

## CONFERENCE ABSTRACT

# Addressing over-use of hospital Emergency Departments: findings from a trial of a behavioural and education-based intervention in north-east Melbourne

2nd Asia Pacific Conference on Integrated Care, Melbourne, 11-13 November 2019

Philip Cohen, Meni Stefanovski, Michael Geary

Banyule Community Health, Heidelberg West, VIC, Australia

---

**Introduction:** The over-use of hospital Emergency Departments (EDs) for non-urgent health conditions is a world-wide phenomenon. In Victoria, approximately 45% of ED presentations to Melbourne's metropolitan hospitals are for conditions that could be treated in more accessible and less costly community-based primary health services. These type of presentations increase service delivery costs, lead to longer ED waiting times and divert critical resources from patients that require urgent medical attention.

This project sought to better understand how and why people are electing to be treated in the Austin Health ED for non-urgent conditions. A behavioural and education-based intervention was developed and trialed with people who had attended the ED for non-urgent respiratory-related conditions.

**Theory/Methods:** The project was grounded in behavioural insights research. The Behaviour Change Wheel (BCW) approach to changing behaviour developed by UK researchers was adopted. The project also employed an action research methodology within two main phases of research.

The first phase involved interviews and focus groups with staff and recent patients of the Austin Health ED.

The second phase trialed a face-to-face education-based intervention. Surveys were conducted with all research participants including those in the control group. Tracking of the re-presentation rates among study participants were also undertaken.

**Results:** Qualitative data from the interviews and focus groups were used to construct four typical patient and carer 'personas' to illustrate the motivations behind people's ED presentations.

Forty-three education sessions were conducted with predominantly parents (mothers) of young children with respiratory-related illness. While the education sessions were rated as beneficial by attendees, the tracking of re-presentations to the ED indicated the education session did not have any statistically significant influence on the probability of re-attending ED for non-urgent respiratory conditions.

**Discussions:** The findings from this research produced further evidence of the system factors that are encouraging concerned consumers to present at ED for non-urgent health conditions. With these factors at work, it is difficult for any alternative message to gain traction with consumers and to become front-of mind when they are considering attending an ED.

**Conclusions:** Any attempt to change behaviour is difficult and complex. Based on the results that were achieved, it is difficult to envisage that an education-based intervention will produce the type of reduction in the overuse of EDs that is sought by the health system.

**Lessons Learned:** A key implication for public sector planning is that rather than put considerable resources into attempting behaviour change, effort may be better concentrated on re-designing the way services are delivered to reflect the way consumers are accessing the health services.

**Limitations:** The main limitations of the study relate to the small sample sizes that were involved in terms of participants in the different phases of research.

**Suggestions for future research:** Future work should take a systems approach to integrate behavioural interventions with the provision of health services along the continuum of patient care. This could include examining the feasibility of developing new primary health services, or re-designing existing services, to better meet the needs of consumers with non-urgent conditions.