ORIGINAL ARTICLE

Visits to a hospital emergency department, by patient country of origin

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None

Objective: To analyze demographic data and countries of origin of patients attending the adult emergency department of our hospital over 1 calendar year. To gather administrative data related to patient visits (hospital admission, type of health-care coverage, and mean length of stay).
Methods: Data from digital hospital records stored over a period of 1 year were extracted to compile descriptive statistics on country of origin, decision to admit or discharge during the visit, and age. Health-care payment schemes and time spent in the emergency department were also analyzed.
Results: Spanish nationals account for the largest proportion (81.1%) of our assigned patient population and they also made the largest number of emergency department visits (73.0%). Patients from Latin America accounted for 10.0% and other European Union countries for 6.7%. The admission rate was higher for Spanish nationals (15.9%) and patients from other European Union countries (14.7%); these groups were also the ones with a higher proportion of patients over 65 years old. After adjustment per 1000 population, however, the admission rate for Spanish nationals fell to third place, below that of other European nationals and those from the North African coast. Public health insurance was available for 88.8% of the patients overall and for 93.9% of the Spanish patients. Private insurance schemes were used by 5.5%; 26% of those patients were from European Union countries. A total of 1353 emergency patients (1.5%) treated in 2007 had no health-care coverage. Most of these were from the former Soviet Union or Sub-Saharan Africa. The average duration of procedures and time spent in the emergency department overall came to less than 4 hours. Length of time spent on care was mainly related to disease and specialty. Trauma patients were cared for most rapidly, with no significant differences associated with country of origin, time spent in the emergency department, or decision to admit or discharge. The longest stays in the department were for surgical patients, particularly those with language difficulties. [Emergencias 2009;21:262-268]

Key words: Emergency health care access. Country of origin. Hospital admission. Social security, Spain. Payment. Length of stay.

Introduction

There is frequent debate in the media about the misuse of medical emergency services, especially on the part of non-European Union people[1]. Avoiding any kind of xenophobic debate, the authors of this work do not aim to discuss the causes underlying the use or misuse of emergency services, nor the consequences or other professional aspects related with the all too frequent overcrowding of our hospital emergency departments (ED). Rather, our objective was to analyze demographic data and patient profiles of patients attending the adult ED of our hospital over 1 calendar year and to relate different rates of ED visits and hospital admissions according to countries of origin and age groups[2,3]. We also analyzed other variables of relevance, such as total number of hours' ED stay and type of healthcare coverage.

Method

As a source of data on our hospital reference population and its distribution according to age

group and country of origin, we used lists of individual health cards provided by the Servei Salut Balearic corresponding to the study period. We recorded data on all adult patients admitted to the ED of Hospital Son Dureta in Palma de Mallorca, during the period 1 January 2007 to 31 December 2007. We also used the medical record of hospitalized patients to identify those referred from the ED area.

Our hospital serves a population of 288,409 people, to which must be added people from the Autonomous Community of the Balearic Islands referred for specialist attention as well as non-residents associated with the tourist industry. It must be said that the private medical sector has more than 1000 beds primarily occupied by patients involved in traffic accidents and with private insurance, many of whom are foreigners.

The study was carried out in Pavilion A, corresponding to adults requiring medical or surgical attention. Patients younger than 15 years and gynecological-obstetric patients were not included in the study, since they are attended in a totally separate area.

The variables studied included: episode number, medical record number, country of birth, social security number or healthcare system coverage number, destination on discharge (admission), the emergency service or health area providing the attention, and final stay time. Statistical analysis included the proportions of patients attended in the ED by nationalities. Chi^2 test was used to compare discharge data by age group and country, the financer by country, discharges by specialty area within ED and country, and finally two-tailed variance analysis for total time spent in ED per person, spcialty area and country of origin.

Deceased patients were excluded from the study; there were only 113 of the total 89,283 cases studied and their distribution was uniform (0.1% for people from Spain, rest of Europe, Latin America and the Southern Mediterranean).

Results

During 2007 there were 130,832 visits made to our ED[4,5]. In Pavilion A, the setting of this study, there were 89,283 visits; medical section: 51,974 visitas, surgical section: 9,729 and trauma section: 27,580 visits. The rest, 28,914, corresponded to the pediatric area and 12.309 visits classified as gynecology-obstetrics were not analyzed in this study.

Our hospital serves a population of 288,409 people, 81.1% being of Spanish origin and nearly 15% non-community origin (Table 1).

In terms of ED visits per 1000 people by country of origin, the first were European Union (EU) nationals (excluding Spain, third, with a rate of 44/1000) with a rate of 69.2/1000. In terms of total ED visits, Spanish nationals were first with 16.0%, followed by the rest of the EU with 14.7%. Ex-USSR and Latin Americans followed, with lower rates (6.5% and 6.9%, respectively).

In terms of ED admissions per 1000 people, 648 were from the Southern Mediterranean, followed by 416 from Ex-USSR and non-EU countries, which contrast with the rate for Spanish nationals which was 234. Spanish nationals constituted the most numerous group, with 65,115 ED visits excluding the deceased. There were 1,626 visits by Southern Mediterranean people, which represents 70% of this population officially registered. We recorded a total 113 deaths, 91 Spanish nationals, 6 EU, 6 Latin Americans and 1 Southern Mediterranean person.

Total percentage of hospital admissions referred from ED was 14.4%, with an age distribution of: 7% in the 18-46 year-old group, 15.2% in the 46-65 year-old group and 28.9% in the group aged > 66 years (Table 2).

There were differences in admission percentages according to country of origin, except for the age group over 66 years. In this group it was uniform, except for ex-USSR people. However, this table allows different readings. Thus, more than 90% of ED patients < 46 years were not admitted to hospital, regardless of origin; this rose to 94% for ex-USSR and Latin American people. For the age group 46-65 years, Latin American, Southern Mediterranean and ex-USSR people had ED discharge rates > 90%. Hospital admission rates increased progressively with age, from 7% for 18-46 year-olds and 15.2% for 46-65 year-olds up to 28.9% for those aged >65 years.

Regarding financial cover, there were significant country-of-origin differences in the first age groups. Among Spanish nationals, social security coverage was 93.9%, followed by 78.5% for Southern Mediterranean people and 76.4% for Latin American people (Table 3)[7]. A notable finding was that 1.6% required free ED attention, representing 1,353 patients in 2007, distributed as follows: ex-USSR and non-EU central European people (13.2%), Sub-Saharan and other African (9.6%) and Latin American people (8.9%).

Table 1. Population distribution and percentage rates for ED-referred admissions and discharges, Hospital Universitario Son Dureta in the year 2007[6]

Countries grouped by zone	Population N (%)	Visits to ED* N (%)	Visits to ED per 1000 inhabitants	Discharges per 1000	Discharges** N (%)	Admissions** N (%)	Deaths** N (%)
Spain	233 945 (81.1)	65 206 (73.1)	44.4	233.9	54 710 (83.9)	10 395 (15.9)	101 (0.1)
Latin America	27 786 (9.6)	8960 (10.1)	22.3	299.9	8334 (93.0)	620 (6.9)	6 (0.1)
Other eurozone	13 964 (4.8)	5964 (6.7)	62.9	363.8	5079 (85.2)	578 (14.7)	7 (0.1)
Ex-USSR+ Central and non-EU Europe	4406 (1.5)	1961 (2.2)	28.8	416.3	1834 (93.5)	127 (6.5)	0 (0.0)
Rest of world	3287 (1.1)	823 (0.9)	20.4	230.0	756 (91.9)	67 (8.1)	0 (0.0)
Sub-Sahara + Africa	2718 (0.9)	748 (0.8)	27.2	248.0	674 (90.1)	74 (9.9)	0 (0.0)
Southern Mediterranean	2301 (0.8)	1626 (1.8)	57.8	648.4	1491 (91.8)	133 (8.2)	2 (0.1)
Without reference country	–	3995 (4.5)					
Total	**288 407 (100.0)**	**89 283 (100.00)**	**42.6**	**252.7**	**72.878 (85.30)**	**11.416 (14.57)**	**116 (0.10)**

$p < 0.001$ for the overall distribution of the origin of the population.
**$p < 0.001$ for comparison of admission distribution, discharges and deaths according to the different origins of the population.

Notably, the surgery area, which attended 11.1% of ED patients, presented no differences in admission percentages (Table 4) ($p = 0.47$).

In the medical area, the greatest percentage of admissions was of Spanish nationals (22.8%) and the lowest was of ex-USSR people (7.2%) ($p < 0.001$). In the trauma area, the greatest percentage corresponded to the rest of Europe (8.13%), and the lowest to Latin American people (3.69%) ($p < 0.000$).

Finally, Table 5 shows an analysis of time spent in ED according to country of origin and specialty area. Mean times in this table are differentiated according to final destination (admission or discharge). Mean ED-stay time was as follows: for medical area patients to be admitted, 4.2 hours and for those discharged, 3.6 hours; for surgical area patients, 5.4 hours to be admitted and 4.0 hours for those discharged; and for the trauma area, 4.1 hours to be admitted and 3.0 hours to be discharged. Statistical analysis showed significant differences in mean ED-stay times between people of different origins for patients who were admitted to hospital ($p < 0.05$), but not for those who were finally discharged ($p = 0.13$).

Discussion

The first fact that we observe here is that Spanish nationals were only the third most frequent ED visitors per 1000 people, after Sub-Saharan Africans (second) although these people only constitute a very small minority (0.08%) of the population served by our hospital. Non-Spanish Europeans, representing a larger minority of our tourist-oriented region (4.8%), were the most frequent ED visitors per 1000 people.

These ED-frequency data coincide with those on ED-referred hospital admissions: however, the main factor for predicting admission was not the country of origin but rather patient age. In the population served by our hospital, with many people of non-EU origin, a large percentage belong to older age groups, which have an impact on admission rates. The influence of the tourist component is less than expected, for two reasons. On the one hand, the private health sector in Mallorca offers more than one hundred beds precisely for such visitors who are covered by EU national health service agreements or private health insurance. On the other hand, the age group of

Table 2. Distribution by country of origin, age groups and admissions

Age goup		Spain	Rest of Eurozone	Latin America	Southern Mediterranean	Africa + Oceania	Ex-USSR	Rest of world	Total
18- 46 years*	Discharge [N (%)]	27 294 (92.7)	3025 (92.1)	6479 (94.4)	1147 (93.1)	607 (91.0)	1524 (95.1)	550 (94.3)	40 626 (93.0)
	Admission [N (%)]	2142 (7.3)	258 (7.9)	386 (5.6)	85 (6.9)	60 (9.0)	79 (4.9)	33 (5.7)	3043 (7.0)
	Total	**29 436**	**3283**	**6865**	**1232**	**667**	**1603**	**583**	**43 669**
46- 65 years**	Discharge [N (%)]	13 564 (84.0)	1166 (82.2)	1523 (91.9)	271 (92.2)	60 (84.5)	281 (90.6)	164 (88.6)	17 029 (84.8)
	Admission [N (%)]	2589 (16.0)	253 (17.8)	135 (8.1)	23 (7.8)	11 (15.5)	29 (9.4)	21 (11.4)	3061 (15.2)
	Total	**16 153**	**1419**	**1658**	**294**	**71**	**310**	**185**	**20 090**
66- 99 years***	Discharge [N (%)]	13 852 (71.0)	888 (70.8)	332 (77.0)	73 (74.5)	7 (70.0)	29 (60.4)	42 (76.4)	15 223 (71.1)
	Admission [N (%)]	5664 (29.0)	367 (29.2)	99 (23.0)	25 (25.5)	3 (30.0)	19 (39.6)	13 (23.6)	6190 (28.9)
	Total	**19 516**	**1255**	**431**	**98**	**10**	**48**	**55**	**21 413**

* $p < 0.001$ for the comparison of admission distribution and discharges according to the different origins of the population.
**$p < 0.001$ for the comparison of admission distribution and discharges according to the different origins of the population.
***$p = 0.07$ for the comparison of admission distribution and discharges according to the different origins of the population.

Table 3. Type of funding or health coverage for patients visiting the ED, according to origin

Source of finance	Spain	Rest of Eurozone	Latin America	Southern Mediterranean	Africa + Oceania	Ex-USSR	Rest of world	Total
Social Security [n (%)]	61 134 (93.9)	2963 (49.7)	6844 (76.4)	1276 (78.5)	519 (69.4)	1062 (54.2)	598 (72.7)	74 396 (87.3)
Private [n (%)]	1311 (2.0)	1551 (26.0)	936 (10.5)	158 (9.7)	101 (13.5)	518 (26.4)	133 (16.2)	4708 (5.5)
Traffic accidents [n (%)]	1251 (1.9)	108 (1.8)	175 (2.0)	19 (1.2)	11 (1.5)	28 (1.4)	22 (2.7)	1614 (1.9)
Work accidents [n (%)]	758 (1.2)	71 (1.2)	117 (1.3)	33 (2.0)	17 (2.3)	30 (1.5)	16 (1.9)	1042 (1.2)
State [n (%)]	528 (0.8)	42 (0.7)	74 (0.8)	53 (3.3)	26 (3.5)	12 (0.6)	0 (0.0)	735 (0.9)
International Agreements [n (%)]	71 (0.1)	1172 (19.7)	7 (0.1)	2 (0.1)	2 (0.3)	53 (2.7)	3 (0.4)	1310 (1.5)
Free [n (%)]	43 (0.1)	50 (0.8)	797 (8.9)	82 (5.0)	72 (9.6)	258 (13.2)	51 (6.2)	1353 (1.6)
Assault [n (%)]	19 (0.0)	1 (0.0)	4 (0.0)	2 (0.1)	0 (0.0)	0 (0.0)	0 (0.0)	26 (0.0)
Total	**65 115**	**5958**	**8954**	**1625**	**748**	**1961**	**823**	**85 184**

*$p < 0.001$ for comparison of the distribution of funding according to the different origins of the population.

most visitors or tourists is substantially lower than high risk age groups. The distribution according to age groups shows that the group with the highest percentage of admissions was that > 65 years with 29%, which was statistically significant, followed by that of 46-65 years with 15.5%, and the the 18-45 year-old age group with 7.1%[8] The relation of 1:2:4 between the different age groups from youngest to oldest is practically geometrical.

In quantative terms of country of origin, Spanish nationals showed the highest number of ED visits (73.03%), followed by Latin Americans (10.03%), non-Spanish Europeans (6.69%) and finally ex-USSR, Southern Mediterranean and other people (2.2%).

Notably, hospital admissions did not exhibit the same pattern; Spanish nationals[9] (15.9%) and non-Spanish Europeans (14.7%) had similar percentages, while Latin Americans, ex-USSR and Central Europeans, and Southern Mediterranean people had percentages of 6.9, 6.5 and 8.2% respectively. These percentages may be interpreted in different ways. Low admission rates compared with the demand may be interpreted as inadequate use of ED services on the part of ex-USSR and Latin American people. Statistical analysis of admission rates related to age groups and country of origin showed significant results ($p < 0.000$) especially in the two younger groups with lowest admissions (18 - 46 and 46 - 65 years). This was not observed in the age group > 66 years ($p = 0.07$).

Regarding Social Security cover, notably, this was found in almost 94% of Spanish nationals, as opposed to 76.4% in Latin Americans and 78.5% in Southern Mediterranean people. A sizeable number of patients were attended free of charge (1.6% of the total), particularly evident in Latin American, ex-USSR and non-EU Central European patients where the percentage reached 13.2%. Unfortunately, these figures are expected to increase in the near future, given the current situation of economic crisis, and plans will have to be made accordingly.

A final comment on the percentage of UE patients without health cover (26%) visiting our ED as private individuals: this is notable, since there is extensive private healthcare available on our island, as mentioned previously.

In terms of absolute numbers of private patients without insurance, there were more UE patients (1,551) than Spanish nationals (1.311) in this category. The reasons for this may be due to the range and quality of specialty attention offered by our ED. Despite deficiencies in aspects not related to medical attention (architectonic, catering etc.), especially compared to private healthcare institutions, many patients appear to

Table 4. Number of patients in attending areas according to countries and ED specialties

Attending area		Spain	Rest of Eurozone	Latin America	Southern Mediterranean	Ex-USSR	Rest of world	Total	% of subtotals
Medical	Discharge [n(%)]	29 472 (77.20)	2462 (79.16)	4771 (91.10)	917 (90.26)	1012 (92.84)	881 (89.26)	39 515 (79.64)	
	Admission [n(%)]	8706 (22.80)	648 (20.84)	466 (8.90)	99 (9.74)	78 (7.16)	106 (10.74)	10 103 (20.36)	
	Total	**38 178**	**3110**	**5.237**	**1.016**	**1.090**	**987**	**49.618**	**58.2%**
Surgical	Discharge [n(%)]	7133 (94.25)	459 (92.17)	822 (94.37)	145 (92.95)	202 (93.95)	125 (95.42)	8886 (94.14)	
	Admission [n(%)]	435 (5.75)	39 (7.83)	49 (5.63)	11 (7.05)	13 (6.05)	6 (4.58)	553 (5.86)	
	Total	**7568**	**498**	**871**	**156**	**215**	**131**	**9.439**	**11.1%**
Trauma	Discharge [n(%)]	18 114 (93.52)	2159 (91.87)	2741 (96.31)	430 (94.92)	620 (94.51)	424 (93.60)	24 488 (93.73)	
	Admission [n(%)]	1255 (6.48)	191 (8.13)	105 (3.69)	23 (5.08)	36 (5.49)	29 (6.40)	1639 (6.27)	
	Total	**19 369**	**2350**	**2.846**	**453**	**656**	**453**	**26.127**	**30.7%**

*$p < 0.001$ for comparison of the distribution of ED attending area according to the different origins of the population.

Table 5. Time in hours spent in the ED according to countries of origin and specialties

Attending area		Spain	Rest of Eurozone	Latin America	Southern Mediterranean	Ex-USSR	Africa + Oceania	Rest of world	Total average
Medical	Admission [mean (SD)]	4.2 (9.73)	4.3 (8.31)	4.5 (8.16)	4.1 (7.79)	4.5 (9.11)	4.3 (6.34)	2.4 (6.05)	4.2 (9.52)
	Discharge [mean (SD)]	3.8 (43.5)	3.6 (8.63)	2.5 (6.60)	2.6 (6.85)	2.3 (6.07)	2.5 (7.16)	3.1 (7.91)	3.6 (37.75)
Surgical	Admission [mean (SD)]	5.7 (10.2)	2.8 (5.50)	4.0 (7.75)	2.7 (4.89)	14.9 (24.73)	5.7 (10.0)	19.4 (2.03)	5.4 (9.81)
	Discharge [mean (SD)]	4.1 (25.3)	3.4 (7.67)	3.9 (7.89)	4.8 (8.35)	3.1 (7.01)	3.2 (6.21)	3.8 (7.25)	4.0 (22.98)
Trauma	Admission [mean (SD)]	3.2 (8.22)	2.6 (6.26)	3.0 (9.73)	3.3 (11.55)	1.7 (4.35)	1.6 (3.82)	2.5 (7.65)	4.1 (9.37)
	Discharge [mean (SD)]	1.8 (5.70)	1.9 (5.96)	1.7 (5.60)	1.8 (5.28)	1.5 (4.12)	1.9 (6.18)	2.3 (8.53)	3.0 (29.13)

SD: standard deviation.

prefer the attention they receive in our public health service.

Considering our ED activity by medical, surgical or trauma specialties, we found significant differences between the percentages of admissions and discharges in the medical and trauma areas only. For the medical area, where 58.2% of all ED patients were attended in 2007, particularly notable findings were: 22.8% of admissions were Spanish nationals and 20.84% were Eurozone patients; in contrast, only 8.9% of Latin American and 7.16% of ex-USSR patients were admitted. In the trauma area, where 30.7% of all ED patients were attended, non-Spanish European patients presented the highest rate of admission (8.13%), and Latin Americans the lowest (3.69%).

In our hospital the final decision on admission to the surgical area is taken there, although the initial evaluation is performed in ED. These patients are thus screened or selected previously, which affects the numbers and percentages included in this area (only 11.1% of all ED patients attended during the year), and also the relative percentages per population group. Still, despite the low population size, the percentages of Eurozone patients (7.83%) and Southern Mediterranean patients (7.05%) were notable findings.

Another variable affected by this organizational model of specialties is the calculation of mean stay time, which was higher in the surgical area than in the medical and trauma areas, for both discharge home and admission patients (Table 5).

Specific analysis of mean stay time showed that it was shortest in the trauma area, whatever the final destination of the patient, although discharge home produced the shortest stay times regardless of the patient's country of origin. In contrast, the longest stay times were found in the surgical area, particularly for admission patients from the group "rest of the world" where the longest stays corresponded to patients from Asia (19.4 hours) and ex-USSR (14.9 hours) on average.

Undoubtedly, language barriers account for such delays which were not found in the other groups analyzed. Despite the fact that our hospital serves a society geared to the tourist industry and has a translator/interpreter during the greater part of the working day, immigration involves language barriers that are difficult to overcome in situations like these when there is a possible indication for surgical intervention and correct communication with the patient is fundamental. The trauma area, attended exclusively by ED professionals, where the attention process and diagnosis is less dependent on verbal communication or complex complementary tests, is less affected by the problem of language.

A limitation of this study is the absence of a specific analysis of patients that were not admitted, including the variables of age, origin, visit times of the day, severity, level of initial triage and final diagnostic codes. All this would undoubtedly provide information on ED visitor behaviour patterns.

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Análisis de las consultas a un servicio de urgencias hospitalario según el origen de los pacientes

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Objetivos: Analizar los datos demográficos y de procedencia por países de origen de los pacientes que acceden al área de urgencias de adultos de nuestro hospital en un año natural, y verificar aspectos administrativos relacionados con dicha asistencia tales como ingreso hospitalario, tipo de cobertura sanitaria y estancia media.
Método: Se hace un análisis estadístico de los datos almacenados en un año en el sistema informático del hospital, y se consideran las variables país de procedencia, decisión de ingreso o alta en el mismo episodio y edad. Finalmente se hace un análisis de los sistemas de financiación de los pacientes y del tiempo de estancia en urgencias.
Resultados: Los pacientes españoles representan el 81,1% de nuestra población asignada, y constituyen el grupo de población más numeroso que acude a urgencias (73%), seguido por los habitantes con origen en América latina (10%) y los europeos comunitarios (6,7%). La tasa de ingresos hospitalarios es mayor para pacientes españoles (15,9%) y europeos comunitarios (14,7%); ambos grupos son los que tienen un mayor porcentaje de población con edad superior a 65 años. No obstante, en la tasa de ingreso por 1.000 habitantes, los españoles aparecen en tercer lugar, después del los habitantes de la Eurozona y de los de la Ribera del Mediterráneo Sur. El 88,8% de los pacientes dispone de una cobertura sanitaria pública, y destaca la población española con un 93,9%. Un 5,5% del total tienen un seguro privado, de ellos un 26% corresponde a pacientes de la Unión Europea. Los casos atendidos sin ninguna cobertura sanitaria representa 1.353 urgencias en el año 2007 (1,5% del total), principalmente pacientes procedentes de la antigua Unión Soviética y del África Subsahariana. La duración media del proceso asistencial y de estancia en el área de urgencias global es menor de 4 horas. Dicha estancia se relaciona fundamentalmente con el tipo de patología y área de asistencia, el área traumatológica es la más ágil, y no existen diferencias significativas según el país de origen, el tiempo de estancia y la decisión de ingreso o alta. Las estancias más prolongadas se dan en el bloque quirúrgico, y mayormente en pacientes cuyos orígenes conllevan con frecuencia una barrera idiomática.
Conclusión: Existen diferentes necesidades de atención médica urgente y diferente situación administrativa en función del país del origen del paciente. [Emergencias 2009;21:262-268]

Palabras clave: Accesos a urgencias hospitalarias. País de procedencia. Ingreso hospitalario. Seguridad Social. Financiación. Estancia hospitalaria.