Factors Contributing to Potentially Unnecessary Pediatric Emergency Transfers

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Background:

Riley Hospital for Children receives thousands of emergency pediatric transfers from outside hospitals every year. The United States is currently facing a national EMS shortage along with increasing costs of medical care. Additionally, these transfers can be inconvenient for patients and their families. However, not all of these transfers are medically necessary. Identifying factors that contribute to unnecessary emergency transfers is essential for optimizing care for each patient.

Methods:

Retrospective chart reviews of electronic medical records at Riley Hospital for Children were completed for transferred patients between 01/01/2022 to 02/20/2022. Patients were identified through the transfer center patient list. The primary objective of the study was to identify patients transferred and discharged from the emergency department without advanced imaging or specialist consult. Demographic data including age, race, ethnicity, and sex were collected.

Results:

There were 404 patients included in the study. About one third of these patients were discharged from the emergency department. Of those, 38 patients (9.4%) also did not have advanced imaging or a specialist consult in the Riley Emergency Department. Age was found to be statistically different between these patients and all other patients. The median age for patients discharged without advanced imaging or specialist consult was 2.4 years old, while the median age for all other patients was 6.5 years old. Other demographics including race, ethnicity, and sex were not significantly different.

Conclusion and Potential Impact:

The results suggest that younger pediatric patients may be at a greater risk for unnecessary emergency transfer. The generalizability of this study is limited in scope due to the use of only one EMR and hospital system. Finally, as this is a retrospective study, the information is limited by what was documented.