INTRODUCTION

• Emergency room transfers to a higher level of care are a vital component of modern healthcare, as optimal care of patients requires providing access to specialized personnel and facilities.
• Prior studies have shown that upper extremity orthopaedic transfers to a higher level of care facility are frequently unnecessary.
• Unnecessary transfers have been shown to be higher during “off-hours” and weekends, and frequently involve patients who have unfavorable insurance status.
• Purpose: To assess the appropriateness of pediatric upper extremity transfers to a tertiary care center and the factors surrounding them.

METHODS

• Study Design: Retrospective chart review
• Inclusion Criteria: All pediatric upper extremity transfers to our pediatric emergency department were evaluated over a four year period
• Variables of Interest: Patient demographics, time of transfer, day of transfer, insurance status, outcome of transfer, and diagnosis
• Transfer Appropriateness: Three independent variables were utilized to assess the appropriateness of the transfer:
  • The need for an operative procedure OR
  • The need for conscious sedation OR
  • The need for a closed reduction in the emergency department

RESULTS

• Sample Description: 128 pediatric upper extremity emergency room transfers were evaluated, of which 98% of them involved an acute fracture.
• Transfer Timing: 25% (32/128) of the transfers occurred on the weekend, with over half (67%) of these transfers being initiated between 6PM and 6AM.
• Insurance Statuses: Approximately half (48%) of the transfers involved patients with Medicaid.
• Appropriateness of Transfers: 58% (74/128) of cases required a procedure in the operating room and 30% (39/128) had a closed reduction performed in the emergency department. Conscious sedation was provided in the emergency department for 31% (40/128) of patients.
• Unnecessary Transfers: Only 9% (12/128) of transfers did not require a trip to the operating room, conscious sedation, nor a closed reduction procedure in the emergency department.

CONCLUSIONS

• The majority of pediatric upper extremity transfers are warranted as they require operative intervention, a closed reduction maneuver, or conscious sedation in the emergency department.
• Pediatric upper extremity transfers do not seem to be influenced by the day of the week.
• Similar trends to those seen in adult upper extremity transfers are present regarding off hour presentations and high percentages of less desirable insurance statuses.