

Emergency department physicians growing weary of frequent users

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Emergency department physicians are frustrated and burned out from treating patients who frequent the ED for their care, according to a Henry Ford Hospital survey of physicians from across the country.

The survey found that 59 percent of physicians acknowledged having less empathy for so-called frequent users than other patients, and 77 percent held bias for frequent users. Physicians defined frequent users in the survey as patients who visit the ED at least 10 times a year.

Other highlights:

- 91 percent of physicians say frequent users pose challenges for the ED.
- 71 percent of physicians believe a program to manage frequent users is necessary.
- 82 percent of physicians say they feel some level of burnout.
- Experience did not shield physicians from burnout.

Physicians who responded to the survey comprised seasoned professionals, up-and-coming residents and alumni whose experience ranged from one year to 30 years. They represented every state, except Alaska.

While frequent users long have been linked with provoking [negative attitudes](#) in the ED, the Henry Ford findings are believed to be the first time physicians' opinions have been measured.

The findings are being presented at the annual meeting of the Society for [Academic Emergency Medicine](#) June 1-5 in Boston.

"Our findings should be a wake-up call for hospital administrators to look at ways to manage these types of patients," says Jennifer Peltzer-Jones, Psy.D., a [clinical psychologist](#) at Henry Ford's Department of Emergency Medicine who led the survey. In 2004, Henry Ford created the Community Resources for Emergency Department Overuse (CREDO) in response to increased frequent users in its ED.

"Only 31 percent of the physicians surveyed said they had a program to help manage patients who are frequent users. Hospital administrators have to realize that these patients are invoking burnout and staff want and need additional resources," Dr. Peltzer-Jones says.

Findings were compiled from an 18-question, anonymous survey randomly sent to 1,500 physicians nationally between July-October 2010. Questions were multiple choice, and data was analyzed using the common statistical test Chi Square. Of the 1,500 surveys sent, 418 physicians responded.

"People go to the Emergency Department because it's accessible 24/7," Dr. Peltzer-Jones says. "However, the ED is meant for emergent care, not primary care. ED physicians are not equipped to be primary care providers and case managers."

Dr. Peltzer-Jones says many social factors contribute to patients frequently using the ED: lack of access to primary and specialty care, homelessness, lack of transportation for appointments, substance abuse, psychiatric disorders and chronic medical conditions. Contrary to popular belief, many frequent users do have some type of medical insurance, she says.

"Physicians are feeling frustrated because they want to assist their patients who have emergent care issues. But they find they are managing chronic medical and social problems with very little resources. The Emergency Department is supposed to be the last, not first, resource for patient care. That's not the case with the frequent user population," Dr. Peltzer-Jones says.

Provided by Henry Ford Health System

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