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Experiences of Aboriginal and Torres Strait Islander peoples attending Australian emergency departments

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Background

There is an over-representation of Aboriginal and Torres Strait Islander peoples (Indigenous Australians) attending emergency departments (EDs) in Australia, however little is known about their experiences with ED services. An exploratory, quantitative study was conducted to examine the reasons for presenting and the experiences of both Indigenous and non-Indigenous ED patients, and whether differences exist across EDs located in different geographical areas.

De-identified ED presentation data was obtained from the National Non-Admitted Patient Emergency Department Care Database for all reporting public hospitals for the 2016-17 financial year. Data on Indigenous status of ED presentations was obtained for all jurisdictions except the Australian Capital Territory and Tasmania, due to their small number of reporting EDs and small proportions of Indigenous presentations. Patient presentation data variables analysed included Indigenous status, type of ED presentation, mode of arrival, triage category, diagnosis information, and episode end status, with data presented as proportions with associated 95% confidence intervals.

Key findings

- In 2016-17, 490,220 (6.5%) of 7.4 million ED presentations were for Indigenous Australians. They accounted for a higher proportion of ED presentations in very remote (59%) and remote areas (45%), compared to only 3% in major cities. The overrepresentation of Indigenous ED presentations was seen across all of the remoteness areas in comparison to their proportion in the general population.
- The age distribution of Indigenous ED patients was skewed, with 62% of Indigenous patients aged under 35 years and only 5% of Indigenous ED patients aged 65 years or over. This was consistent with their relatively young age distribution among the Australian population.
- Overall, there was a higher proportion of females among Indigenous ED patients (53%) compared to non-Indigenous ED patients (49%). Interestingly the proportion of females in the Indigenous patient cohort increased to 55% among those attending EDs in remote/very remote areas, while the proportion of females among the non-Indigenous patient cohort, decreased by remoteness to 44% among those attending EDs in remote/very remote areas.

- Indigenous patients were significantly more likely than non-Indigenous patients to arrive by ambulance, especially among those presenting to remote/very remote EDs [19.5% (95%CI, 19.2%-19.7%) and 7.5% (95%CI, 7.3%-7.6%) respectively, χ^2 test, $P < 0.001$].
- Indigenous patients (2.4%; 95%CI, 2.3%-2.4%) were also 4 times more likely than non-Indigenous patients (0.6%; 95%CI, 0.058% - 0.059%) to arrive to EDs by police/correctional services vehicle ($P < 0.001$), and this trend was consistent among EDs across all remoteness areas.
- Indigenous presentations were more commonly classified as less urgent based on their triage classification, with 55% classified as semi-urgent or non-urgent, compared to 49% for non-Indigenous patients ($P < 0.001$).
- Differences were observed in the reasons for presenting between Indigenous and non-Indigenous patients. Respiratory system illness, mental/behavioural disorders and illness of the skin/subcutaneous tissue were more prevalent among Indigenous than non-Indigenous ED patients.
- In comparison to non-Indigenous patients, a smaller percentage of Indigenous patients were admitted to the hospital. However, there was an opposing trend in remote/very remote EDs with almost twice the percentage of Indigenous patients (27.0%; 95%CI, 26.7%-27.2%) than non-Indigenous patients (13.8%; 95%CI, 13.6%-14.0%) being admitted to hospital ($P < 0.001$).
- Indigenous patients were more likely to leave the ED without being attended (6.8% vs. 4.2%) and were more likely to leave the ED at their own risk before care was completed (2.8% vs. 1.7%) ($P < 0.001$). These trends were consistent across EDs located in different remoteness areas.

Conclusion

Our data shows an overrepresentation of Indigenous people presenting to Australian EDs, with some clear differences in their demographic profile, ED experience and reasons for presenting in comparison to non-Indigenous patients. These findings have important implications, highlighting the need for improving the quality of emergency care provided to Indigenous patients, including care that is culturally safe.

Policy and advocacy recommendations

- Promote cultural competency and safety among emergency medicine staff to improve the quality of care provided to Indigenous patients attending Australian EDs.
- Advocate for more Indigenous Health Liaison Officers in EDs.
- Advocate for improved data collection of ED patient ethnicity.

Presenter

Jolene CJ Lim graduated with a Bachelor of Pharmacy degree and had worked in both community and hospital pharmacy settings. She obtained her PhD degree from Monash University in 2014 in the area of Medicine Use and Safety. She previously worked as a research fellow with The Alfred and Melbourne Health on research focusing on antimicrobial resistance and stewardship in the residential aged care setting. The research work has further led to an invitation to write the 'case for action' by the Australian National Health and Medical Research Council to identify gaps between

research evidence and health policy in aged care. Moving from her previous role in academic as a university lecturer in the Faculty of Pharmaceutical Sciences, Jolene has now joined the Australasian College for Emergency Medicine (ACEM) in the Department of Policy and Research, with a key role of undertaking a range of research and evaluation work to establish an evidence base for policy and advocacy initiatives in the area of emergency medicine.