

## Background:

In line with global trends, European countries have witnessed increase usage of Emergency Departments (ED) services for low acuity complaints. Research on ED utilization in Europe has shown that asylum seeker (AS) comprise a greater proportion of non-urgent ED visits. Although a variety of factors associated with the use of ED services for low acuity complaints, studies have yet to examine the reasoning underlying hospital-based ED usage for low acuity complaints among patients with AS status.

## Methods :

We conducted a prospective cross-sectional, single center study. Data was collected during 01/12/2016 and 31/07/2017 among AS and Swiss residents attending the ED of the University Hospital, Bern (Switzerland). The survey included questions about motives to present in the ED for low acuity complaints, patients and the treating physicians were asked to answer a questionnaire.

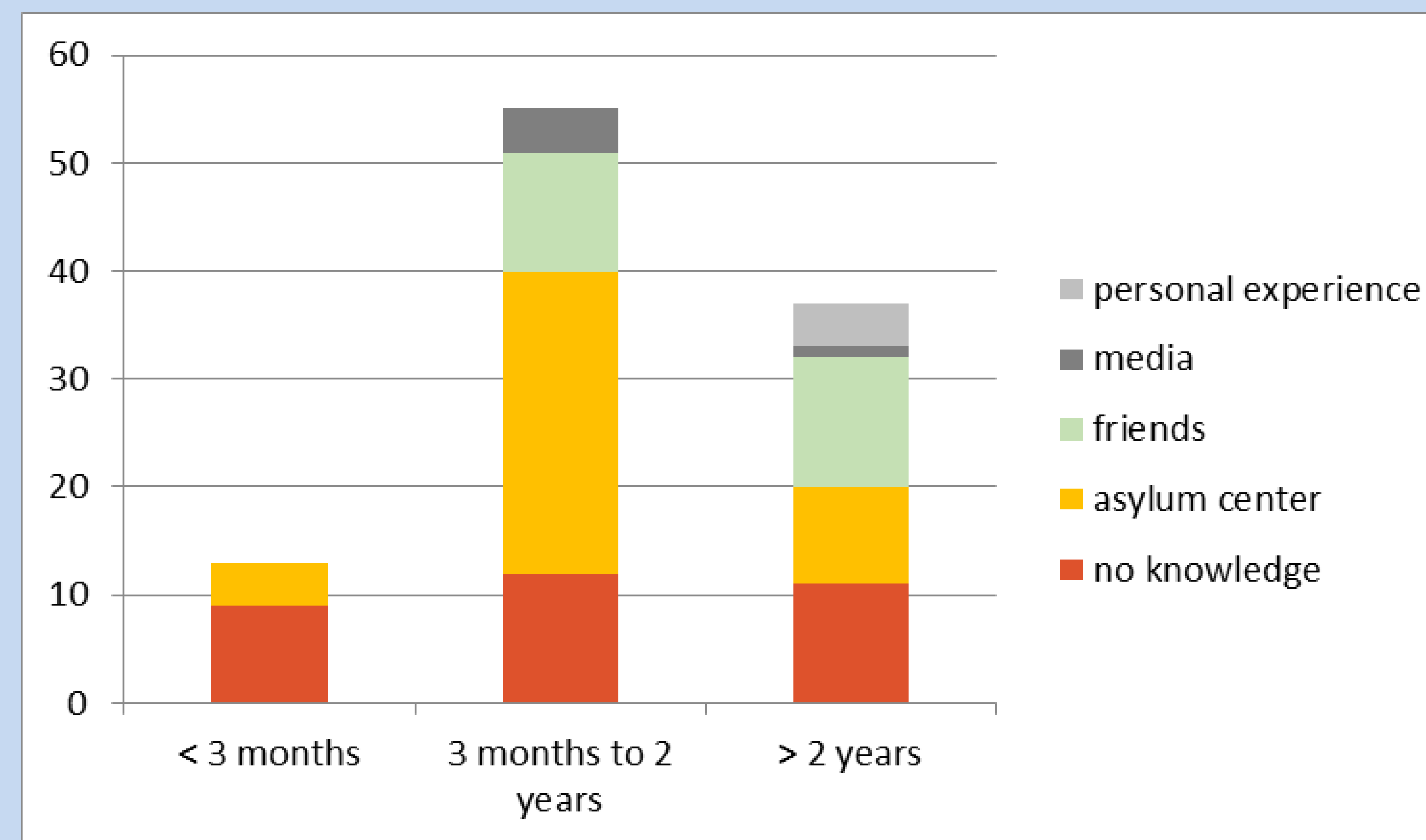
Study participation was voluntary, free of any compensation and individual verbal and written patient consent was obtained before answering the survey. The study was presented to and approved by the regional ethics committee of the Canton of Bern, Switzerland.

## Results & discussion :

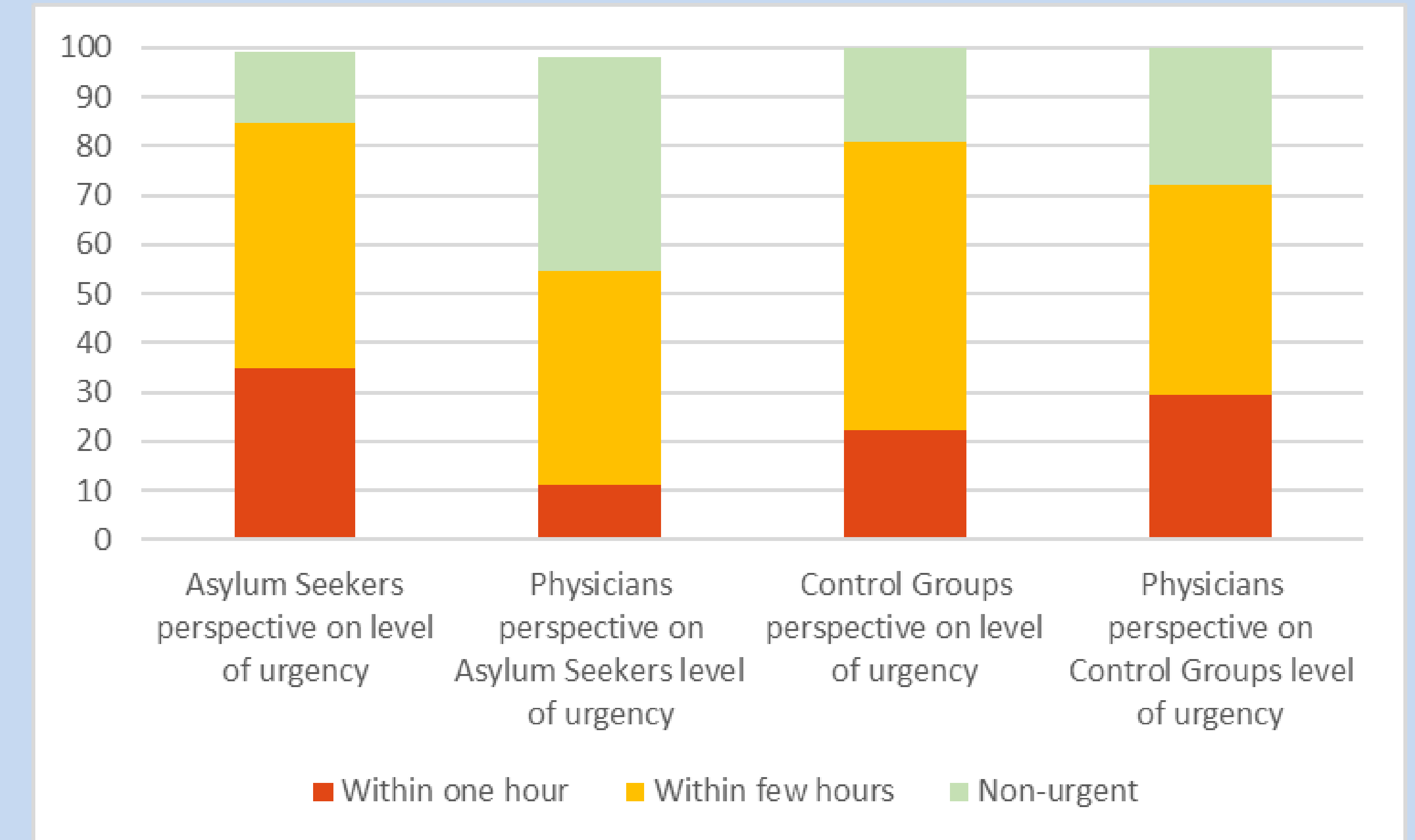
AS and Swiss residents differed in several reasons for seeking care in the ED. 30.2% of the AS patients reported to have no knowledge about the Swiss healthcare system (Figure1). The perception of medical urgency as reported by the AS and the treating physician showed a significant mismatch, e.g. only 14.2% of the AS-patients perceived their problem as non-urgent in contrast to 43.3% given by the treating ED physician (Figure2).

With more than half of the AS, direct communication was impossible and in 70.2% of this cases family and friends were used as translators.

Outcomes, like length of stay (LOS), discharge type, and time of visit did not differ between the two groups.



**Figure 1.** Health literacy of Asylum Seekers and source of knowledge about Swiss HCS, dependent on the length of stay in Switzerland, total numbers



**Figure 2.** Assessment of estimated level of urgency as by patient vs. physician, number in %

## Conclusion:

Lacking knowledge about the healthcare setting in the reception country, language barriers, and the perceived urgency of medical care are the main reasons for AS to seek care in ED for primarily low-acuity medical issues. In both groups, convenience and the perceived level of urgency played a role in the decision-making to present themselves in the ED. Measures to increase health literacy and provision of easily accessible primary care could improve quality of care and reduce the usage of ED as primary care providers in AS. Implementation and usage of professional translator service will relieve family and friends from this role and might provide better and equal care.