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Unscheduled consultations: a cross-sectional study of patients using walk-in emergency clinics

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Abstract:	Questions under study/principles Switzerland experiences a strong increase of the unscheduled medical consultations which participates to the congestion of the hospital emergency departments. In this context, many walk-in emergency clinics have been established but less is known about the characteristics of the patients who visit these structures. Methods First, retrospective data about frequentation between 2011 and 2014 of three walk-in emergency clinics in Lausanne were analysed. Secondly, a questionnaire about sociodemographic data, access to care, patient's usual health status, and their global resources to solve their health problem was submitted during one week in the waiting room of each clinic from 1-20 September 2014, to patients aged 16 or older. Results The overall number of consultations increased globally by 6.9%, whereas Lausanne's population only increased by 2.9%. 305 (87%) patients were included for the questionnaire. The mean age of participants was 40.6 years old, 50% were women and 65% were Swiss. 76% of patients had a primary care physician (PCP), 38.7% of them said they had try to contact him in the last 24h for their problem. Among them, 81% did not get an appointment on the same day. Conclusions Our study shows that many patients suffering from a non-life-threatening health problem use walk-in emergency clinics as their PCP. Walk-in emergency clinics seem to respond to patient's needs and to the change in the way that care is consumed.
Keywords:	Walk-in; unscheduled care; ambulatory care; primary care physician; questionnaire; Switzerland
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Unscheduled consultations: a cross-sectional study of patients using walk-in emergency clinics

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ABSTRACT

Questions under study/principles

Switzerland experiences a strong increase of the unscheduled medical consultations which participates to the congestion of the hospital emergency departments. In this context, many walk-in emergency clinics have been established but less is known about the characteristics of the patients who visit these structures.

Methods

First, retrospective data about frequentation between 2011 and 2014 of three walk-in emergency clinics in Lausanne were analysed. Secondly, a questionnaire about sociodemographic data, access to care, patient's usual health status, and their global resources to solve their health problem was submitted during one week in the waiting room of each clinic from 1-20 September 2014, to patients aged 16 or older.

Results

The overall number of consultations increased globally by 6.9%, whereas Lausanne's population only increased by 2.9%. 305 (87%) patients were included for the questionnaire. The mean age of participants was 40.6 years old, 50% were women and 65% were Swiss. 76% of patients had a primary care physician (PCP), 38.7% of them said they had try to contact him in the last 24h for their problem. Among them, 81% did not get an appointment on the same day.

Conclusions

Our study shows that many patients suffering from a non-life-threatening health problem use walk-in emergency clinics as their PCP. Walk-in emergency clinics seem to respond to patient's needs and to the change in the way that care is consumed.

Key words

Walk-in - unscheduled care - ambulatory care - primary care physician - questionnaire - Switzerland

INTRODUCTION

In Switzerland, as in numerous Western countries over the last few years, the healthcare system has experienced a strong increase in the number of unscheduled medical consultations [1,2]. So-called *walk-in patients* go directly to emergency units without a prior medical opinion or referral [3], contributing to the constant increase in cases dealt with by hospital emergency departments (EDs) and their almost constant state of congestion [4]. According to a recent study in Switzerland, the overall number of cases dealt with by EDs increased by 26% between 2007 and 2011, with increases of 16% and 32% in the number of consultations that resulted in hospitalisation or an outpatient consultation, respectively [5].

Other reasons contributing to this increase in hospital ED patients include a growing and aging population [6,7], more numerous cases of chronic diseases [8], as well as a shortage of primary care physicians (PCPs) and the difficulties they face when dealing with patients in an emergency [9].

One means of reducing the reliance on hospital EDs is better access to primary care [10]. Walk-in primary care clinics thus represent an interesting alternative solution for healthcare for walk-in patients. Indeed, these clinics are recognised for their accessibility, longer opening hours and the possibility to consult a physician without an appointment [11,12]. At the beginning of the 2000s, the United Kingdom's National Health Service attempted to respond to overcrowded hospital EDs [11,13] by developing walk-in clinics based on models used in the USA and in Canada for forty years [14,15]. In Switzerland, where personal health insurance is obligatory and the patient is free to choose a healthcare provider, the past few years have seen the establishment of many walk-in emergency clinics.

Numerous studies have investigated the characteristics of patients with non-life threatening conditions who resort to hospital EDs and why they do so [3,16–19]. However, there are currently few data in Switzerland about patients who choose to use urban walk-in

emergency clinics. The present study aims to identify why patients consult in three of Lausanne's walk-in emergency clinics and to gather sociodemographic data and information on their global resources.

METHODOLOGY

Setting

This study took place in 2014 in Lausanne, a city with more than 140,000 habitants, four private hospital clinics and a university hospital centre. Three walk-in clinics situated in different neighbourhoods in the city were examined for this study. Two are private and were opened in 1992 and 1999; the third is public and was set up in 2010. Consultations in these three clinics are delivered by physicians and they have similar healthcare cost reimbursement systems with insurance companies.

Study design

This cross-sectional study was made up of two parts. The first part studied the changing frequentation of the three walk-in emergency clinics between 2011 and 2014 by analysing retrospective data on the number of consultations and how these were spread across the seven days of the week.

The second part consisted of a survey carried out using a questionnaire filled in by patients in the clinic waiting rooms and a review of their medical file after the consultation. The survey took place over three consecutive weeks, from September 1st to 20th 2014, with one week spent in each walk-in clinic, from Monday to Saturday. Survey periods lasted for six hours, varying day-to-day, but always within the usual opening hours for medical practices (08h00-18h30). Data by walk-in clinic were collected in matching periods according to the day. The survey period included no public or school holidays.

Participants

All patients aged 16 years old or above in the waiting rooms of walk-in emergency clinics were asked to participate in the study and answer the questionnaire. They were all awaiting a medical consultation for non-life-threatening conditions, as defined by levels 3 and 4 of the Swiss Emergency Triage Scale [16]. The investigator did not participate in their treatment. Potential participants were excluded from the study if they were fluent in neither French nor English, if there was insufficient time in which to fill in the questionnaire, if they refused to take part or if they were incapable of giving informed consent (Figure 1). Participants completed the questionnaire themselves, and the investigator was on hand to assist them if necessary.

Questionnaire

The questionnaire was based on one developed by a British research team and was used with the authors' consent [17]. It was expanded with elements taken from other questionnaires used specifically in research into Lausanne's ED and a walk-in emergency clinic [16,20] (see Annex 1). It was divided into five sections: i) access to care; ii) patient's usual health status; iii) reason for coming for a consultation; iv) the walk-in emergency clinic and patients' expectations; and v) sociodemographic data.

The investigator extracted the reasons for the consultation, the diagnoses proposed and the subsequent treatments prescribed from the patients' electronic medical records (see Annex 2).

Statistical analysis

The results from the three walk-in emergency clinics were pooled. Categorical data are described as percentages and continuous data are presented as averages with their standard deviation (SD). Comparisons between groups were made using the unpaired Student t-test for quantitative variables and the chi-squared test or Fisher's exact test for

categorical data. The trend over time was evaluated using linear regression. A value of $P < 0.05$ was considered to show a significant difference. All these statistical analyses were made using Stata 13.1 (StataCorp LP, College Station, TX, USA).

Ethical approval

This study was approved by the Human Research Ethics Committee of the Canton Vaud. Data were collected in an anonymous format and no data was treated individually.

RESULTS

Trends over time

The analysis of retrospective data shows that the overall number of consultations and the number of consultations in walk-in clinics II and III did not increase significantly during the period from 2011 to 2014 ($P = 0.17$). In walk-in clinic I, which opened in 2010 and was the newest, consultations had increased by 44% ($P = 0.04$). The number of patients consulting in walk-in clinic II actually decreased in 2014 (Figure 2).

The two busiest days in all three walk-in emergency clinics were Mondays (a mean of 65.1 patients between 2011–2014) and Thursdays (58.4 patients). The two weekend days were the least busy, with a mean of 49.2 consultations on Saturdays and 44.9 on Sundays (Figure 3).

Questionnaire

During the survey period, 374 potential participants were identified, 352 were eligible and 305 (87%) were included (Figure 1).

The mean age of participants was 40.6 years old (SD 17.9), with an equal split between men and women (Table 1). On average, three quarters of patients had a PCP. These patients were 11 years older than those who did not and were more likely to be women.

However, this correlation with age was not linear: 73% of patients aged 16–24 years old had a PCP (N = 45), decreasing to 58% for those 25–34 years old (N = 42), and rising to 100% for patients 55–64 years old (N = 23) and participants over 75 (N = 19) (P < 0.001).

With regards to patients' origins, 65% were Swiss, 27% were from European countries and 8.1% were from outside Europe. Among Swiss patients, 82% had a PCP, against 62% of foreign patients (P < 0.001). The longer foreign patients had lived in Switzerland, the more likely they were to have a PCP. Almost all of the foreign patients had a Swiss residence or work permit, and only a few were students or tourists. The majority of participants were employed and almost half of them were educated to secondary school leaving diploma level or above. The proportion of patients with a university or technical college level of education was greater among those who did not have a PCP.

The great majority of participants judged their usual health status to be good or very good (83%) and only 1% judged it to be poor or very poor. Half of the patients with a PCP indicated that they had only seen him once or not at all in the previous 12 months. Nevertheless, three quarters of them were quite satisfied to very satisfied about how their PCP looked after their health in general (Table 2).

More than one in three patients with a PCP stated that they had tried to contact him about their health problem in the last 24 hours. In more than half of these cases, the physician's practice was closed and only a quarter of the patients managed to arrange an appointment, although not for the same day – the median delay for an appointment was three days. Only one patient in twenty actually managed to speak to their PCP on the telephone, and 4.4% had an appointment with him before going to the walk-in emergency clinic.

On average, 79% of participants had attempted a treatment before coming to the walk-in emergency clinic. Nearly half tried to rest or took non-prescribed medicines as a first solution, followed by one in five who used a home remedy. One in ten participants had taken

a medicine prescribed by a physician and the same proportion had tried a treatment based on complementary medicine (Table 3).

The main sources of advice to participants before their consultation at a walk-in emergency clinic were family members or partners, followed by friends and work colleagues. Nearly one in five patients had visited a pharmacy before coming to the emergency clinic, and one in ten joined a physician's practice. Twenty-two (7.7%) participants had checked the Internet for information, and only seven (2.4%) patients had tried to telephone a medical call centre.

Had the walk-in emergency clinic not be available, the majority of the patients stated that they would have gone to another emergency clinic or ED, and only a quarter of those with a PCP would have consulted him.

DISCUSSION

An analysis of the statistics from the three walk-in emergency clinics showed an overall increase in the number of consultations of 6.9% between 2011 and 2014, although Lausanne's population only increased by 2.9% during that period [21]. The detailed results by clinic showed that the number of consultations at the oldest and most peripheral clinic decreased by 8%, but they increased by 44% at the newest, most central clinic. Certain elements may help to explain this variation. Clinic II was under renovation between 2013 and 2014, and there was a lack of readily available parking; it is also more difficult to reach by public transport. This indicates that proximity and ease of access probably play a significant role when choosing where to go for an unscheduled emergency consultation, whether at a walk-in emergency clinic or an ED [22]. The newest walk-in emergency clinic probably benefitted from its newness and became better known each year.

The slight decrease in the overall growth curve for consultations in 2014 might be explained in part by the increased number of walk-in emergency clinics in the Lausanne area since the start of that year.

The increase in consultations between 2011 and 2014 followed the trend seen in most EDs, although at a lower level. Lausanne university hospital's ED registered an increase in consultations of 33% between 2005 and 2013, including a 34% increase in consultations for non-life-threatening conditions [16].

In all three walk-in emergency clinics, from 2011 to 2014, the mean number of consultations was greater on Mondays and Thursdays. Monday is traditionally the busiest day for EDs [23], probably because patients find it impossible to contact their PCP over the weekend. In Switzerland, many medical practices are traditionally closed on Thursdays, further limiting access to care.

The present study provides new data about the profiles of patients attending walk-in emergency clinics. The population that participated in the study was young, employed, predominantly indigenous, with a high level of education and perceived its health status to be good. This corresponds to other observational studies in Europe [13,20] and Canada [15]. Men and women were equally represented in the sample, and the indigenous Swiss population was over-represented in the sample with respect to Lausanne's general population [21]. However, the present sample's sociodemographic data showed that patient profiles compared quite well to those of a recent study of patients with non-life-threatening conditions attending Lausanne's university hospital ED [16], except for a few differences; the population attending the ED was slightly older (mean of 44.5 years old vs 40.6), had a lower rate of employment (51.9% vs 64%) and had a higher proportion of foreigners (43.1% vs 34.9%). The greater proportion of non-Europeans (17.3% vs 8.1%) treated in the ED may indicate that they resort to this kind healthcare structure because they lack knowledge about existing alternative walk-in emergency clinics that can deal with non-life-threatening conditions. They may also have different habits when it comes to consuming healthcare [24].

The proportion of patients who indicated that they had a PCP was high, despite the fact that *gatekeeping* is not obligatory in Switzerland [1]. This result was comparable to that of the Lausanne university hospital ED study [16] and very close to the British research results that were the basis for the present questionnaire [17]. A similar proportion has been found in another Swiss study [3]. The 38.7% rate of contact with a PCP before the emergency consultation was also close to the British research results [17]. Three quarters of the patient sample would have gone to another walk-in emergency clinic rather than to their PCP, had the initial clinic been unavailable. This shows their determination to consult a physician rapidly. Nevertheless, PCPs in local practices remain essential actors in healthcare networks in cases of non-life-threatening emergencies; they could offer an alternative to EDs and walk-in emergency clinics. However, the literature reveals that unscheduled consultations have moved away from PCP practices to walk-in emergency structures [25,26]. The present results show that, according to patients, general practitioners are not available enough for unscheduled appointments; 83% of patients' who called their PCP's practice for an appointment on the same day did not get one (the practice was either closed or an appointment could only be given for some days in the future). However, physicians themselves do not agree with their patients' perceptions of difficult access – 62% of Swiss physicians estimate that > 80% of their patients can indeed consult them on the same day or the next day in an emergency. Some 78% of them have extended hours of consultation [27]. However, it could be that the number of available emergency appointments is insufficient simply due to the shortage of PCPs [9,28]. The question about whether patients overuse walk-in emergency clinics or whether their needs are not being met by PCPs remains unanswered in Switzerland. The issue of timely access to emergency care is central to patients' expectations about their PCP [29]. A very recent report on the issue of access to emergency care [30], prepared by the Institute of Medicine in the USA, suggests in particular the use of approaches such as same-day scheduling [31] or more futuristic

ideas, such as virtual "visits" [32]. These approaches should help to reduce the chronic overcrowding in hospital EDs and ensure continuity of care [14,31]. The present study also showed that medical call centres are currently a little-used solution, rarely considered by the patients who attend walk-in clinics, whether for advice or as an alternative when a clinic is not available. These results are consistent with those of a Canadian study [33].

The present study has some limitations. Although the three walk-in emergency clinics chosen were among the largest in Lausanne and were spread across different neighbourhoods, their small number limited the conclusions that could be drawn. Although the questionnaire used was based on an existing one in English, it has not yet been validated. For reasons of study feasibility, the investigator could only spend one week in each clinic and only for a limited number of hours per day. The study sample is relatively small, therefore, and a little restricted in terms of internal validity. A certain number of patients were unable to answer the questionnaire because of language difficulties, and this may have caused a selection bias. However, 11 out of 352 eligible patients was only a small part of the sample. Despite an excellent rate of participation, there were some missing data and incomplete questionnaires. Finally, the data from Saturdays may have biased the results as only a small number of PCPs work on weekends – responses may be a little different from other days.

CONCLUSION

This study shows that many patients suffering from a non-life threatening health problem use walk-in emergency clinics as their PCP. These clinics seem to respond to patients' needs and to the change in the way care is consumed. Many patients contacted their PCP before going to the walk-in clinic, but without being able to get an appointment on the same

day. This finding should motivate PCP to consolidate their prominent roles as indispensable parts of the primary emergency care system.

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Table 1

Table 1: Characteristics of patients with or without a primary care physician				
	PCP	**No PCP**	**Total**	**p-value***
Patients: n (%)	232 (76.1)	73 (23.9)	305	
- Mean age, years (SD)	43.1 (18.9)	32.4 (11.1)	40.6 (17.9)	< 0.001
- Women, n (%)	127 (54.7)	25 (34.2)	152 (49.8)	0.002
Nationality: (n)	214	70	284	
- Swiss, n (%)	152 (71)	33 (47.1)	185 (65.1)	0.001
- Citizen of European country, n (%)	48 (22.4)	28 (40)	76 (26.8)	
- Citizen of non-European country, n (%)	14 (6.5)	9 (12.9)	23 (8.1)	
Non-Swiss resident in Switzerland for: (n)	63	37	100	
- < 1 year, n (%)	6 (9.5)	8 (21.6)	14 (14)	
- 1-5 years, n (%)	14 (22.2)	14 (37.8)	28 (28)	0.019
- > 5 years, n (%)	41 (65.1)	15 (40.5)	56 (56)	
- Unknown duration, n (%)	2 (3.2)	0	2 (2)	
Residency status in Switzerland: (n)	66	37	103	
- Residence, settlement or working permit, n (%)	63 (95.5)	36 (97.3)	99 (96)	1.000
- Temporary status (tourist, student), n (%)	3 (4.5)	1 (2.7)	4 (3.9)	
Highest level of education: (n)	218	70	288	
- None, n (%)	1 (0.5)	1 (1.4)	2 (0.7)	
- Compulsory schooling, n (%)	52 (23.9)	11 (15.7)	63 (21.9)	
- Apprenticeship or upper-secondary vocational school, n (%)	71 (32.6)	18 (25.7)	89 (30.9)	0.057
- Baccalaureate (secondary school), n (%)	29 (13.3)	8 (11.4)	37 (12.8)	
- Tertiary level education, university, n (%)	58 (26.6)	32 (45.7)	90 (31.3)	
- Other, n (%)	1 (0.5)	0	1 (0.3)	
- Missing, n (%)	6 (2.7)	0	6 (2.1)	
Professional occupation: (n)	216	70	286	
- Working, n (%)	130 (60.2)	53 (75.7)	183 (64)	
- Stay-at-home mother or father, n (%)	6 (2.8)	2 (2.9)	8 (2.8)	
- Retired, n (%)	33 (15.3)	2 (2.9)	35 (12.2)	0.008
- Unemployed, n (%)	7 (3.2)	5 (7.1)	12 (4.2)	
- Beneficiary of social allowance, n (%)	9 (4.2)	0	9 (3.1)	
- In training, n (%)	31 (14.4)	8 (11.4)	39 (13.6)	
PCP = primary care physician; SD = standard deviation * p-value for PCP vs no PCP				

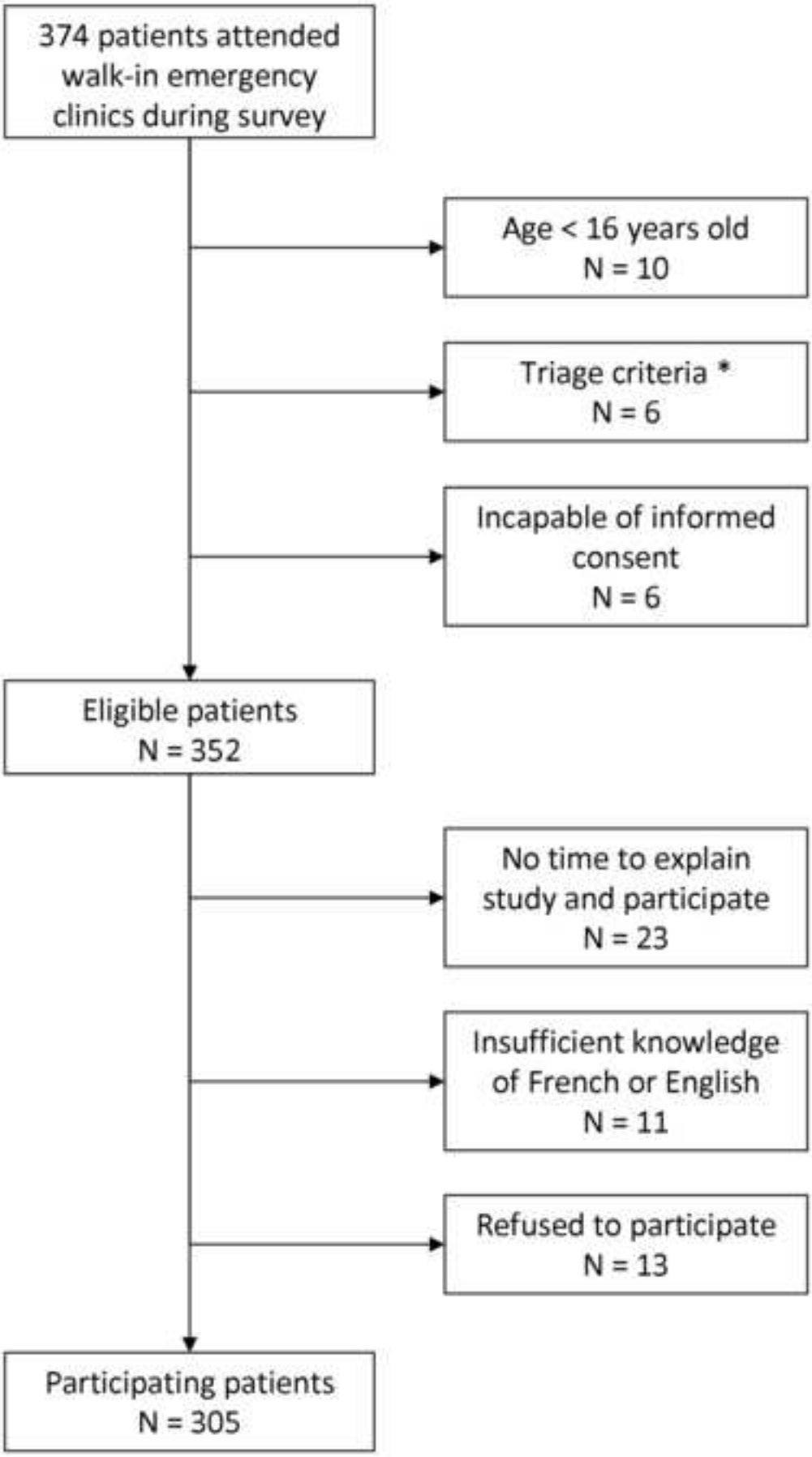
Table 2

Table 2: Patients and their primary care physician	
	Total
Satisfaction with the overall service received by the patients at their PCP's practice: (n)	230
- Very satisfied, n (%)	86 (37.4)
- Quite satisfied, n (%)	90 (39.1)
- Neither satisfied nor dissatisfied, n (%)	32 (13.9)
- Quite dissatisfied, n (%)	10 (4.3)
- Very dissatisfied, n (%)	4 (1.7)
- Missing, n (%)	8 (3.5)
Number of visits to the PCP during the last year**:** (n)	232
- At least every week, n (%)	2 (0.9)
- At least every month, n (%)	15 (6.5)
- 3-4 times, n (%)	92 (39.7)
- Once, n (%)	77 (33.2)
- Never, n (%)	40 (17.2)
- Other, n (%)	4 (1.7)
- Missing, n (%)	2 (0.9)
Contact with the PCP's practice within the last 24 hours, n (%)	89 (38.7)*
Results of the contact with the PCP's practice: (n)	88
- The practice was closed, n (%)	51 (58)
- I was offered an appointment in x days, n (%)	22 (25)
- I spoke to my doctor by phone, n (%)	5 (5.7)
- I was given an appointment and saw my doctor, n (%)	4 (4.5)
- Other, n (%)	6 (6.8)
PCP = primary care physician	
* Among patients with a PCP, n = 230	

Table 3

Table 3: Patients' resources and solutions to solve their health problem	
	Total
Self-treatment attempted before going to the walk-in emergency clinic: (n)	288
Over-the-counter medicine from a pharmacy, n (%)	131 (45.5)
Bed rest, n (%)	119 (41.3)
Home remedies (teas/herbal teas, poultice…), n (%)	58 (20.1)
Prescription medicine, n (%)	30 (10.4)
Complementary medicine (homeopathy, herbal medicine, aromatherapy, acupuncture…), n (%)	29 (10.1)
Other, n (%)	21 (7.3)
Before going to the walk-in emergency clinic, advice was obtained from: n (%)	287
Family member or partner, n (%)	97 (33.8)
Friend, n (%)	57 (19.9)
Pharmacist, n (%)	51 (17.8)
Work colleague, n (%)	40 (13.9)
PCP's practice, n (%)	29 (10.1)
Internet, n (%)	22 (7.7)
Healthcare call centre, n (%)	7 (2.4)
Other, n (%)	15 (5.2)
Alternatives: if the walk-in emergency clinic had been unavailable, patients would have: n (%)	282
Gone to another walk-in emergency clinic or emergency department, n (%)	213 (75.5)
Gone to their family doctor, n (%)	56 (26.4)*
Gone to see the pharmacist, n (%)	24 (8.5)
Looked after the problem themselves, n (%)	24 (8.5)
Phoned a healthcare call centre, n (%)	4 (1.4)
Called their family doctor to organise a house call, n (%)	1 (0.5)*
Autre, n (%)	23 (8.2)
PCP = primary care physician	
* Among patients with a PCP, n = 212	

Figure 1



* Levels 1 and 2 of the Swiss Emergency Triage Scale

Figure 2

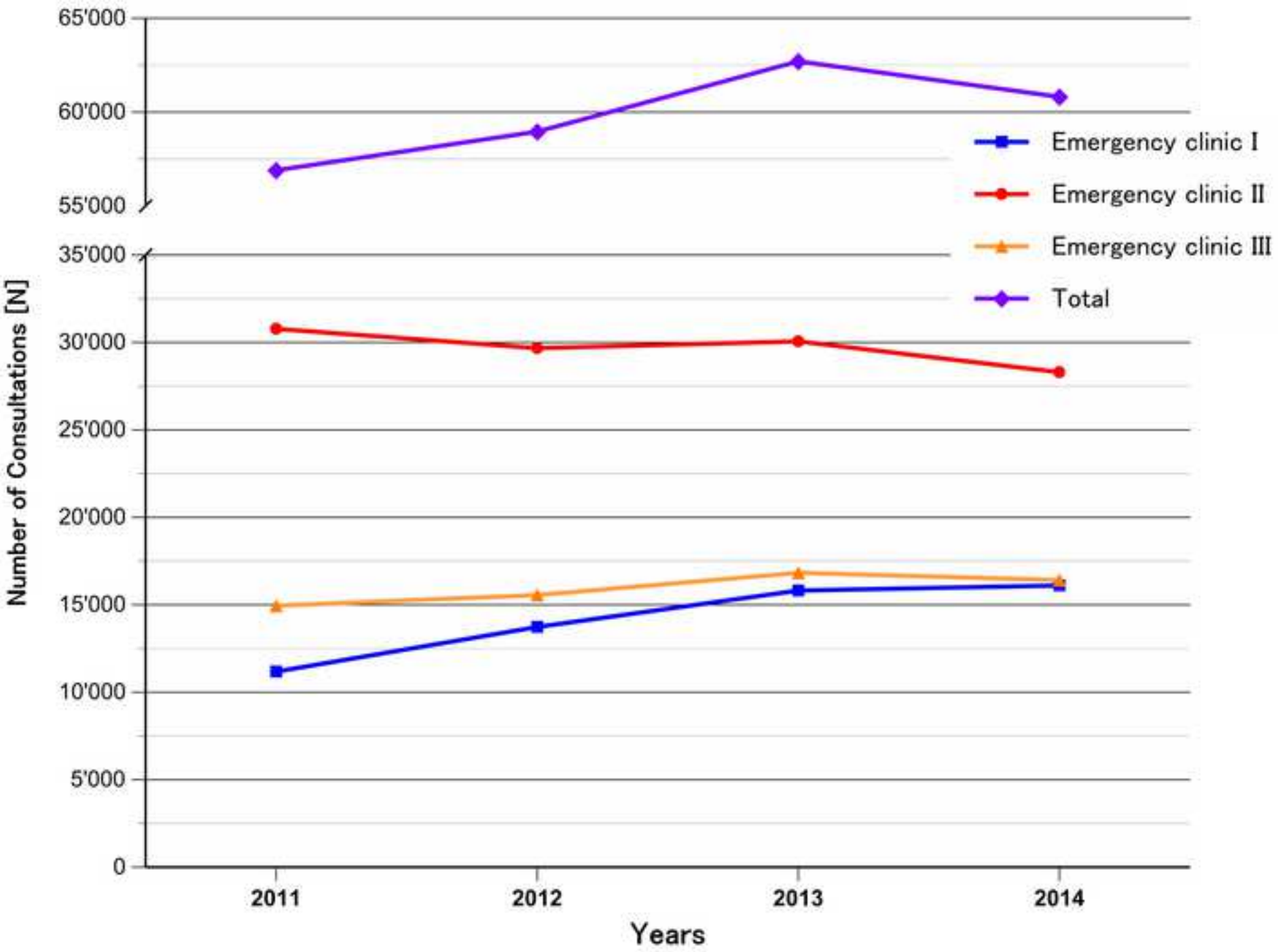

65'000
60'000
55'000
35'000
30'000
25'000
20'000
15'000
10'000
5'000
0
Number of Consultations [N]
2011
2012
2013
2014
Years
Emergency clinic I
Emergency clinic II
Emergency clinic III
Total

Figure 3

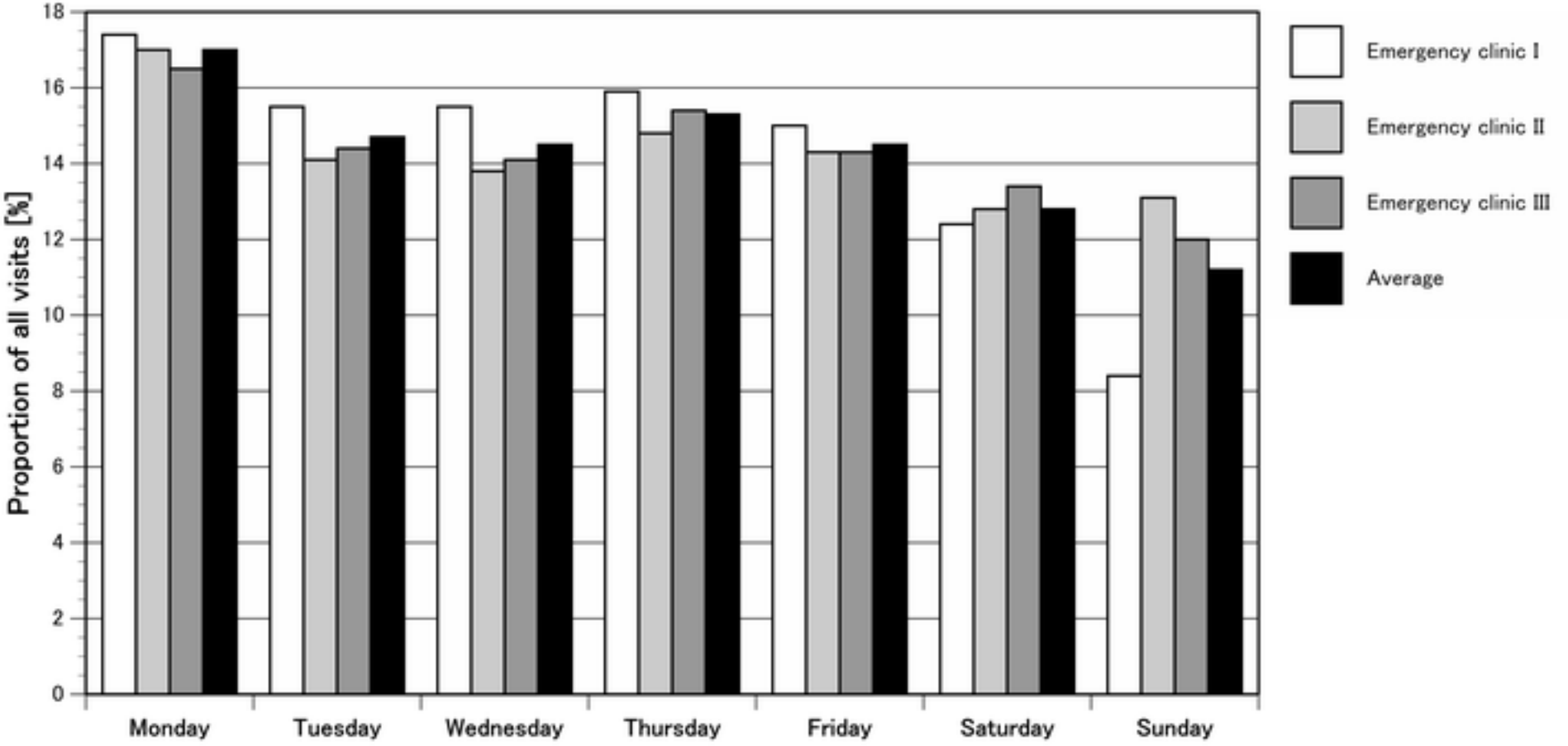

Proportion of all visits [%]
0
2
4
6
8
10
12
14
16
18
Monday
Tuesday
Wednesday
Thursday
Friday
Saturday
Sunday
Emergency clinic I
Emergency clinic II
Emergency clinic III
Average

FIGURE LEGENDS

Fig 1: Study flow chart

Fig 2: Change in the number of unscheduled consultations between 2011 and 2014

Fig 3: Proportions of the total number of consultations by day of the week from 2011 to 2014

Accès et utilisation des permanences d'urgences ambulatoires

QUESTIONNAIRE PATIENT

N° : ……..

A. ACCES AUX SOINS

1. Où vous trouviez-vous avant de vous rendre aux urgences ?
   - A la maison
   - Au travail
   - Autre *(décrivez s'il vous plait)* : .....

     .....

2. Actuellement, avez-vous un médecin traitant ?
   - Oui
   - Non → ***allez à la question 8***

3. Avez-vous contacté le cabinet de votre médecin traitant ces dernières 24 heures pour le voir pour votre problème ?
   - Oui
   - Non → ***allez à la question 5***

4. **Si oui**, cochez **la** case qui décrit le mieux ce qui s'est passé.
   - On m'a donné un rendez-vous et j'ai vu mon médecin
   - J'ai parlé à mon médecin par téléphone
   - On m'a proposé un rendez-vous dans ☐ jours
   - Le cabinet était fermé
   - Autre *(décrivez s'il vous plait)* : .....

     .....

5. Sur une échelle de 1 à 10, quelle est l'importance pour vous de voir le **même** médecin chaque fois que vous avez un problème de santé *(entourez le chiffre correspondant à votre évaluation)* ?

Pas du tout important									**Très important**
1	2	3	4	5	6	7	8	9	10

6. Concernant mon suivi au cabinet médical je suis...
   - Très satisfait
   - Plutôt satisfait
   - Ni satisfait, ni insatisfait
   - Plutôt insatisfait
   - Très insatisfait

7. Est-ce que votre degré de satisfaction quant à la prise en charge de votre médecin traitant a joué un rôle dans votre décision de venir ici aujourd'hui ?
   - Oui
   - Non

8. Si vous êtes venu(e) à la permanence d'urgences aujourd'hui, c'est parce que *(cochez **toutes** les cases qui vous correspondent)* :

Accès

- Cette permanence d'urgences est pour moi d'un accès pratique
- C'est l'endroit le plus proche de ma maison ou de mon travail
- J'ai l'habitude de consulter dans cette permanence où j'ai un dossier
- Je n'ai pas pensé aller ailleurs
- Je m'attendais à peu d'attente
- Je ne connais pas d'autre endroit où me rendre en urgence

Compétences

- La permanence m'a été recommandée par un ami, ma famille ou un collègue
- C'est le meilleur endroit pour mon type de problème
- Je voulais un deuxième avis
- J'ai **plus** confiance en les conseils et traitements donnés ici plutôt que ceux donnés par mon médecin traitant
- En consultant ici, je pense accéder directement aux spécialistes

Rendez-vous

- Il n'est pas nécessaire de prendre rendez-vous
- Les horaires d'ouverture sont pratiques pour moi

Mon médecin traitant

- Je ne voulais pas déranger mon médecin traitant
- C'est plus rapide que d'obtenir un rendez-vous chez mon médecin
- Je n'ai pas pu avoir de RDV avec mon médecin
- Le traitement donné par mon médecin ne me convient pas
- Mon médecin traitant ne prend pas en charge ce genre de cas
- Autre *(décrivez s'il vous plait)* : .....

  .....

B. VOTRE SANTE

1. Dans les 5 dernières années, combien de fois vous êtes-vous rendus aux urgences ?
   - Au moins chaque semaine
   - Au moins chaque mois
   - 3-4 fois
   - Une fois
   - Jamais (avant de venir ici aujourd'hui)
   - Autre *(décrivez s'il vous plait)* : .....

     .....

2. **Si vous avez un médecin traitant**, combien de fois avez-vous vu votre médecin dans l'année écoulée ?
   - Au moins chaque semaine
   - Au moins chaque mois
   - 3-4 fois
   - Une seule fois
   - Jamais
   - Autre *(décrivez s'il vous plait)* : .....

     .....

3. Comment jugez-vous votre état de santé en général ?
   - Très bon
   - Bon
   - Moyen
   - Mauvais
   - Très mauvais

4. Avez-vous des maladies chroniques, problèmes de santé ou handicaps qui vous limitent dans vos activités ou votre travail au quotidien ?
   - Oui
   - Non

5. Combien prenez-vous de types de médicaments différents chaque jour ?
   - Aucun
   - Entre 1 et 2
   - Entre 3 et 5
   - Plus de 5

C. VOTRE PROBLEME

1. Avant de venir ici aujourd'hui, avez-vous essayé quelque chose pour résoudre votre problème ?
   Si oui, cochez **toutes** les cases qui vous concernent :
   - Repos
   - Médicament sans ordonnance
   - Médicament prescrit par un médecin
   - Médecine complémentaire (homéopathie, phytothérapie, aromathérapie, acupuncture…)
   - "Remède maison ou de grand-mère" (cataplasme, thés/tisanes…)
   - Autre *(décrivez s'il vous plait)* : .....

     .....

2. Avant de venir ici, avez-vous obtenu des conseils auprès des sources suivantes pour votre problème ?
   Si oui, cochez **toutes** les cases qui vous correspondent :
   - Membre de la famille ou partenaire
   - Ami
   - Collègue de travail
   - Pharmacie
   - Centrale téléphonique sanitaire *(merci de préciser)*
     - centrale téléphonique des médecins de garde (CTMG)
     - centrale Medgate
     - centrale Medi24
     - 144
     - autre
   - Cabinet médical
   - Internet
   - Autre *(décrivez s'il vous plait)* : .....

     .....

3. De quand date le problème de santé qui vous amène à la permanence d'urgences ?
   - Aujourd'hui
   - 1 à 2 jours
   - 3 à 7 jours
   - Plus de 7 jours

4. Sur une échelle de 1 à 10, comment évaluez-vous la gravité du problème de santé pour lequel vous êtes venu aujourd'hui *(entourez le chiffre correspondant à votre évaluation)* ?

Pas du tout grave									**Très grave**
1	2	3	4	5	6	7	8	9	10

5. Sur une échelle de 1 à 10, quelle est votre degré d'inquiétude concernant le problème de santé pour lequel vous êtes venu aujourd'hui *(entourez le chiffre correspondant à votre évaluation)* ?

Pas du tout inquiet									**Très inquiet**
1	2	3	4	5	6	7	8	9	10

D. LA PERMANENCE D'URGENCES

1. Etes-vous déjà venu à cette permanence d'urgences auparavant ?
   - Oui
   - Non → ***allez à la question 4***

2. **Si oui**, comment évaluez-vous votre précédente expérience dans cette permanence ?
   - Excellente
   - Bonne
   - Moyenne
   - Mauvaise

3. Sur une échelle de 1 à 10, à quel point votre précédente expérience dans cette permanence a-t-elle joué un rôle dans votre décision de revenir aujourd'hui *(entourez le chiffre correspondant à votre évaluation)* ?

N'a pas du tout joué de rôle									**A joué un rôle très important**
1	2	3	4	5	6	7	8	9	10

4. En venant ici aujourd'hui, à quoi vous attendiez-vous ?
   Cochez **toutes** les cases qui vous correspondent :
   - Uniquement recevoir des conseils
   - Une prescription de médicaments (ordonnance)
   - Une prise de sang
   - Un examen radiologique
   - Voir un spécialiste
   - Un certificat médical
   - Autre *(décrivez s'il vous plait)* : .....

     .....

5. Si le service ici n'avait pas été disponible aujourd'hui, qu'auriez-vous fait ?
   Cochez **toutes** les cases qui vous correspondent :
   - Je serais allé chez mon médecin traitant
   - J'aurais appelé mon médecin traitant pour une visite à domicile
   - Je serais allé à la pharmacie
   - Je serais allé à un autre centre d'urgences
   - J'aurais appelé une centrale téléphonique sanitaire (CTMG, Medgate, Medi42…)
   - Je me serais occupé du problème moi-même
   - Autre *(décrivez s'il vous plait)* : .....

     .....

E. DONNES SOCIODEMOGRAPHIQUES

1. Sexe :
   - Masculin
   - Féminin

2. Quelle est votre **nationalité** ?
   - Suisse
   - Etrangère, en Suisse depuis moins d'un an
   - Etrangère, en Suisse depuis un à cinq ans
   - Etrangère, en Suisse depuis six à dix ans
   - Etrangère, en Suisse depuis plus de dix ans
   - Je ne souhaite pas répondre à cette question

3. Si vous êtes de nationalité étrangère, merci de préciser laquelle :

   …….

4. Si vous êtes de nationalité étrangère, quel est votre **statut de séjour** en Suisse ?
   - Permis d'établissement (Permis B ou C)
   - Statut requérant d'asile / "Cas Dublin" (Permis N)
   - Statut débouté de l'asile / Non entrée en matière
   - Statut d'admission provisoire (Permis F)
   - Statut "de passage" (étudiants, touristes, etc.)
   - Sans Papier
   - Autre : ……..

5. Quelle est la **formation** la plus élevée que vous avez terminée ? ***Une*** *seule réponse SVP*
   - Aucune
   - Ecole obligatoire
   - Apprentissage ou école professionnelle (brevet, CFC)
   - Maturité ou baccalauréat
   - Université/HES
   - Autre : ……..

6. Quelle est votre **situation professionnelle** actuelle ? ***Une*** *seule réponse SVP*
   - En activité à temps plein
   - En activité à temps partiel
   - En activité mais en arrêt maladie actuellement
   - Femme/homme au foyer
   - AVS/Retraité(e)
   - A l'assurance chômage
   - Bénéficiaire d'une rente AI
   - Bénéficiaire d'autres prestations sociales
   - En formation

F. Avez-vous des remarques ou commentaires ?

Merci pour votre participation !

Accès et utilisation des permanences d'urgences ambulatoires

QUESTIONNAIRE INVESTIGATEUR

N° : ……..

A compléter par l'investigateur, une seule réponse par question

1. Degré d'urgence au tri
   - 3
   - 4

2. Le questionnaire destiné au patient a-t-il été rempli ?
   - Oui, par le patient
   - Oui, par les proches du patient
   - Oui, avec l'aide de l'investigateur
   - Non, dans ce cas précisez le motif : .....

     .....

3. Motif de consultation :
   - .....

4. Diagnostic final retenu :
   - .....

5. Type d'affection ayant motivé la consultation par catégorie :
   - 1. Maladies infectieuses et parasitaires (sauf grippe et infections de l'appareil respiratoire qui sont classées dans 10)
   - 2. Tumeurs
   - 3. Maladies du sang, des organes hématopoïétiques et désordres immunitaires
   - 4. Maladies endocriniennes, de la nutrition et du métabolisme
   - 5. Troubles mentaux et du comportement
   - 6. Maladies du système nerveux
   - 7. Maladies de l'œil et ses annexes
   - 8. Maladies de l'oreille
   - 9. Maladies de l'appareil circulatoire
   - 10. Maladies de l'appareil respiratoire
   - 11. Maladies de l'appareil digestif
   - 12. Maladies de la peau et du tissu cellulaire sous-cutané
   - 13. Maladies du système ostéoarticulaire, des muscles et du tissu conjonctif
   - 14. Maladies des organes génito-urinaires
   - 15. Complications de la grossesse, de l'accouchement et des suites de couches
   - 16. Certaines affections dont l'origine se situe dans la période périnatale
   - 17. Anomalies congénitales
   - 18. Symptômes, signes et états morbides
   - 19. Lésions traumatiques
   - 20. Empoisonnement (= exposition accidentelle) à des substances médicinales ou non médicinales
   - 21. Intoxication intentionnelle par des substances médicinales ou non médicinales
   - 22. Effets secondaires de médicaments (administrés à des fins thérapeutiques)
   - 23. Incidents d'une procédure ou d'un matériel
   - 24. Autre diagnostic ne rentrant dans aucune des catégories ci-dessus : .....

6. Attitude à la fin de la consultation :

Destination :

- Domicile
- Hospitalisation (Hôpital / Clinique de ……..)
- Autre : .....

Traitement :

- Prescription de médicaments
- Physiothérapie
- Autre : .....

Référé à un spécialiste :

- Oui
- Non

Arrêt de travail :

- Oui
- Non

canton de vaud
LIBERTÉ ET PATRIE

Commission cantonale d'éthique de la recherche sur l'être humain
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Lausanne, le 25 août 2014
PF/ns

Votre étude : Accès et utilisation des permanences d'urgences ambulatoires

Monsieur et cher Collègue,

Nous avons bien reçu votre protocole susmentionné ainsi que ses annexes et vous en remercions.

Après examen de votre dossier, la Commission considère que cette étude n'entre pas dans le champ d'application de la Loi relative à la recherche sur l'être humain tel que défini à son article 2, car il s'agit d'une enquête anonyme.

Je vous confirme cependant que votre approche respecte les principes éthiques généraux et que la CER-VD ne s'oppose pas au déroulement de cette recherche.

Veuillez recevoir, Monsieur et cher Collègue, mes salutations les meilleures.

Prof. Patrick Francioli
Président

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