Illnesses (SMI) .As a safety net to void adverse medical events and refusal of care litigations, all patients should have a Screening Medical Examination (SME) in the triage before redirecting them to the primary care setting(4) .

Therefore, *Redirection* rather than *Deferral* is what should be practiced in order to satisfy the system needs without compromising patient rights.

Triage is an integral part of the ED operation. It prioritizes patients according to the severity of their illnesses. However, it is not designed to decide which patient can safely be redirected from the ED.

ED *Redirection* includes initial assessment by the triage nurse followed by emergency physician performing a SME to exclude SMI. Only after exclusion of SMI can the patient be redirected to primary care institutes. Being a process and not an event, *Redirection* is safe and maintains patients needs. It also helps to link the public to their primary care system(5).

For low-acuity patients presenting to EDs, the OSEM recommends the following:

1. EDs should develop Redirection pathways and policies to deal with low acuity cases.
2. Only low-acuity triage levels (levels 4 and 5) are considered suitable for redirection.

3. Screening medical examination (SME) is necessary before redirection. SME aims to exclude Serious Medical Illness (SMI). SMI is defined as "a condition manifesting itself by acute symptoms of sufficient severity such that the absence of immediate medical intervention could result in placing the individual's health at risk".
4. Low acuity patients should be treated in primary care clinics and health centers.
5. Documentation of the redirection process is important.
6. EDs should post signs that notify patients and visitors of their rights for a screening medical examination before redirection to low acuity institutes.
7. Improving the public awareness about the appropriate utilization of the ED.

In conclusion, redirection of the low acuity cases to primary care will enhance the efficiency of the healthcare system by focusing the available resources in the ED towards sick patients.

References:

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