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Factors impacting patient overcrowding at University of New Mexico Hospital Emergency Department

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Title: Factors impacting patient overcrowding at University of New Mexico Hospital Emergency Department

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A. BACKGROUND AND OBJECTIVES:

Many hospitals in the United Sates are currently experiencing Emergency Department (ED) overcrowding. The University of New Mexico Hospital is no exception. The reason for patient visits can vary from a common cold to a major trauma. According to the National Hospital Ambulatory Medical Care Survey (NHAMCS), the most common ailments seen in the ED in 2003 were abdominal pain, chest pain, fever and cough, all of which accounted for one-fifth of all visits. The great variation for patient visits and the fact that overcrowding is now a major concern has many administrators and healthcare providers re-evaluating the "appropriate" use of the Emergency Department. Many patients utilize the Emergency Department as their primary source of healthcare.

It was recently reported that Emergency Department utilization in the United States increased from 90.3 million to 113.9 million annual visits, an average increase of 2 million per year (NMAMCS study). At any given day patients may find themselves waiting hours on end to be seen by a physician. The NHAMCS found that in 2003 four-fifths of ED visits were between 1-6 hours and average time spent in the Emergency Department was 3.2 hours. Recent studies have considered several contributing factors as the core of this major overcrowding problem. Included among these factors are method of payment, insufficient referrals to primary care physicians, over-representation of specific demographics presenting to the Emergency Department, lack of access to primary care, and lack of insurance.

In the article *The Role of the Emergency Department*, published in <u>The New England Journal of Medicine,</u> Dr. Robert Steinbrook notes that in 1993 the annual excess

charges for non-urgent visits in the United States was $5 billion to $7.2 billion. These numbers include bills that were not paid or were handled by Medicaid or managed-care. He also notes that the average charge (including physician, hospital and emergency department charges) was $383 compared to the average charge of $124 for non-urgent visits. Bamezai, Melnick and Nawathe also note that between 1992 and 2001, ED visits in the United States increased to 107.5 million. The current literature debates whether there is an actual cost difference in treating non-urgent care vs. urgent care visits. Richardson and Hwang note that the ED has high fixed costs due to the 24-hour, 7days a week schedule but is not dependent on volume. They note that although a visit to a primary physician at 4pm might be lower in cost, the same visit would cost more at 4am since the clinic site would have to maintain a 24-hour schedule and therefore, would need to pay for extra staff and supplies. McCarty et al. found that of the patients referred to a primary care physician, 19% of those that were self-pay completed three or more visits, compared to 63% of patients eligible for a sliding fee or insurance.

A study by Grumbach, Keane and Bindman concluded that referral to a primary care physician alone does not significantly decrease the overcrowding problem. They found that along with a referral there is a great need for availability and "coordination of primary care services …for low income populations". Although most ED non-urgent patients were not dependent upon the ED, the majority were unaware of other places to go for their current health problem. Even those patients with a primary care physician sought care in the ED because the ED was believed to provide better care despite its perceived increase in both waiting time and cost (Northington, Brice and Zou).

Another suggested solution has been that of managed care. However, a retrospective study of ED patient population revealed that upon initiation of a managed care program (the "Program" for uninsured patients), there was no significant drop in ED usage in uninsured, indigent population at the University of New Mexico Hospital (Kwack et al.). The need for ED-managed Acute Care Unit has also been suggested as a possible factor contributing to overcrowding. Kelen et al. found that this had a significant impact on reducing overcrowding.

According to Frey et al. "32% of ED visits were inappropriate based on published criteria and 24 % per physician opinion". They also found that Hispanics and Medicaid recipients had the highest rates of inappropriate visits. The NMAMC study found that in 2003 ED utilization was highest among Medicaid recipients (81 visits per 100 patients) and patients with private insurance had the lowest (21 visits per 100 patients). Campbell, Pai, Derksen, and Skipper found that privately insured or Medicare recipients were more likely to use the ED appropriately. NMAMCS also found an overall increasing trend in visits per patient age group. Patients 22-49 years of age increased in visits from 1993-2003 by 19%. Patients 50-64 years of age increased by 15% and those 65 and over increased by 26%. This study also found that ED utilization by African Americans was 86% higher when compared to Caucasians. 11% of patients utilizing the ED identified themselves as Latino or Hispanic.

In conducting this survey at UNMH, we hope to supplement current literature addressing Emergency Department overcrowding. Furthermore, we strive to address how UNMH, as an academic-teaching hospital, is affected by specific factors in ED overcrowding. UNMH administrators are in search of possible solutions to decrease

patient waiting time, cost of ED visits, and the volume of patients utilizing the Emergency Department. However, these possible solutions are largely dependent on the reasons why patients are presenting to the Emergency Department. Therefore, our proposed study is vital in providing real time answers from the patients to the current situation at UNMH.

B.   QUESTIONS:

The goal of our research project is to explore different factors contributing to Emergency Department overcrowding at University of New Mexico Hospital. In particular, we want to address the following questions:

1. What patient populations are present in the ED at particular hours of the day?

With reference to questions as follows: Age (#20); Gender (#19); Socioeconomic status: Health Insurance (#8a), Education (#18a); and Ethnicity (#21).

2. What percentage of patients are informed about alternative resources/clinics and would be willing to be seen at these places as opposed to the ER?

   With reference to questionnaire: (#11a).

3. What type of insurance (Medicaid, Medicare, self-pay) is used by patients presenting at the ED?

   With reference to questionnaire: (#8a)

In addressing these questions, we will analyze the relationship between possible contributing factors to determine efficient solutions.

METHODS

Study Design. This was a cross-sectional survey study designed to study the stated goals to study Emergency Department overcrowding at University of New Mexico Hospital. The institutional review board at the facility approved the study.

Study Setting and Population. This study was conducted in the waiting area of the UNMH ED and UNMH Urgent care. Because pediatric EDs have their own characteristics and patinet volume-time distributions, they were excluded from this study.

Survey Development. The survey was modified from an initial survey as proposed by Dr. Edward Smith, a Family Medicine Resident (graduate) from UNM Family Medicine Residency program. The survey's questions were modified primarily by the medical students with added suggestions from the research mentors: Dr. Kaufman and Dr. Skipper in addition to Dr. Thomas Schiffler. During the first phase, a satellite sampling of the surveys were conducted at the UNMH ED waiting area to test the survey.

Approval from IRB

The Internal Review Board at the UNM SOM approved the study. We applied the study under human subjects with full anonymity without asking or revealing any identifying personal information from the study participants. The subjects were provided with an introductory letter from Dr. Kaufman along with the approval letter from IRB. No compensations were offered to the study participants and their participant was based solely voluntarily after obtaining verbal informed consent.

Selection of dates, times, and individuals. In order to cover the full range of demographics at patients at the ED, the selection of dates and times were performed randomly with the help of statistician Dr. Betty Skipper. The survey was performed in the month March and April, 2005. Days of the week and weekends were randomly selected in addition to hours of the day. Each day was divided into three blocks of time: 7am to 2pm; 2pm to 10pm; and 10pm to 7am.

Survey content. A self-administed survey of 31 questions were administered in English and Spanish. The attached file: contains the copies of the survey both in English and Spanish. (Please see Addendum I)

Conduction of the survey. The study was administered by the medical students in the waiting area of the UNMH ED and UNMH Urgent care. On the randomized days, the students personally explained the purpose of the study and individually requested waiting room patients for their participation in filling out the questionnaires. Each participant was provided a questionnaire, a pen, and a clip board. The students read the questionnaire if needed for those with reading difficulties and then waited in the waiting room to answer any questions and/or for clarification purposes.

The questionnaires were made available in both English and Spanish. The Spanish translation was performed by Ms. Margarita Pedrego, a High School Spanish teacher at La Cueva High School, Albuquerque. A log was obtained to record those patients who refused to participate in the survey.

Statistical analysis. Specific times and days during the month of data collection were randomly chosen. Statistical analyses used confidence limits to estimate proportions of ED patients in specific demographic and knowledge of alternate resources categories. Chi-square tests were used to compare knowledge of alternative resources and demographic characteristics for weekdays and weekends. If 50% of those coming to the ED on weekdays know of alternative resources, there is 80% power for detecting a difference if less than 35% or greater than 65% of the those coming to the ED on weekends know of alternative resources. The variables considered include: Age [18-34; 35-54; 55+]; Gender; Type of Insurance [Commercial, Medicaid, Medicare, Self-pay, UNM- Care Plan]; Education level [Elementary school, Middle school, High School, Vocational School; College]; and Ethnicity [Anglo, Hispanic, Native American, and others]. Data was entered in Epi Info (put out by Center for Disease Control) and converted into SAS Data. Dr. Betty Skipper and Dr. Margaret Sanders (Statisticians) assisted with the analysis.

Table 1. Variable Categories for Weekdays: Day, Early evening, Evening, and Night.

Weekdays	Times of Day	Age	Gender	Type of Insurance	Ethnicity	Education	Informed about alternative clinics?
	Day	18-34	Male	Commercial	Hispanic	Elementary school	Yes
	Early Evening	35-54	Female	Medicaid	Anglo	Middle school	No
	Late Evening	55+		Medicare	Native American	High school	
	Night			UNM-Plan	Others	Vocational school	
				Self Pay		College	
						Beyond College	

Table 2. Variable Categories for Weekdays: Day, Early evening, Evening, and Night.

Weekends	Times of Day	Age	Gender	Type of Insurance	Ethnicity	Education	Informed about alternative clinics?
	Day	18-34	Male	Commercial	Hispanic	Elementary school	Yes
	Early Evening	35-54	Female	Medicaid	Anglo	Middle school	No
	Late Evening	55+		Medicare	Native American	High school	
	Night			UNM-Plan	Others	Vocational school	
				Self Pay		College	
						Beyond College	

Limitations

Adult ER: The nature of the survey conducted excluded pediatric population. Therefore, this survey only represents information related to adult population.

Elimination of ambulance and trauma patients: As the survey was conducted by interaction with those patients only in the waiting area, it eliminated information

regarding those patients who were in ambulance and trauma patients who were direct admits without going through the admissions gate. Another, limiting factor was initially, the survey was conducted to all persons waiting in the lobby, therefore, it included data from those family members whose family were patients in ED. However, their participation gave information regarding either their current family members who were either waiting to be seen, or in the ED, or of their personal experience as being a patient in the ED or Urgent care.

Selection Bias: Although the survey will be made available in English and Spanish, by nature those without knowledge of these languages were inherently excluded from the survey. The administration of the survey was be done in late February and March, thus the survey reflects the patient population only during that time of the year.

Survey Inherent Error: The questionnaire may be composed of inherent risks of error such as generating a sense of general economic status of the patient population without explicitly asking their income level. Yet, we feel that it is important not to ask such a sensitive question directly in order to have the patients feel at ease and to have a greater compliant rate in the participation of the survey.

Refusals: Those patients who refused to participate in the study were obviously not included and a log of refusals with reasons were kept as well.

RESULTS:

Table 3 shows the compiled demographic variables of the study. As can be seen, both sexes were represented equally (male: 49% and female: 51%), being a fairly young population of 94% (n=146) being less than 54 years of age. 64% of the participants were

employed with 67% of them being full employed. Majority (81%) of the participants were residents of Bernalillo county.

Table 4 and 5 shows the breakdown of the participant demographics with relation to the question of what percentage of people did not know about alternative resources to the ED and if they had known of the such an alternate, would they be willing to be seen there as opposed to the ED? Of interest, majority (77%) of the participants did not know of alternatives to ED and overwhelmingly, majority (78% male; 68% female) answered that they would go to an alternative if they had known of such a source as opposed to coming to the ED.

Table 6 shows the breakdown of health insurance used by patients presenting at the ED.

TABLE 3. Demographic Variables

Demographic variable	N=146 N (%)	Demographic variable	N=146 N (%)
Gender		**Employment**	
Male	67 (49%)	employed	87 (64%)
Female	69 (51%)	unemployed	32 (24%)
missing	10	other	16 (12%)
		missing	11
Age		**Type of Work**	
18 – 34	70 (54%)	seasonal	7 (7%)
35-54	51 (40%)	steady	8 (8%)
55 +	8 (6%)	full time	66 (67%)
missing	17	part time	17 (17%)
		missing	48
Ethnicity		**Live in Bernalillo County**	
Non-Hispanic White	34 (26%)	Yes	108 (81%)
Hispanic	68 (51%)	No	26 (19%)
African American	4 (3%)	missing	12
Native American	13 (10%)		
mixed race	8 (6%)	**If no, what county**	
other	6 (5%)	Bexar, TX	1 (5%)
missing	13	Cibola	2 (10%)
		McKinley	3 (14%)
Marital Status		San Juan	1 (5%)
Never married	45 (34%)	Sandoval	4 (19%)
Living with long term partner	27 (20%)	Socorro	1 (5%)
Married	38 (28%)	Taos	1 (5%)
Divorced	16 (12%)	Torrence	1 (5%)
Separated	4 (3%)	Valencia	7 (33%)
Widowed	4 (3%)	missing	5
missing	12		
Education			
college	49 (37%)		
vocational	15 (11%)		
high school	59 (45%)		
middle school	8 (6%)		
elementary	1 (1%)		
missing	14		

TABLE 4: What percentage of patients are informed about alternative resources/clinics and would be willing to be seen at these places as opposed to the ER? N=146

Q 11a.   Do you know of alternative clinics to using the Emergency room?

Demographic variable	Yes N (row %)	No N (row %)	Fisher's Exact p-value
Gender			1.00
Male	15 (23%)	49 (77%)	
Female	15 (23%)	51 (77%)	
Ethnicity			0.71
Non-Hispanic white	6 (18%)	27 (82%)	
Hispanic	16 (25%)	49 (75%)	
All Other	8 (27%)	22 (73%)	
Age			0.28
18 – 34	12 (18%)	53 (82%)	
35 – 54	16 (31%)	35 (69%)	
55 and older	2 (25%)	6 (75%)	
Education			0.90
College	11 (23%)	36 (77%)	
Vocational	4 (27%)	11 (73%)	
High school	15 (27%)	40 (73%)	
Elementary or middle school	1 (12%)	7 (88%)	
Medical Insurance			0.41
Yes	12 (20%)	49 (80%)	
No	19 (26%)	53 (74%)	
Employment			0.55
Employed	21 (26%)	61 (74%)	
Unemployed	5 (16%)	26 (84%)	
Other	4 (27%)	11 (73%)	

Table 5: Q11d – Would you have used one of these alternatives for your problem tod ay?

Demographic variable	Yes N (row %)	No N (row %)	Fisher's Exact p-value
Gender			0.23
Male	47 (78%)	13 (22%)	
Female	45 (68%)	21 (32%)	
Ethnicity			0.69
Non-Hispanic white	24 (75%)	8 (25%)	
Hispanic	45 (69%)	20 (31%)	
All Other	21 (78%)	6 (22%)	
Age			0.51
18 – 34	46 (68%)	22 (32%)	
35 – 54	34 (77%)	10 (23%)	
55 and older	5 (71%)	2 (29%)	
Education			0.07
College	37 (84%)	7 (16%)	
Vocational	10 (77%)	3 (23%)	
High school	39 (70%)	17 (30%)	
Elementary or middle school	4 (44%)	5 (56%)	
Medical Insurance			0.55
Yes	42 (70%)	18 (30%)	
No	52 (75%)	17 (25%)	
Employment			0.60
Employed	56 (70%)	24 (30%)	
Unemployed	24 (80%)	6 (20%)	
Other	11 (73%)	4 (27%)	

TABLE 6: What type of insurance (Medicaid, Medicare, self-pay)

is used by patients presenting at the ED? N=146

Q7 - How do you pay for your healthcare?	N (%)
UNM Care	27 (18%)
UNM Care, Medicaid, and Medicare	1 (1%)
UNM Care and Medicare	3 (2%)
UNM Care and HMO	1 (1%)
UNM Care and self pay	1 (1%)
UNM Care and other	1 (1%)
Medicaid	15 (10%)
Medicare	8 (5%)
Medicaid and Medicare	2 (1%)
Medicaid and HMO	1 (1%)
HMO	11 (8%)
HMO and self pay	2 (1%)
HMO and other	2 (1%)
Self pay	29 (20%)
Other	13 (9%)
None	10 (7%)
Did not answer the question	19 (13%)

DISCUSSION:

The first question we had aimed to find was: What patient populations are present in the

ED at particular hours of the day? Gender played no difference in distribution of the

survey participants. Females (51%) sought care at ER equally as the male (49%)

counterparts. However, high employment rates dispelled the myth that most of the

patients at UNMH are unemployed because majority (64%) of the participants were full

time employed while 24% were unemployed. Regarding health insurance coverage, 20%

of the participants reported themselves to be "self pay" while the second highest (18%) of

population reported to have UNM Care Plan while 10% reported to have Medicaid.

As shown in Table 4, a high rate (77%) of the survey participants do not know of ER alternatives. This was equivocally same with the both males and females. Various reasons can be contributing to this gap in knowledge about ER alternatives. It could be that there is lack of information available for these participants regarding the alternatives or it could be that availability of such alternatives are not well advertised. The idea of night clinics is a new development that could address this need as xx% responded that if such an alternative is available then they would rather go to these clinics than come to the ER as they did not feel that the care at ER was significantly better than regular clinics. Currently, the evening clinics at UNM based family medicine clinics (1209 Clinic) have been reported to have 65% full statistics (as per Dr. Shiffler's conversation with the clinic in 2007).

Suggestions for improvement for having full statistics at such evening clinics could involve advertising of evening clinic hours at check in period and through local media of newspaper and radio. The evening clinics at UNM Family Medicine Department could be continued to open evening hours for continued access. Another suggestion is to assign a "medical home" with a Primary care provider for patients once they leave the ER. This will provide a strong safety net in preventing ER overcrowding and having evening clinics open at these medical home sites will provide continuous care which is efficient. Our study is somewhat compromised by limitations regarding the small amount of study participitants however it suggests important trends which are tailored to finding solutions that would cater to the local population being served by the mission of hospital. Future studies performed during different seasons of the year could be beneficial in getting full data in addition to having a large amount of study participants.

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The purpose of this survey is to find out more about the reasons our patients at UNM have chosen to visit the Emergency Department or Urgent Care. Long term goals include developing or expanding strategies to reduce the burden of ER overcrowding such as opening more clinics or expanding/rotating hours. Using these data, we will try to find out how we may better provide healthcare for you. Medical care received today and waiting time will not be affected by your participation in this survey.

Thank you for agreeing to complete this survey. All information, including your medical record number, will be kept confidential and only be viewed by healthcare professionals.

1) What is your medical record number? _____

2) Why did you come to the emergency room today?
_____
_____

3a) Did you consider going somewhere other than the Emergency Room?
   Yes   No

3b) What prevented you going elsewhere?
_____
_____

4) Do you have your own doctor or your own clinic that you visit regularly? (A "regular doctor")
   Yes   No

5) What type of clinic do you you regularly attend?
   Family Practice (all ages)
   Internal medicine (adults only ages 18 and up)
   OB/GYN or Womens Health (sees only women)
   Pediatrics (sees only children 0-18 years old)
   Other   Specify:_____

6) Do you know if your doctor is a doctor in the community, resident doctor, faculty at UNM, nurse practitioner, or physician assistant? (your "regular doctor")
   Yes   No
If yes:
   Doctor in the community (not at UNM, at Lovelace, Presbyterian etc)
   Resident doctor (in-training)
   Attending doctor (faculty at UNM)
   Nurse Practitioner
   Physician assistant (PA)

7) Do you have medical insurance?
   Yes   No

8a) How do you pay for your healthcare? Please check all that applies:
   UNM Care Plan
   Medicaid
   Medicare
   HMO based pay plan
   Self-pay
   Other   Specify:_____
    No insurance or cannot pay; if no insurance:
    Insurance ran out (expired)
          Waiting for coverage
   No longer eligible for coverage (moved, changed jobs, lost job etc)

8b) Has anyone told you about "UNM Care" or State Coverage Initiative at UNM?
          Yes   No

9) Do you know how to get an appointment at a primary care clinic?
          Yes   No

10) If you could make an appointment at an evening primary care clinic would you go
there for non-emergencies or other illnesses?
          Yes   No

10b)) Regarding the health problem bringing you here today, the care is given better at:
          Emergency room gives _better_ care than a Primary care clinic
          Emergency room gives _same_ care as a Primary care clinic
          Primary care clinic gives _better_ care than Emergency room

11a) Do you know of alternative clinics to using the Emergency Room?
          Yes   No
     If yes, can you name the alternative clinics:
          _____
          _____

11b) What would be the best time slots to use alternative clinics?
_____

11c) What locations would be best for you to visit these clinics (check all that apply)?
        SE
        SW
        NE
        NW

11d Would you have used one of these alternatives for your problem today?
        Yes   No

12) What time of day/night are you completing this survey?
        Weekday –OR-
        Weekend
and between:
        8am-4pm
        4pm-9pm
        9pm-Midnight
        Midnight-8am

13a) If you do not have insurance or didn't have insurance, how do you/how would you pay for your medical care?
    Pay when I am seen by doctor
    Payment plan
    Sliding scale
    Can't pay
    Other_____

13b) Does payment before being seen in an outside clinic play a role in your choosing the Emergency Room for primary care?
    Yes   No

13c) Have you ever felt that you could not afford to go to the doctor?
    Yes   No

14) How many times in the last year did you NOT see a doctor because you felt you couldn't afford the visit?
    None
    One time
    Two times
    Three times
    Four times
    More than 5 times

15) How many times in the last year have you visited the UNM emergency room/urgent care?
   None
   This is the first time
   Two visits
   Three visits
   Four visits
   More than 5 visits

16) How many times in the last year have you visited another Emergency Room (Presbyterian, Lovelace, etc)
   None
   One visit
   Two visits
   Three visits
   Four visits
   More than 5 visits

17) How many times in the last year have you visited the emergency room and NOT been seen (i.e. you left before being seen, emergency room was too crowded, had to go to work etc)
   None
   One time
   Two times
   Three or more times
   What was the reason you were not seen? _____

18a) What level did you reach in school?
   College and/or beyond
   Vocational
   High school
   Middle school
   Elementary

18b) Are you:
   Employed
   Unemployed
   Other (student, retired, disabled on SSI/disability etc

18c) What is your occupation? _____
Type of work?
   Seasonal
   Steady
   Part-time
   Full-time

18d) Do you get health benefits through work?
    Yes   No

19) Are you male or female?
    Male
    Female

20) How old are you?

_____

21) How would you describe your ethnicity/race?
    White or Caucasian non-Hispanic
    Latino or Hispanic
    African American/Black
    Asian/Pacific Islander (Japanese, Chinese, Vietnamese etc)
    Mixed race or biracial
    Other _____

22) What is your marital status?
    Never married
    Living with long term partner
    Married
    Divorced
    Separated
    Widowed

23) How many people are there in your immediate family? (including spouse and children)

_____

24) Do your children have medical coverage?
    Yes   No   Not applicable

25a) Do you live in Bernalillo county?
    Yes   No

25b) If not, which county do you live in?

_____

26) Did you try to call an emergency pager number/after hours pager number for your regular Doctor?
    Yes
    No

Please answer the following questions the best you can:

27) If your regular Doctor was available now or had after-hours clinic you would not have come to the Emergency Room today.
    Agree
    Somewhat Agree
    Somewhat disagree
    Disagree

28) If you could have spoken to your regular Doctor, you would not have come to the Emergency Room today.
    Agree
    Somewhat Agree
    Somewhat disagree
    Disagree

29) In your opinion, was your illness or reason for coming to the Emergency Room an emergency that could not have waited until tomorrow or your next chance to go to clinic?
    Agree
    Somewhat agree
    Somewhat disagree
    Disagree

30) Are there any other reasons not covered by this survey that influenced your decision to come the Emergency Room today?
_____
_____
_____

31) What recommendations do you have as possible solutions?
_____
_____
_____

El propósito de esta inspección, de manera resumida, es averiguar mas sobre las razones que tuvieron nuestros pacientes de UNM de haber escogido visitar el Departamento de Emergencia o Cuidado Urgente. Nuestras metas a largo plazo, por ejemplo, serían posiblemente abrir mas clínicas o extender nuestros horarios existenten es las clínicas. Usando estos datos nosotros trataremos de averiguar cómo podríamos proveer mejor cuidado de salud para usted.

Gracias por estar de acuerdo en completar esta inspección. Toda la información, incluyendo su número de registro medico, será confidencial y será solo visto por profesionales del cuidado médico.

1. ¿Cuál es su número de registro médico? _____

2. ¿Por qué vino a la sala de emergencias (ER)? _____

    _____

3. ¿usted consideró ir a otro lugar aparte de ER? _____

    _____

4. ¿Usted tiene su propio Doctor o alguna clínica que visite regularmente? (un "doctor principal/primario")

            ☐ Si ☐ No

5. ¿A qué tipo de clínica pertenece usted?

    ☐ Práctica Familiar (todas las edades)

    ☐ Medicina Interna (solo adultos mayores de 18 años)

    ☐ Obstetricia/Ginecología o salud de mujeres (solo para mujeres)

    ☐ Pediatría (solo para niños de 0 – 18 años de edad)

6. ¿Usted sabe qué tipo de doctor es su doctor principal?

☐ Si ☐ No

Si, sí:

☐ Doctor en la comunidad (no en UNM, Lovelace, Presbyterian etc)

☐ Doctor residente (practicante)

☐ Doctor encargado (facultad en UNM)

☐ Enfermera "Practitioner"

☐ Asistente Médico (PA)

7. ¿Tiene seguro médico?

☐ Si ☐ No

8. ¿Usted esta con "UNM Care"?

☐ Si ☐ No

8a.   Si no, por favor marque qué tipo de seguro o plan de pago tiene usted:

☐ Medicaid

☐ Medicare

☐ HMO basado en plan de pago

☐ Propio pago

☐ Sin seguro o no puede pagar

9. Si usted no esta con UNM care, sin seguro o pagado por sí mismo: ¿usted sabe como conseguir una cita en una clínica de cuidado primario?

☐ Si   ☐ No

9a. ¿Su seguro ha vencido o expirado, o usted esta esperando por la aprobación de la cobertura de su seguro?

☐ Seguro vencido o expirado

☐ Esperando por cobertura

☐ No por mucho tiempo legible para cobertura (mudarse, cambiar de trabajo,

perdida de trabajo etc)

9b. Si usted pudiera hacer una cita en una clinica de cuidado primario nocturnas, usted iría alla si no son emergencias u otras enfermedades?

☐ Si ☐ No

11. ¿A qué hora del dia/noche esta usted completando esta inspección?

☐ Un dia hábil de la semana

☐ Fin de semana

Entre:

☐ 8am – 4pm

☐ 4pm – 9pm

☐ 9pm – Media Noche

☐ Media noche – 8am

12. Si usted no tiene seguro o no esta asegurado, cómo paga o cómo pagaría por su cuidado medico?

☐ Pago cuando visito a un doctor

☐ Plan de pago

☐ Escala móvil

☐ No puedo pagar

☐ Otro _____

13. Alguna vez ha sentido que usted no podria pagar para ir con un doctor?

☐ Si ☐ No

14. Calcule cuántas veces en el ultimo año uste no vio a un doctor porque sintió que no podría pagarle:

☐ Esta es la primera vez

☐ Dos visitas

☐ Tres visitas

☐ Cuatro visitas

☐ Mas de cinco vicitas

15. Calcule cuantas veces en el ultimo año usted ha visitado el departamento de emergencias o cuidado urgente en UNM?

☐ Esta es la primera vez

☐ Dos visitas

☐ Tres visitas

☐ Cuatro visitas

☐ Mas de cinco vicitas

16. Calcule cuantas veces en el ultimo año usted ha visitado otra sala de emergencias (Presbyterian, Lovelace, etc)

☐ Esta es la primera vez

☐ Dos visitas

☐ Tres visitas

☐ Cuatro visitas

☐ Mas de cinco vicitas

17. Calcule cuantas veces en el ultimo año usted ha visitado la sala de emergencias y NO ha sido atendido (por ejemplo usted se fue antes de haber sido atendido, la sala estaba muy llena, tenía que ir a trabajar, etc)

☐ Una vez

☐ Dos veces

☐ Tres veces o mas

☐ ¿Cuál fue la razon por la que no fue atendido?_____

18. Usted es:

☐ Empleado

☐ Desempleado

☐ Otro (estudiante, juvilado, inhabilitado en SSI/desabilidad, etc.

19. Usted es de sexo:

☐ Masculino

☐ Femenino

20. ¿Cuántos años tiene? Si usted esta con niños, cuántos años tienen ellos?

_____

21. ¿Cómo describiría usted su raza o grupo étnico?

☐ Blanco, no hispano

☐ Latino o hispano

☐ Afroamericano/negro

☐ Asiático/Pacific Islander (Japones, Chio, Vietnamita etc)

☐ Raza mixta o biracial

☐ Otro _____

22. ¿Cuál es su estado civil?

☐ Soltero

☐ Casado

☐ Divorciado

☐ Separado

23. ¿Cuántas personas hay en su familia inmediata? (incluyendo esposo/a, y niños)

24. ¿Sus hijos tienen cobertura médica?

☐ Si ☐ No

25. ¿Usted vive en el condado de Bernalillo?

☐ Si ☐ No

25a.   Si no, en qué condado vive:

26. ¿Usted intentó llamar a un numero de biper o al biper de su medico?

☐ Si ☐ No

Por favor conteste las siguientes preguntas de la mejor manera que pueda:

27. Si su Doctor estuviera disponible ahora o tuviera una clínica (despues de horas hábiles) habría venido al Departamento de Emergencias hoy?

☐ De acuerdo

☐ De alguna manera de acuerdo

☐ De alguna manera en desacuerdo

☐ Desacuerdo

28. Si usted hubiera podido hablar con su Doctor principal, usted no habria venido hoy al departamento de emergencias?

☐ De acuerdo

☐ De alguna manera de acuerdo

☐ De alguna manera en desacuerdo

☐ Desacuerdo

29. En su opinión, su enfermedad o razon por la que vino al departamento de emergencias fue una emergencia que no podia esperar hasta mañana o su próxima oportunidad par ir a una clínica?

☐ De acuerdo

☐ De alguna manera de acuerdo

☐ De alguna manera en desacuerdo

☐ Desacuerdo

30. Hay algunas otras razones no cubiertas por esta inspección que influyeron su decisión de venir al departamento de emergencias hoy?

_____

_____

_____