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Editorial

Non-emergency applications

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Overcrowding in emergency departments (ED) could delay and alter the quality of critical services provided. Despite the generalization of developed triage system, the rate of nonurgent applicants is still considerable worldwide. This usually leads to long waiting patients lists, healthcare practitioners over stress, and patients unsastisfaction. A recent literature review reported that between 4.8% to 90% of ED patients were potentially nonurgent cases and the sudden death cases reported in ED should be simply urgent; long waiting unmanaged cases [1]. Among the leading reasons for unsuitable use of ED for "nonurgent complaints."; patients related factors are most frequent. Elderly patients with heavy chronic conditions and lack of familial support are frequent ED users. Some patients prefer the ED due to the easy access and availability of all investigation tools. Ed is always convenient providing nonstop care by trained specialized team. According to some studies; it has been proved that a higher rate of nonemergency application is noticed in case of unavailability of primary health care centers access and during off-clinic hours [2]. The delayed appointments, and the lack of access to outpatient clinics on evenings and weekends is usually influencing the patient's attitude. Interestingly, some other reports showed that most of the patients admitted to the ED with mild and simple complaints are well educated, have good social status and do not have chronic diseases [3]. For these cases, wrong perception could be bilateral. The patient is always considering his personal case as extremely urgent; and the health practitioner could not infirm the emergency before the investigations. This risk-averse patient risk-averse doctor relationship could explain the major part of non-emergency applications [4]. With these overwhelmed available resources, the increase of nonurgent visits results in risks for patient safety. This problematic has been recognized long time ago. Since early 90^{s} many triage systems were implemented. However only five level triage instruments are significantly correlated with resource utilization, rate of admission for inpatient treatment, duration of emergency management, and frequency of transfer to intensive care or mortality. Unfortunately, these instruments could not be generalized to all ED [5]. Several other solutions have been proposed. Gatekeeping; redirecting patient systems, or health services cost sharing were not enough and difficult to implement. The benefit a financial penalty for patients categorized as nonurgent after the consultation or targeting frequent users by case management approach is still unclear [6]. In our point of view; the solution to decrease the rate of nonurgent visits is outside of emergency room and not inside. The only valuable option is to provide an alternative to ED by improving the outpatient departments and primary healthcare centers services quality. With patient large sensibilization, the benefit should be perceptible.

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