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Title:

Patients' characteristics and reasons for self-referral to emergency department at Robert Mangaliso Sobukwe Hospital Kimberley with non-urgent conditions.

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Aim:

This study aimed to describe patients' characteristics and reasons for self-referral to RMS Hospital emergency department Kimberley with non-urgent conditions from May to July 2021.

Objectives:

> Describe the demographic characteristics of patients who self-refer to RMS Hospital emergency department Kimberley for non-urgent conditions from May to July 2021

> Describe the reasons of patients for self-referring to RMS Hospital emergency department Kimberley with non-urgent conditions from May to July 2021

Introduction:

The use of emergency services by self-referred, non-urgent patients has been discussed in many studies, and has been portrayed to have negative impact on health service delivery³⁻⁷.

There has been growing concerns about long waiting times and patients' dissatisfaction about healthcare delivery in south Africa healthcare system⁸. Robert Mangaliso Sobukwe Hospital emergency department share similar thoughts, this is mostly criticised, and attributed to the presence of self-referred, non-urgent patients in the emergency department rather than using the primary healthcare clinics.

It became inevitable to conduct a research to study the characteristics and reasons for self-referred, non-urgent patients who present to the emergency department, rather than the primary healthcare clinics, thus recommendation and possible interventions can be made to address the findings obtained.

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Methodology:

Study design: Cross-sectional descriptive study , conducted between 1st May and, 31st July 2021.

Setting: The emergency department of Robert Mangaliso Sobukwe Hospital, Kimberley, Northern Cape, has two emergency sections, Gateway center(GWC), run by family physicians, and emergency center(EC), run by emergency physicians.

Study population: Patients 18 years or older, “triaged as green codes ” , who presented without referral letters to family medicine-run Gateway center at the Hospital, within the study period.

Sample size: The initial intended sample size for this study was 1200, but this study was done during COVID, the average monthly attendance at gateway center was 2000 patients. The sample size was thus recalculated at 323 with Raosoft at 95% confidence interval and an error margin of 5%. The study recruited 331 participants.

Study tool: Questionnaires were utilised to collect data from consented participants and, the results analysed using SAS software version 9.4, from the SAS institute Inc., Cary, NC, USA.

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Results:

- **Characteristics**
- A total of 331 participants were included. The mean age was 40 years (SD ±16.36). Males (n=331, 60.12%) outnumbered females.
- Most of the participants were ≤45 years old (68.28%), single (51.66%), unemployed (54.68%).

TABLE 1: Demographic characteristics of participants (n=331)

Demographic characteristics	Frequency (n)	Percentage (%)
Gender		
Male	199	60.12
Female	131	39.58
Other	1	0.30
Age		
18-29	117	35.35
30-45	109	32.93
46-59	54	16.31
60+	51	15.41
Marital status		
Single	171	51.66
Living together	35	10.57
Married	93	28.10
Separated	8	2.42
Divorced	24	7.25
Employment status		
Employed/self-employed	150	45.32
Unemployed	181	54.68
Social grant recipients		
Yes	93	28.10
No	238	71.90
Had chronic medical condition(s)		
Yes	124	37.46
No	207	62.54
Taking chronic medication(s)[†]		
Yes	106	85.48
No	18	24.52
Had medical aid plan		
Yes	25	7.55
No	306	92.45
Had access to Primary Healthcare clinic		
Yes	291	87.92
No	40	12.08
Also attend the local PHC clinic for medical needs		
Yes	224	67.67
No	107	32.33

†, n=124 (Participants having chronic medical conditions)

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Results:

Reasons:

Participants who had **no medical aid plans** were (92.45%), and **unable to afford** a private doctor (90.03%).

Despite strong consensus on accessing primary health care clinics (87.92%) and staying closer to them (80.36%), they **preferred emergency department** visits for multiple reasons.

Most participants **believed** their medical conditions were **serious** enough to warrant a visit to the emergency department (93.66%); furthermore, they were **more familiar** with the services at hospital emergency department than their local clinics (75.45%).

TABLE 2: Reasons for RMSH casualty attendance by the participants. (n=331)

	Frequency (n)	Percentage (%)
No access to a family doctor/general practitioner		
Yes	298	90.03
No	33	09.97
RMSH casualty was closer to the participant's residence than the local PHC clinic/GP		
Yes	65	19.64
No	266	80.36
The participants attended a local clinic but were more familiar with resources at RMSH		
Yes	169	75.54
No	53	23.66
Not applicable	2	0.89
Chronic medication ran out of stock at the local PHC clinic (n=106)[‡]		
Yes	13	12.26
No	93	87.74
Need for chronic script renewal (n=106)[‡]		
Yes	35	33.02
No	71	66.98
Need for special investigations		
Yes	235	71.00
No	96	29.00
Had social problems		
Yes	44	13.29
No	287	86.71
Perception of having a serious medical condition		
Yes	310	93.65
No	21	06.35
Need for a second opinion		
Yes	56	16.92
No	275	83.08

[†], n=Total number of participants who attended a local clinic for medical needs in the past
[‡], n=Total number of participants on chronic medication

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Discussion:

- Patients characteristics:

Young, single, males, unemployed

- Reasons for Emergency department's self-referral with non-urgent conditions:

- No medical aid, non-affordability of private services, perceptions related to seriousness of illness, other social factors

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Conclusion:

Most emergency service users for non-urgent needs were males, singles, unemployed patients, those without health insurance, and those unable to afford private doctor services.

The use of emergency department services by self-referred patients with non-urgent health conditions is attributed to several medical, psychosocial, and economic factors. Patients' perceptions play an important role in their decision to use emergency services. Despite having access to primary healthcare clinics, patients prefer emergency departments for non-urgent conditions.

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