HEN Hot Topics
Working Together to Make Healthcare Better

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Overview of Emergency Department Visits in the United States, 2011

Emergency departments (EDs) provide a significant source of medical care in the United States, with over 131 million total ED visits occurring in 2011, according to a statistical brief by the Healthcare Cost and Utilization Project.

According to the study, over the past decade, the increase in ED utilization has outpaced growth of the general population, despite a national decline in the total number of ED facilities. In 2009, approximately half of all hospital inpatient admissions originated in the ED. In particular, EDs were the primary portal of entry for hospital admission for uninsured and publicly insured patients (privately insured patients were more likely to be directly admitted to the hospital from a doctor's office or clinic).

ED utilization reflects the greater health needs of the surrounding community and may provide the only readily available care for individuals who cannot obtain care elsewhere. Many ED visits are "resource sensitive" and potentially preventable, meaning that access to high-quality, community-based health care can prevent the need for a portion of ED visits, the study stated.

Highlights

- In 2011, there were about 421 visits to the ED for every 1,000 individuals in the population.
- More than five times as many individuals who visited an ED were discharged as were admitted to the same hospital.
- Among patients younger than 18 years, the most common reasons for admission to the hospital after an ED visit were acute bronchitis (infants younger than 1 year), asthma (patients aged 1-17 years) and pneumonia (infants and patients aged 1-17 years).
- For adults aged 45-84 years, septicemia was the most frequent reason for admission to the hospital after an ED visit.
- Medicare was the primary payer for more than half of ED visits that resulted in admission to the same hospital.
- The most common reasons for ED visits resulting in discharge were fever and otitis media (infants and patients aged 1-17 years), superficial injury (all age groups except

infants), open wounds of the head, neck, and trunk (patients aged 1-17 years and adults aged 85+ years), nonspecific chest pain (adults aged 45 years and older) and abdominal pain and back pain (all adult age groups except those aged 85+ years).

- Rural areas had a higher rate of ED visits resulting in discharge compared with urban areas.

New AHRQ Toolkit Stresses Relationships between Healthcare Providers and Communities to Address Obesity

New toolkits on AHRQ's Web site offer insights for clinicians interested in developing sustainable links with community resources to help increase patient engagement in obesity management. Developing relationships between organizations that share a common goal of improving the health of people and their communities can improve patient access to preventive and chronic care services.

One toolkit, **"Community Connections: Linking Primary Care Patients to Local Resources for Better Management of Obesity,"** provides broad strategies based on actual experiences that practices can customize according to their own needs. Another resource, **"Integrating Primary Care Practices and Community-Based Resources to Manage Obesity: A Bridge Building Toolkit for Rural Primary Care Practices,"** provides tools and concepts informed by the real world of six primary care practices in three rural Oregon communities.

Save the Date

Please note: While the information below is a list of planned programs for 2014, at this time not all programs can be accessed online for registration.

Sept. 18 Adverse Drug Events
Sept. 22 Annual Leadership Summit
Sept. 29 Geriatric Emergency Department Guidelines

Click here to register.

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