

8th Annual ESPAnet Conference 2010

Social Policy and the Global Crisis: Consequences and Responses

Budapest 2-4 September 2010

Stream 11.1. European Public Health Care Systems and Institutional-Organisational Change: an evaluation of their performance

Non urgent cases in overcrowded Emergency Unit: unsatisfied needs and reorganization hypothesis to improve performance. Main results from an empirical research on a big Milan hospital.

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The way non-urgent cases turning to Emergency Unit should be treated is undergoing deep reflections for two reasons: a) they are forced to wait a long time before being treated; b) they contribute to overcrowd emergency rooms. Even charging a fee does not seem to significantly reduce their number.

Solutions are sought in order to: a) give users more proper and quicker answers; b) free the emergency ward from overload, as these cases worsen the service management.

In order to elaborate sound reorganizational hypothesis, though, it is necessary to understand why these cases turn to Emergency Units, so to comprehend what they need in terms of treatment answer, trust building, accessibility and information.

The paper will present the main results of a sociological research carried out in 2009 in the Emergency Unit of a big public hospital in Milan. Almost 600 non-urgent users were interviewed about:

- their socio-economic conditions (working condition, where they live, where they work, ...);
- why they chose to turn to the emergency unit (type of problem, type of treatment they looked for, who advised them, ...);
- their degree of trust towards the emergency unit;
- their relationship to other territorial health services (e.g. have they chosen a public doctor, and why? What are their public doctor's access conditions and working hours?, ...).

The main objective of our paper is to identify types of non-urgent users of Emergency Unit, in order to be able to discuss Emergency Unit's performance in relation with users' needs and the usefulness and pertinence of possible organizational changes in order to reduce the flow of patients in the hospital emergency unit, such as – for instance – the creation of general practitioners' units close to the emergency rooms, to which non-urgent cases can be sent.

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