



Frequent attenders to emergency departments have drawn interest from multiple stakeholders including healthcare providers, clinicians, researchers, policy makers and politicians. The stereotypical image of a frequent attender is a high cost burden to emergency care systems. Unfortunately, these negative associated connotations often result in attempts to divert or reduce attendance because of beliefs that emergency department use is inappropriate. This simplistic view negates the fact that frequent attenders are in fact, a complex and heterogeneous population who are difficult to define and characterise.

The context

Frequent attenders have been associated with a number of characteristics including: male, out-of-hours attendance, vulnerability, high rates of addiction, mental health problems, somatoform disorder and chronic medical problems. This variation makes it difficult to study this population and in this case, to design appropriate services.

The research

The main driver for this project was the set-up of a multi-agency working group to tackle the issue of frequent attenders to emergency departments locally, in particular, to address unmet mental health needs that may be contributing to frequent attendance. This project aimed to contribute to the working group by using specialist clinical knowledge, local data and design concepts to develop 'personas' (precise representations of particular people that the design will address). These 'personas' remain throughout the design process and all decisions can be assessed by the design team against these representations to inform service design.

Anonymised data were extracted retrospectively from the Addenbrooke's Hospital electronic patient registration system, and analysed as part of this service evaluation project.

Findings

The study found that 97% of attendances are made by moderate frequent attenders (<20 times/year) who present with more urgent and severe complaints, often requiring admission.

Only 3% of attendances are by extreme frequent attenders (>20 times/year) who have less urgent and severe complaints, not requiring admission.

The most common stereotyped image in health care of a frequent attender is the extreme frequent attender, but local data point towards the moderate frequent attenders as the sub-group that is most likely to be causing the greatest reversible impact on Addenbrooke's Hospital emergency department.

Key points

- Frequent attenders to the emergency department are a heterogeneous group with complex needs and high rates of mental health co-morbidity.
- Design methods help de-construct this group into likely personas and scenarios, and avoid the trap of an 'elastic user' service that serves no one.
- Local data point towards the moderate frequent attender (<20 attendances per year) as the sub-group that is most likely to be causing the greatest reversible impact on Addenbrooke's Hospital emergency department.
- Designing a service with this in mind is likely to give the greatest returns on investment.

Conclusions

There is growing interest from many areas of health care in frequent attenders, yet there is little that delivers a joined-up approach in how we deliver services to high-demand patients with complex needs.

Given that this research found that moderate frequent attenders constitute at least 97% of the local frequent attender population, a service redesign is needed for the delivery of a proactive service that seeks out identification, specialist assessment and appropriate signposting or treatment for these patients.

Attention should be directed at the extreme frequent attenders through case management strategy.

References

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