

Profile of users and reasons for demand in out-of-hospital Emergency Service 061

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None

Background: Demand of out-of-hospital emergency medical services (EMS) has increased in the last few years. The objectives of the present study were to describe the profile of 061 EMS users, and to evaluate whether the degree of satisfaction with Primary Healthcare (PH), the fact of having to wait for specialized healthcare, the labour situation and the knowledge of other EMS could have any impact on the demand of 061.

Methods: Study of a sample of 061 EMS users in a 2-month period. Socio-demographic factors and reasons for using this service were obtained using a specific telephone questionnaire.

Results: The response rate was 32,3%. Users were most frequently elderly people and females, and the most common reason for calling was related to respiratory problems (36 users, 27,9%). The demand was greater on Sundays (27 users, 20,9%) and between 15 and 22 hours (59 users, 45,7%). The users positively valued the medical assistance by PH; 24 individuals (18,6%) were waiting to be seen by a specialist physician; being absent from work to visit a doctor was not a problem for any of the users; and 68 (52,7%) users had knowledge about other EMS.

Conclusions: 061 was not used as a first option to get into the health care system. In addition to the severity of the disease, several external factors play a role in the demand of this medical service. [Emergencias 2008; 20: 27-34]

Key words: Emergency medical services. External factors. Demand for assistance.

Introduction

Services that provide continuous out-of-hospital attention are essential within the healthcare system as they take care of a large number of health problems that arise out of the opening hours of the general practitioner surgery¹. In Spain, there is not a defined organisation model for out-of-hospital emergency services. The organisation in each Autonomous Community depends on the geographic, demographic and political characteristics of the Autonomous Government². In 2000, the Integrated Plan for Emergency Care was created in Aragón and the Centre 112 SOS-Aragón handles the reception of calls³.

In the last decades, the management of user-oriented total quality has been introduced in he-

althcare organisations. According to this model, quality in the healthcare sector is represented not only by scientific and technical quality but also by "perceived or apparent quality", which is the difference between what users expect and what they perceive^{4,6}. One of the total quality models that are currently in use is the European Model for Quality Management proposed by the European Foundation for Quality Management (EFQM), which considers client satisfaction to be one of the key elements⁷⁻¹¹.

Within this frame, in which users and satisfaction constitute the cornerstone of the healthcare system^{5,12}, a core point is to know their opinion about the services received¹³. There are not many empirical studies about the reason why patients demand emergency services (ES) and most of tho-

se reported are related to emergency services provided by hospitals. Therefore, it would be interesting to study the reasons why patients request out-of-hospital emergency services (OES) such as 061, which have their own area of action oriented to the resolution of problems while maintaining close cooperation with the different levels of healthcare¹⁴. On the other hand, knowledge of the clinical and epidemiological characteristics of the population demanding OES will provide a better approach to users' needs.

The aims of this study were to define the characteristics of users of OES 061 and to determine possible factors associated with a higher demand. In order to do this, we assessed users' satisfaction with Primary Care (PC), situation of waiting for an appointment with a specialist, employment status and knowledge of these patients about other ES.

Method

We performed a cross-sectional descriptive study in which a telephone survey was carried out in a sample of people that had used the OES 061 in Aragón, Spain.

The area under study was the city of Zaragoza, the capital, in which 51.8% of the inhabitants of Aragón live¹⁵. The territorial organisation of this Autonomous Community establishes eight health-care sectors, three of which belong to the city of Zaragoza.

The sample was selected among patients that had used the above mentioned service from November 2003 to January 2004. Considering a precision of 5% and a prevalence of 50%, we took a simple random sample of 400 people from among the 25,181 that had used 061 during those two months. We included patients over 18 years of age and excluded those who were not able to answer the survey – except for those cases in which relatives could do it –, those who did not have a phone number and those who did not answer the call after three attempts. We checked if the population answering the survey was comparable and representative of the general population in relation to the main variables: sector, sex and age group.

The tool we used was a questionnaire adapted from a survey that we had previously elaborated. In the design of the original survey, we carried out group interviews with physicians from different hospital emergency departments and out-of-hospital ES, and with users of the emergency department of the Hospital Clínico in Zaragoza, Spain.

The questionnaire was structured in five main blocks:

Sociodemographic data: sex, age, sector, employment (unemployed, steady employment, temporary employment, other), month, day and time in which emergency services were requested and reason for call according to the large classification blocks in the International Classification of Diseases ICD-10. If a different person answered the survey, they were asked what their relationship to the patient was.

Primary Care: The first section was dedicated to patient satisfaction (preoccupation, dedication and training of general practitioners, resources, perception of referral to a specialist, time needs and need for being listened to by doctors to be well attended). We used a Likert type scale to rate these answers from 1 to 5, where 1 is Strongly disagree, 2 is Disagree, 3 is Neither agree or disagree, 4 is Agree and 5 is Strongly agree. In the second section, we asked if the request for 061 was due to not being seen in the health centre at the time they wanted and/or because they had not improved with the treatment prescribed by the general practitioner.

Treatment by a specialist: we analysed whether users were waiting to be seen by a specialist, if they had an appointment, the waiting time to be given a appointment, if the 061 call was related to a consultation to the specialist, if they called to have tests done earlier, the reasons why they had used the emergency services (they were still waiting to be given an appointment, they had pain and discomfort, the doctor had told them to call 061 if they felt unwell; patients could choose more than one option), if they had resorted to a private practice due to the waiting list to see a specialist and they had sent them to the emergency department to undergo tests.

Employment: we asked if they had problems getting time off work to see the doctor and if their working schedule coincided with the health centre opening hours.

Other ES: we asked if they knew other ES apart from 061, if they knew how to get access to them, if they had previously used them, how frequently they used 061 and their satisfaction with the attention received.

In order to assess how representative the sample was, we used a comparison test of proportions from independent samples. The results were described using central tendency measures (mean for quantitative variables and median for ordinal ones) and measures of dispersion (standard deviation and interquartile range, respectively) and per-

Table 1. Sociodemographic and epidemiological data of patients that answered the survey

Variables	N	%
Sex		
Man	42	32.6
Woman	87	67.4
Age		
18-25 years	18	14.0
26-44 years	24	18.6
45-65 years	16	12.4
65-74 years	34	26.4
≥ 75 years	37	28.7
Sector		
I	31	24.0
II	59	45.7
III	31	24.0
Unknown	8	6.2
Employment		
Unemployed	94	72.9
Steady job	14	10.9
Temporary job	16	12.4
Other	5	3.9
Month		
November 2003	72	55.8
January 2004	51	39.5
No answer	6	4.7
Days of the week with a higher demand		
Sunday	27	20.9
Monday	22	17.1
Wednesday	22	17.1
Saturday	22	17.1
Other days	39	27.9
Time		
8-15 h	30	23.3
15-22 h	59	45.7
22-8 h	40	31.0

centages for discrete variables. In the bivariate analysis we used the Chi-square test for association between qualitative variables and the Student's-t test and ANOVA for quantitative variables. When variables did not follow normality criteria according to the Kolmogorov-Smirnov test, we applied the non-parametric Mann-Whitney U and Kruskal-Wallis tests. We established statistical significance for p values < 0.05 . We used the computer application SPSS® version 11.5 (licence of Universidad de Zaragoza) and Epi Info® version 6.0 for the statistical analysis.

Results

Response was obtained from 129 people with a response rate of 32.3%. In 82.2% of the cases, the survey was answered by the patients. Among those cases in which other people answered, 78.3% were relatives, 17.4% were professional carers and the remaining 4.3% were answered by a social worker.

We observed statistically significant differences among the patients that answered the survey and

the general population in sex and age group, as women and age group of 65 to 74 years were over represented ($p = 0.001$ and $p = 0.003$ respectively).

The main sociodemographic and epidemiological characteristics and reasons for call are shown in Table 1 and Figure 1, respectively. When the reason was specific, it was related mainly to respiratory conditions (36 cases, 27.9%) and when it was unspecific, the most frequent reason was fever (19 cases, 14.7%).

In terms of sex, there were no statistically significant differences in mean age (61.7 years for men and 56.3 for women), health sector, day of the week (Figure 2), time interval and reason for call (40.5% and 21.8% for respiratory conditions and 32.2% and 28.6% for abnormal clinical and laboratory findings in men and women, respectively). Differences ($p = 0.021$) were observed in relation to the type of employment with 60% of women having temporary jobs while the same percentage of men had steady jobs.

In the relation between age and type of pathology, the age group in which respiratory conditions were most common was in the 65 to 74 years group (14 cases, 38.9%).

In terms of day of the week, we observed statistically significant differences depending on the time interval ($p = 0.015$). Of the people calling on Sundays 55.6% did so in the time gap from 8:00 h to 15:00 h, while in the remaining days of the week the most demanded time interval was from 15:00 h to 22:00. On the contrary, there were no statistically significant differences when comparing day of demand with sector and age. Neither were differences found on comparing the time interval of demand with age of patients (in the interval from 8:00 to 15:00 the mean age was of 60.9 years, being 55.4 years in the 15:00 h to 22:00 h interval and 61.4 years in 22:00 h to 8:00 h interval). Patient assessment of PC according to the Likert scale is shown on Table 2 and the values of the median scores to these questions are shown in Figure 3. It should be pointed out that there were no statistically significant differences in questions related to PC in terms of age, sex, sector, time interval or day of the week on which the call was made.

In the section about treatment by a specialist, 24 patients (18.6%) were waiting to see a specialist and 18 (75%) already had an appointment. Time elapsed since their doctor referred them to a specialist until they were given an appointment was of less than a month in 7 patients (38.9%), of one to two months in 8 patients (44.4%) and

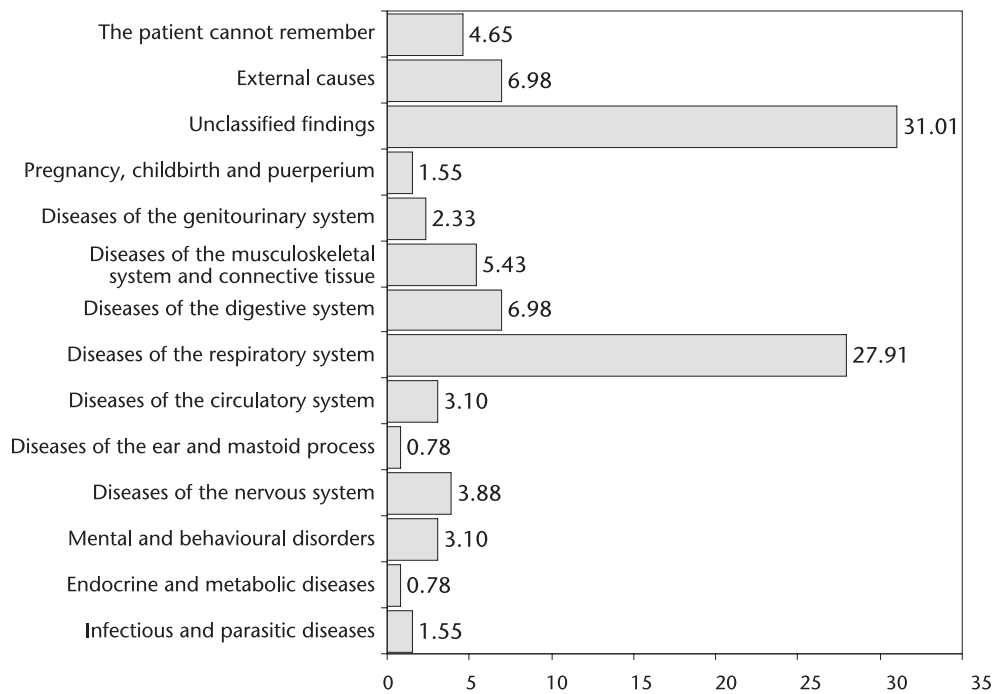


Figure 1. Percentage distribution of patients according to reason for demand of 061 services (ICD-10 blocks).

of more than two months in 3 patients (16.7%). Among the patients who were waiting to see a specialist, 13 (54%) called 061 in relation to the condition for which they needed an appointment and only one patient (4.2%) called to have the tests done earlier. When analysing the essential reasons for calling 061, one answer (0.7%) was because the appointment with the specialist did not

arrive, 61 (44.9%) for having pain and discomfort, one (0.7%) because the general practitioner had told them to call if they felt unwell, 64 (47.1%) because the patient or a relative decided they could not wait that long and in 9 (6.6%) answers there were different reasons.

Thirty-one patients (24%) reported to have attended a private practice to avoid waiting lists

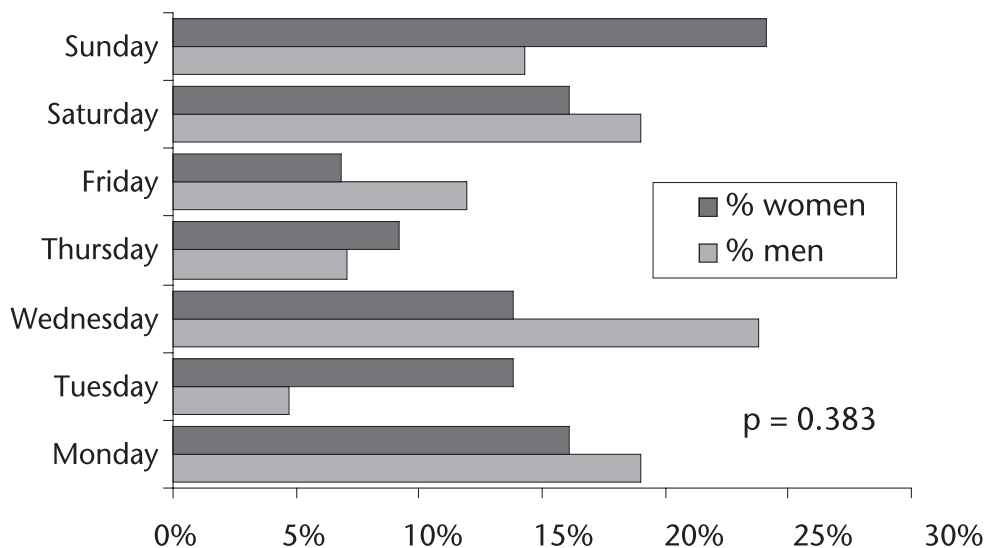


Figure 2. Percentage distribution of patients according to sex and day of the week when the call was made.

Table 2. Assessment of primary care (PC) by patients demanding 061 services

Variables	N	%
PC doctors worry about their patients		
Agree or strongly agree	97	75.2
Neither agree nor disagree	23	17.8
Disagree or strongly disagree	9	7.0
PC doctors dedicate enough time to patients		
Agree or strongly agree	50	38.8
Neither agree nor disagree	34	26.3
Disagree or strongly disagree	45	34.9
PC doctors are well trained		
Agree or strongly agree	101	78.3
Neither agree nor disagree	24	18.6
Disagree or strongly disagree	4	3.1
PC doctors have enough resources		
Agree or strongly agree	22	17.0
Neither agree nor disagree	62	48.1
Disagree or strongly disagree	45	34.9
PC doctors tend to refer patients to specialists		
Agree or strongly agree	24	18.6
Neither agree nor disagree	25	19.4
Disagree or strongly disagree	80	62.0
The patient requires more time to be listened to in PC		
Agree or strongly agree	128	99.2
Neither agree nor disagree	1	0.8
Disagree or strongly disagree	0	0
I used 061 because the health centre was not available when I needed to use it		
Agree	2	1.6
Disagree	127	98.4
N/A	0	0
I called 061 because my condition did not improve with the treatment prescribed in the health centre		
Agree	7	5.4
Disagree	121	93.8
N/A	1	0.8

and none of the doctors had referred them to the public health system to undergo tests. We only found statistically significant differences ($p = 0.033$) in the question "if the 061 call was related to the condition for which they needed an appointment or to tests by a specialist": 11 (73.3%) women and 2 (22.2%) men answered yes.

In terms of employment, 10 (7.8%) patients had problems to take time off work to go to the general practitioner and no statistically significant differences were found in relation to sex, type of employment, day and time of 061 call: only one person called 061 because of overlapping with the work schedule coinciding with the health centre opening times.

When asked if they were familiar with other ES available, 68 (52.7%) patients knew about other services and all knew the telephone numbers: 38 (56%) knew how to contact the hospital emergency department, 12 (18%) knew how to access the 112 service, 11 (17%) could contact the emergency services provided by the health centre and the rest could contact other services. The use of ES other than 061 is shown in Figure 4. In terms of previous use of 061, 77 (59.7%) had never used it before, 3 (2.3%) had used it at least once previously and 49 (38%) had used it a few times in the last year. The attention received from 061 was assessed as positive by 120 patients (93%) and all would use the service again. On analysing all the variables in this fifth section, sta-

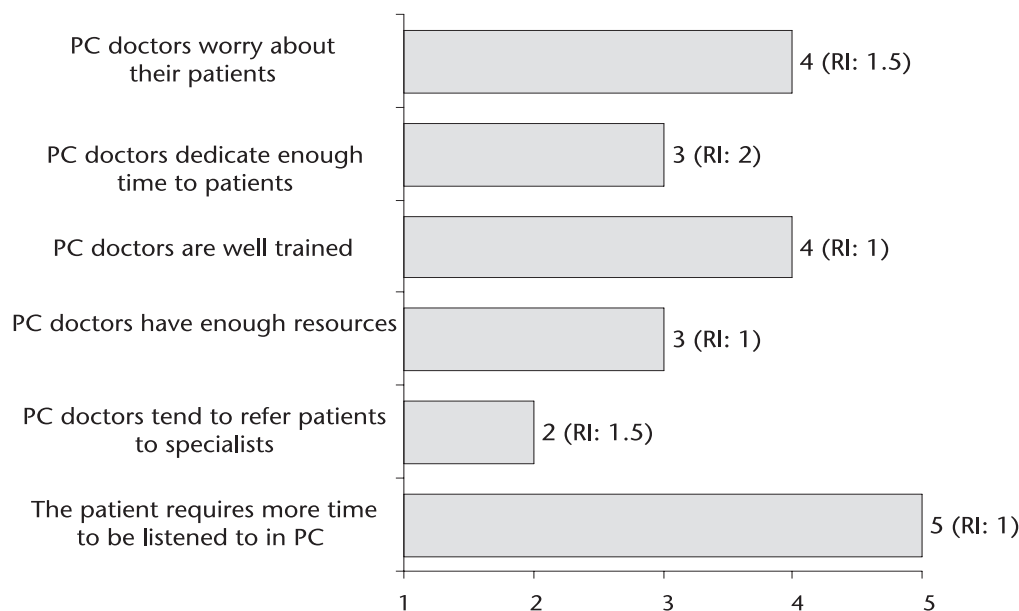


Figure 3. Score in Likert scale (1: Strongly disagree; 5: Strongly agree) of patients in primary care (PC) services [median and interquartile range (IR)].

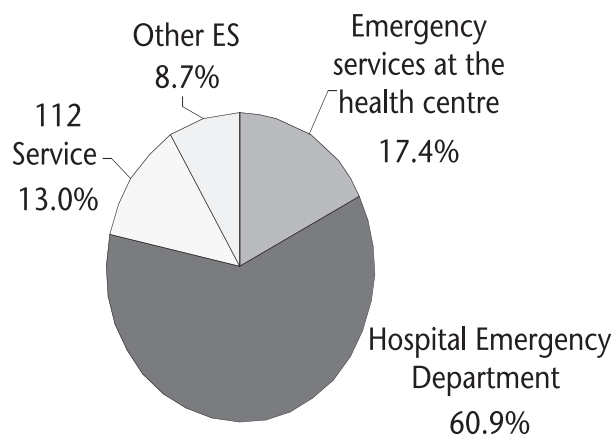


Figure 4. Use of other emergency services different from 061.

tistically significant differences were only found between knowledge of other ES and age ($p = 0.001$), with the mean age of the patients knowing about other ES being 52.2 years and 65.3 years in those who did not.

Discussion

More than half of the patients that used the 061 OES were women and this distribution coincides with the results of several studies on the demand of OES¹⁶⁻¹⁸ but it does not coincide with the results of other studies in which the number of males was higher^{1,19}. In a study by Donado et al²⁰, it was observed that up to the age of 44, it was more frequent for men to use OES and after that age it was women who requested the services more often. This is in agreement with the results of our study, in which the mean age is higher in women. This may be due to the higher percentage of women of advanced age among the Spanish population.

Most of the patients interviewed were older than 65 due to the increase in life expectancy and the prevalence of chronic conditions¹⁸.

The most frequent reason for calling 061 in all age groups was in relation with respiratory conditions. In contrast with the results of the study by León et al¹⁷, we did not observe a reduction in the frequency of patients with respiratory conditions and an increase in the frequency of other pathologies associated with the increase of age.

Significant differences were found in 061 demand related to whether the day was a holiday or a working day and to the time interval, which demonstrated the influence of other factors such as

personal convenience^{19,21}, shops opening times²², socioeconomic level²³, presence of immigrant population²⁴, televising of sports events^{25,26} and moon cycles²⁷ among others, similar to what has been observed in other studies.

This suggests that besides the factors related to the severity of the health problems, there is a variety of situations that determine the flow of demand of ES. Therefore, it is necessary to provide users with more information about healthcare in order to improve the adequacy of emergency care and optimise the use of healthcare services and user satisfaction²³.

The overall assessment of satisfaction with PC was positive in its main aspects coinciding with the results of an opinion survey in PC users in Aragón, Spain in 2003²⁸, in which 87.3% reported satisfaction. In that survey, one of the most outstanding aspects were the skills and training of professionals and this last item was assessed positively in our study. On the other hand, very few patients resorted to 061 because of the inconvenience of the appointment hour in the health centre or because of the lack of improvement with the treatment prescribed in the health centre.

Approximately half of the patients that were waiting to be seen by a specialist called 061 in relation to the condition for which they needed the appointment and only one patient called to try to have the tests done earlier. For the item "if the call is related to the condition for which they needed an appointment or tests with a specialist", significant differences were found only in terms of sex which may be due to the greater concern of women towards health.

In terms of employment, 061 was never used in relation to problems with working schedules and, despite statistically significant differences in terms of sex and type of contract (more men than women had steady jobs), no differences were observed in relation to having problems to get time off work to go to the doctor.

It is outstanding that only half of the patients knew about other ES, with significant differences in terms of age, as younger patients were more familiar with them demonstrating the need to provide better information about these services, especially among older people.

According to our results, patients that call 061 do not do so, in general, to substitute PC or treatment by a specialist, or for problems with their work schedules. Therefore, quality and continuing healthcare are not affected. On the other hand, virtually all patients assess the service positively and all would use it again.

The main limitation of the study is the low rate of answers obtained. On the other hand, the study was limited to a specific time period (November 2003 and January 2004), which may constitute a selection bias due to the seasonal characteristics of certain pathologies. The same bias could also be present for the telephone questionnaire, as people without a telephone could not be included in the study. Another possible limitation is related to the type of study, as in cross-sectional studies information is subject to possible mistakes in measurement, especially when information is collected retrospectively.

The main strength of the study is the fact that the central subject is normally not sufficiently explored in previous works, which at the same time has limited the discussion due to a lack of comparable data. However, in recent years, there has been an increase in studies on patients satisfaction with healthcare in other fields (primary care and specialised care)²⁹⁻³². This has taken place due to a change of approach since studies with a marked clinical orientation also include patients' opinion about the treatment and the results achieved.

In conclusion, this study provides useful information about the profile of users and reasons for demanding the 061 service and it proves that it was not used as entry to the healthcare system. Finally, further studies are required to help identify aspects that patients and carers perceive as more positive and to differentiate them from those that generate dissatisfaction, as well as to know the main reasons why users demand an OES like 061 instead of using primary level healthcare or a hospital, in order to provide more consistency to these results.

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Perfil de los usuarios y motivos de demanda del Servicio de Urgencias extrahospitalario 061

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Objetivos: La demanda a los servicios de urgencias extrahospitalarios (SUE) ha aumentado en los últimos años. Los objetivos de este estudio son caracterizar a las personas usuarias del SUE 061 y valorar si su satisfacción con Atención Primaria (AP), estar esperando visita en atención especializada, su situación laboral y el conocimiento de otros servicios de urgencias, influyen en la demanda del 061.

Método: Estudio de una muestra de los pacientes atendidos durante dos meses por el SUE 061. Sus características sociodemográficas y motivos de demanda se obtuvieron mediante un cuestionario telefónico de elaboración propia.

Resultados: La tasa de respuesta fue del 32,3%. El perfil más frecuente de usuario del 061 fue el de una persona mayor y mujer que lo demandó por problemas respiratorios (36 sujetos, 27,9%). El domingo (27 usuarios, 20,9%) y el horario entre las 15 y 22 horas (59 personas, 45,7%) fueron los momentos de mayor frecuentación. La asistencia prestada por AP fue valorada positivamente; estaban esperando visita por un especialista 24 (18,6%); a ninguno le suponía un problema ausentarse del trabajo para ir al médico; y 68 (52,7%) entrevistados conocían otros servicios de urgencias.

Conclusiones: Los usuarios del SUE 061 no utilizaron éste como puerta de entrada al sistema sanitario. Además de la gravedad de la patología, en su demanda existen otros factores. [*Emergencias* 2008; 20: 27-34]

Palabras clave: Urgencias extrahospitalarias. Factores externos. Demanda asistencial.