According to a new report from the Centers for Disease Control and Prevention and the National Center for Health Statistics, nearly 117 million patients visited the nation’s EDs in 2007. That number translates to 39.4 visits per 100 persons, and represents a 23% increase over a decade. The report (Number 26 in the National Health Statistics Reports series), entitled *National Hospital Ambulatory Medical Care Survey: 2007 Emergency Department Summary*, includes statistics on ED visits in terms of hospital, patient, and visit characteristics.

The statistics indicate that the leading reasons for ED visits by patients age 65 or older were chest pain, shortness of breath, and abdominal pain. The leading reasons for children’s ED visits were fever, cough, and vomiting; and the leading reasons for visits by patients age 15 to 64 were pain and abdominal pain. As for payer source, the statistics show that Medicaid or the state Children’s Health Insurance programs covered about one in four ED visits.

Other findings and trends from the report include:

- Patients needing to be seen immediately (within one to 14 minutes) made up 4.5% of ED visits, while 38.5% needed attention within 15 to 60 minutes, and 13.3% needed attention within one to two hours.

- Nearly one in four patients presented to the ED with severe pain.

- The reasons for 39.4 million ED visits were injuries, poisoning, and adverse effects of medical treatment – accounting for 33.7%, or 13.3 visits per 100 persons. Adults age 75 or older had the highest visit rate for these reasons, followed by adults age 15 to 64. Also, the visits for these reasons were almost twice as high for black people than for white, translating to 22.1 visits per 100 black persons compared with 12.6 visits per 100 white persons.

- Two-thirds of all injury-related visits were for unintentional injuries. The leading body sites for injuries were wrist, hand, fingers, and face.

- Two-thirds of the ED visits required less than four hours of waiting.

- Patients arrived at the ED by ambulance 15.5% of the time, but 45% of patients age 75 or older arrived by ambulance.

- For nearly two-thirds of the visits, patients arrived during non-business hours, or between 5 p.m. and 8 a.m. Monday through Friday and on weekends.

- Nursing home residents accounted for about 2.3 million visits – four times the rate of those living in private residences. Homeless people accounted for 542,000 visits – almost twice the rate of those living in private residences.

- For 13.4% of visits, CT scans were ordered or provided (half of those were of the head), while MRIs were ordered or provided for less than 1% of visits.

- The leading tests ordered or provided during an ED visit were CBCs (35.4%), X-rays (33.8%), and urinalyses (22.5%).
HHS Identifies Improvements for Emergency Countermeasures Process

After the Department of Health and Human Services (HHS) encountered problems with the 2009 H1N1 pandemic flu vaccine that highlighted the need for a modernized countermeasure production process, HHS Secretary Kathleen Sebelius requested a review of the government’s system. The review, released on August 19, focused on how to improve the system in terms of production and use of medications, vaccines, equipment, and supplies in case of a public health emergency. In particular, the review identified a need to upgrade the science and regulatory abilities at the Food and Drug Administration. It also found that the United States must more quickly develop manufacturing processes that can be used for multiple medications or vaccines, rather than processes that produce only one type of countermeasure.

As a result of the review’s findings, HHS will soon release a draft solicitation for new “centers of innovation for advanced development and manufacturing” that can quickly produce a variety of countermeasures without relying on foreign manufacturing. Also, in light of another finding that the federal government must do a better job nurturing discoveries in their earliest stages and subsequently letting them grow, HHS will be creating new teams at the National Institutes of Health (NIH) to identify and facilitate promising research into vaccines, drugs, and treatments.

In a related announcement also on August 19, NIH revealed its plans to invest $105 million over the next five years to develop products to diagnose, prevent, and treat the consequences of exposure to a radiological or nuclear attack. The National Institute of Allergy and Infectious Diseases' Center for Countermeasures Against Radiation program, first established in 2005, will support the research at seven institutions nationwide.

Study Details ED Use for Mental Health & Substance Abuse Disorders

According to a News and Numbers report from the Agency for Healthcare Research and Quality (AHRQ), nearly 12 million visits made to U.S. hospital EDs in 2007 involved people with a mental disorder, substance abuse problem, or both. This accounts for one in eight of the 95 million visits to EDs by adults that year. Of these visits, about two-thirds involved patients with a mental disorder, one quarter involved patients with a substance abuse problem, and the rest involved patients with both a mental disorder and substance abuse.

AHRQ’s analysis found that depression and other mood disorders accounted for 43% of the visits, anxiety disorders for 26%, and alcohol-related problems for 23%. In addition, 41% of the mental disorder and/or substance abuse-related visits resulted in hospitalization – two and a half times more than ED visits not involving those issues. Finally, concerning payer source, 21% were uninsured, Medicare covered 30%, 26% were privately insured, and Medicaid covered 20%.

AHRQ based the report on data found in its statistical brief entitled Mental Health and Substance Abuse-Related Emergency Department Visits among Adults, 2007. A copy of the brief, can be found at https://www.hcup-us.ahrq.gov/reports/statbriefs/sb92.pdf.

In addition, the Substance Abuse and Mental Health Services Administration released a new series of studies analyzing drug-related ED visits during 2008. The studies reveal that a substantial percentage of those ED visits involved suicide attempts – especially among the young. More than one in every 12 (8.8%) of the drug-related ED visits by an adolescent was for an attempted suicide. For cases involving young adults – those aged 18 to 25 – the attempted suicide rate was 6.6%, and for cases involving adults – those age 25 and older – the rate was 4.4%. Females constituted the vast majority of the adolescents’ suicide attempts (72.3%); and, although at a significantly lower level, females also constituted a majority of the young adults’ suicide attempts (57.6%) as well as a majority of the attempts of those over age 25 (57.7%).