

## **Brief Report: Pediatric Visits to a Free-Standing Emergent Medical Facility**

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**MeSH Words:** Ambulatory Care, Pediatrics, Urgent Care, Terem

### **Introduction**

The emergency department (ED) is a major site for the delivery of healthcare to children in Israel with one of every four children in the community referred every year to an ED.<sup>1,2</sup> As state “health funds” penalize self referral to the ED without prior evaluation in an ambulatory urgent care center, it is likely that many children are cared for in non-hospital affiliated emergent care clinics. Nevertheless, little has been reported regarding the care delivered in such settings. The goal of this paper is to describe the use of a non-hospital free standing emergency medical facility by children.

### **Discussion**

TEREM is a privately owned company that establishes and manages free standing emergent care clinics. TEREM’s first and central clinic is located near the entrance to Jerusalem and is open 24 hours per day, 365 days per year (matching the availability of the hospital based emergency rooms). Physicians are on site at all hours – ranging in number from 2 to 7, depending on expected volume of traffic based on time of day and day of week. On site radiology and laboratory services are available 24/7. TEREM uses a unique computer system (developed wholly in house) to register, clinically manage and administer all visits to the

Figure 1. Distribution of diagnoses at the age of 0 to 2 years

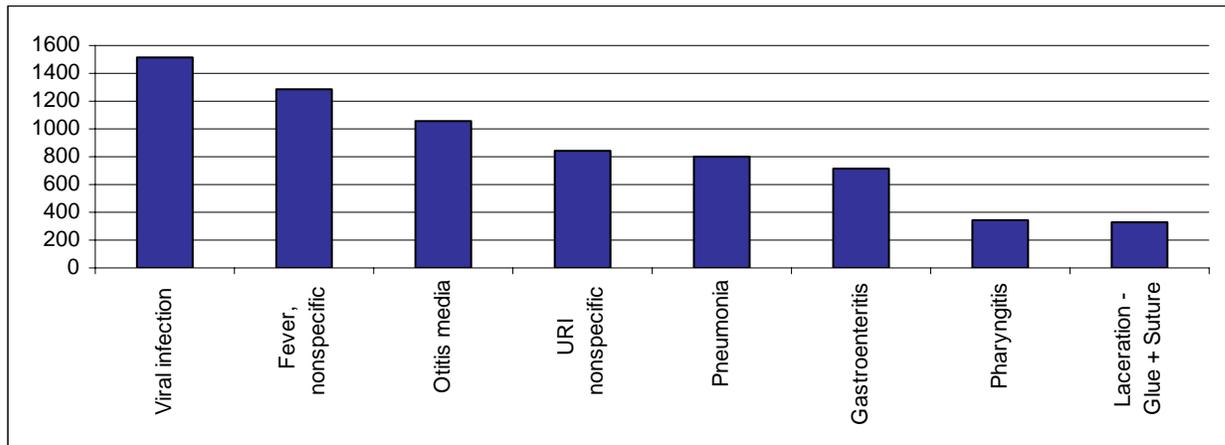
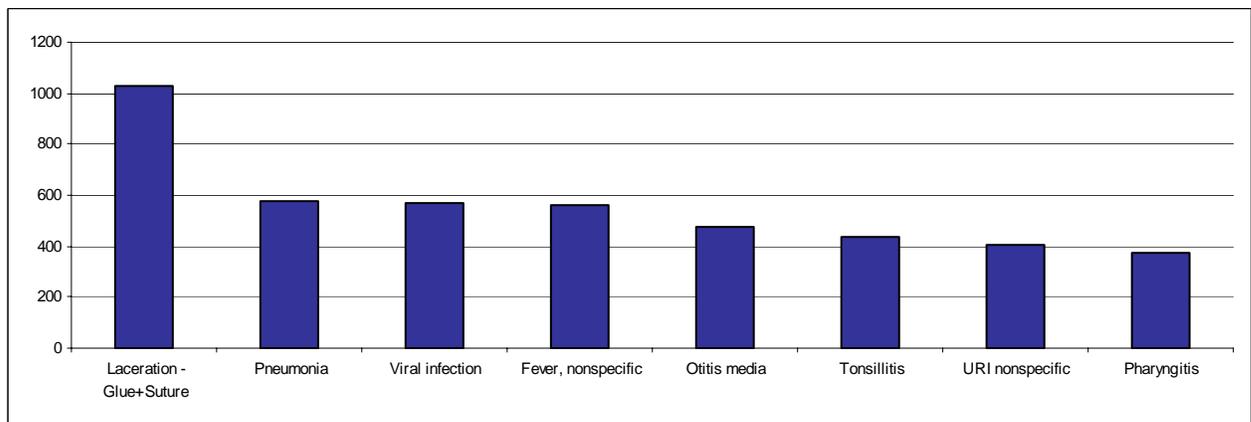


Figure 2. Distribution of diagnoses at the age of 2 to 5 years



clinics. The following statistics are drawn from recorded demographic data and doctor-specified diagnoses.

From 01/11/2004 to 31/10/2005, the total number of patient's visits to this clinic was 99,067. The total number of visits by children (<18 years old) was 40,332 or 40.7% of all comers. Figures 1 to 4 summarize the top diagnoses by age group.

Our data shows that in all age groups except 0-2 y/o, the leading diagnosis was laceration. For the youngest group, this diagnosis dropped to the eighth most frequent with all other positions being occupied by infectious causes. The

frequency of trauma-related diagnoses rose with age – in the 2-5 y/o it was the primary reason, but all other diagnoses were infectious. In the 5-11 y/o, 3 out of 8 diagnoses were related to trauma and in the 11-18 y/o, trauma related diagnoses were 4 out of 8. Within the infectious diagnoses, the position of each diagnosis also changed with age group. For example, otitis media dropped from third in the youngest group to unrepresented in the oldest group. Pneumonia peaked in the 2-5 age group.

The percentage of pediatric visits to TEREM (40.7%) was similar to that found by Ben Arie and Danon (37%).<sup>1</sup> An important finding of this brief report is the strikingly high number of

Figure 3. Distribution of diagnoses at the age of 5 to 11 years

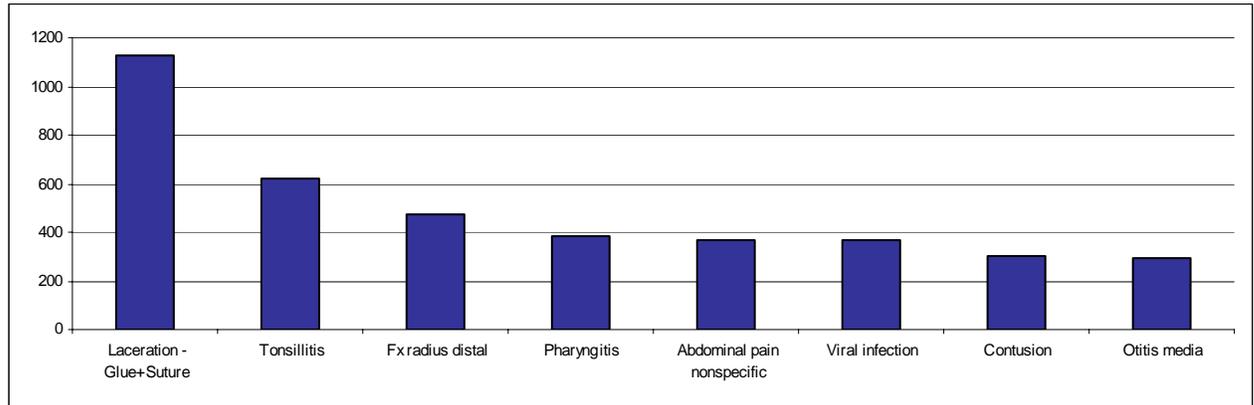
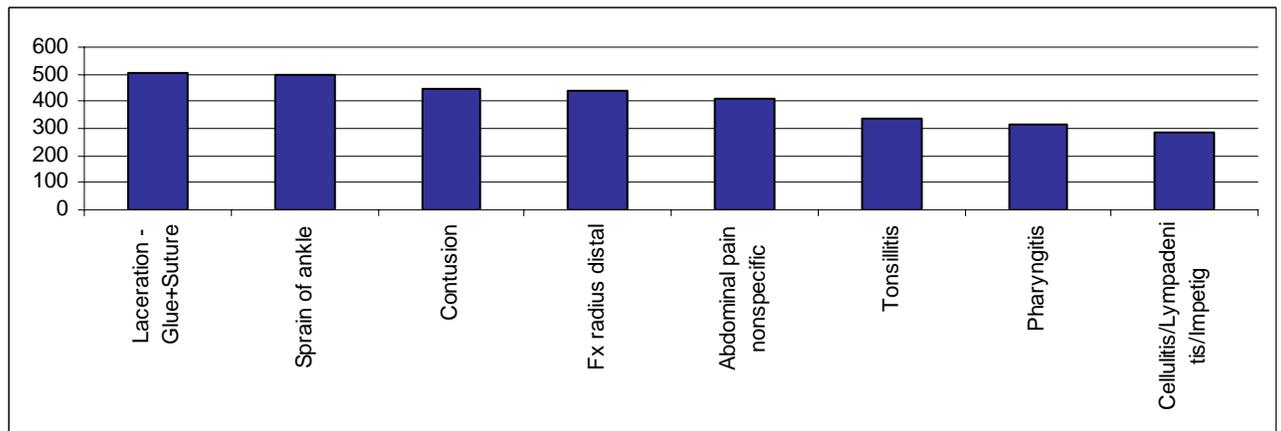


Figure 4. Distribution of diagnoses at the age of 11 to 18 years



pediatric visits in comparison with that of pediatric emergency departments in Jerusalem.<sup>2</sup> In 2005, TEREM had 40,332 pediatric visits; this number is almost similar to the total number of pediatric visits in the three major Pediatric EDs in the city - Hadassa Ein Karem, Hadassa Har Htzofim and Hadassa Shaarei Tzedek (45,198)<sup>2</sup>. This may be due to the more ready accessibility of TEREM as a non-hospital primary care facility, but further study is needed. It would also be of interest to compare the acuity and severity spectrum of care between pre-hospital and hospital emergency care facilities.

**References:**

1. Ben Arie AB, Danon YL. Epidemiological trends of pediatric emergency referrals in Israel. *Isr Med Assoc J.* 2001 Mar;3(3):231-2

2. Ben Arie AB, Zionit Y, Kimchi M. National council for the child, Annual statistical abstract on the state of the child in Israel, 2005.

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