

# Policy Brief: Reasons for non-urgent presentations to the Emergency Department in Saudi Arabia, A Descriptive – Explorative Study

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## Abstract

Policy briefs are often recommended as a key tool for communicating research findings to policy makers. Some knowledge transfer programs have emerged in the past years to promote the use of research. One of those program was the policy brief. It is a short document synthesizing the results of one or multiple studies. In this policy brief, the researcher used one of his research work has been conducted 10 years ago. The purpose of a policy brief is to inform policymakers' decisions or motivate action. The Policy brief approach allows for a more comprehensive view of evidence use and to decide more specifically in which ways policymakers use research evidence. Further research needs to be done to evaluate the various forms of uses of policy briefs by policy makers.

**Keywords:** Policy briefs, Non-urgent, Emergency department, Descriptive-Explorative study.

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## INTRODUCTION

The policy brief is a first step into evidence, leading to further questioning and reading rather than providing a definitive report of what works (Nutley *et al.*, 2013). Another approach to summarizing research,

which is more focused on summarizing results for the use of policymakers, is the policy brief. There are multiple definitions to the policy brief (Dagenais & Ridde, 2018).

<b>Title of research</b>	Reasons for non-urgent presentations to the Emergency Department in Saudi Arabia, A Descriptive – Explorative Study
<b>Location of research</b>	Security Forces Hospital Program, Riyadh, Kingdom of Saudi Arabia

<b>Define the context and the issue.</b>	<ul style="list-style-type: none"> <li>○ The increase in population in Saudi Arabia has led to some citizens having limited access to primary health care centres despite the Saudi Arabia Government committing resources to improve primary health care in the Kingdom. This has led to Saudi Citizens using the main tertiary hospitals Emergency Department, (ED, or ER) as a first line treatment centre for less urgent or non-urgent treatment requests.</li> <li>○ This has led to overcrowding of the ED, putting pressure on the internal hospital's services. Initially the patients arriving at the ED are triaged using the Canadian Triaging System CTAS which uses a scoring system of 1-5, where 1 being Critical, 2 being Emergent &amp; 3 being Urgent care, 4 &amp; 5 being Less Urgent &amp; Non Urgent.</li> <li>○ This paper examined the reasons of patients attended ED for non-urgent conditions and their perception of illness vs CTAS categorisation of actual illness of level 4 less urgent &amp; 5 non urgent.</li> </ul>
<b>Statement of the Issue</b>	<ul style="list-style-type: none"> <li>● The study reviewed used a descriptive-exploratory method to conduct a review of a large-scale referral method of a Ministry of Interiors, (MOI) Government tertiary hospital. The review concentrated on patients and families affiliated with the MOI and their families arriving at the Emergency Department (ED).</li> </ul>

<p><b>Findings</b></p>	<ul style="list-style-type: none"> <li>The sample of the study reviewed using the Canadian Triage System known as (CTAS) level 4 less urgent &amp; CTAS 5 Non-urgent patients arriving at ED triage area. Demographics were split into male, female, adult and paediatric.</li> <li>The complete data size for one month arriving at the ED in the study was 14,109 collected visits. Data collection involved varying times of arrival at the ED. Out of the 14,109 patients It was found that 38.6% were categorised as CTAS 4 &amp; 5, this related to 5453 patients of which 53.7% were female. The mean age ranged from 18-80 years.</li> <li>The study was thorough in its recruitment application and a good sample size of 350 patients was selected with a favourable return rate. The study gave many variable ranges for consideration, such as arrived at ED walking, time of arrival, living location, and level of participant's education level. The sample size of CTAS 4&amp; 5 were also asked if they had tried to contact a primary health care centre. According to Al-Hay <i>et al.</i>, 1997; Jerius <i>et al.</i>, 2010; Rehmani and Norain, 2007) patients all reported it was difficult for them to access any health care services, Whereas (Carret <i>et al.</i>, 2009; Uscher-Pines <i>et al.</i>, 2013) (Field and Lanz 2007 Shakhathreh <i>et al.</i>, 2003), generalize that due to the Middle East Culture and the desire to be seen on the same day and initiating laboratory investigations are one of the major contributing factors for attending the ED.</li> <li>This different perception of urgency to be seen in the study was greater for the patient than what they were CTAS triage in the ED. This difference in rating can sometimes lead to confrontation between patients and health care workers. This different perception is believed to be a localized perception as a rural study in Australia 2008, (Callen <i>et al.</i>,) found no correlation between patient's perception of urgency and the staff triaging.</li> </ul>
<p><b>Implications</b></p>	<p>The important aspect of the study finding was the patient perception of their right to treatment. This is further supported by the free health care supplied by the Kingdom for its citizens. There are several major implications for Saudi Arabia Health Care System, for example:</p> <ul style="list-style-type: none"> <li>Limited supplies as health care has set budgets and non-urgent patients attending routinely have more investigations carried out.</li> <li>Burnout of ED staff due to overcrowding the system.</li> <li>Staffing issues in ED as the worldwide shortage of nurses has effect on staffing levels and ED is not seen as an attractive workplace for local staff.</li> </ul>
<p><b>Limitations and further research</b></p>	<ul style="list-style-type: none"> <li>The study was limited at the time due to no specific initiatives in place to reduce overcrowding in the ED. Therefore, it established a need for future initiatives in this area.</li> <li>Further research is recommended in redirecting CTAS level 4 &amp; 5 patients to either urgent care clinics or primary health care clinics. (Weinick <i>et al.</i>, 2010)</li> <li>The use of other means of triaging is also to be considered for future as technology expands into video conferencing or what is known by Telemedicine. Thus, reducing the need for the patient with less/non-urgent conditions to attend the hospital.</li> </ul>

## CONCLUSION

Offering a summary of research results in an accessible format could facilitate policy discussion and ultimately improve the use of research and help policymakers with their decisions (Arcury *et al.*, 2017; Cairney and Kwiatkowski, 2017). However, in this article it will refer to a short document that uses tables and text to summarize the key elements of one research and provides a succinct explanation of a policy issue or problem, together with options and specific recommendations for addressing that issue or problem (Arcury *et al.*, 2017; Keepnews, 2016).

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## Author Contributions

All authors contributed substantially to the conception and design of this work as well as the helped to draft and revise the manuscript. All authors approved the final version to be published and are accountable for all aspects of this work.

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