

## **DRAMATICALLY REDUCING EMERGENCY ADMISSIONS BY MEDICAL SCREENING OF ACUTELY ILL INDIVIDUALS**

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**OBJECTIVES:** To identify the impact of medical support in emergency triage to reduce nonurgent hospital admissions.

**BACKGROUND:** The emergency department (ED) is ideally reserved for urgent health needs. However, it is often the site of care for nonurgent conditions. To enhance the quality and consistency of health care and reduce ED admissions, the Hospital Universitário Clementino Fraga Filho (HUCFF) in Rio de Janeiro has launched initiatives to strengthen the emergency triage (ET), including tools which aid decision-making headed by a physician.

**METHODS:** A retrospective analysis of flow charts obtained from patients who spontaneously went to the ET of HUCFF from January 2003 through April 2006. Medical intervention in the ET began in January 2005. Frequency of emergency admissions before and after medical intervention was compared.

**RESULTS:** From January 2003 through December 2004, 4348 records were obtained in the ET (medium 181.17 records/month,  $SD \pm 27.14$ ). An ED destination was identified in 67% of records (2918 records, medium 121.58 records/month,  $SD \pm 21.44$ ). Comparatively, from January 2005 through April 2006, 3536 records were observed in the ET (medium 221.0 records/month,  $SD \pm 48.15$ ) with an ED destination of 52% of these records (1850 records, medium 115.63 records/month,  $SD \pm 22.96$ ).

**DISCUSSION:** Our results suggest that although spontaneous assessment of individuals increased with the presence of a physician in the ET (181.17 versus 221.0 records/month), a decrease in ED admissions was observed (67% versus 52%,  $p=0.022$ ). In conclusion, our study indicates that medical intervention in the ET improves efficiency in diagnosis and has a positive impact on the reduction of nonurgent emergency admission by appropriate identification and triage to alternate care destinations.

**Keyword:** Medical intervention, Emergency triage, Decision supporting tools