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### **Sociodemographic Disparities in New Jersey (NJ) Emergency Department (ED) Visits for Adults Receiving Maintenance Dialysis**

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**Problem.** Persons with ESRD use the ED at rates that are higher than national mean rates for U.S. adults and Medicare beneficiaries. The purpose of this study was to compare the sociodemographic characteristics, level of care complexity, and total care charges for persons receiving maintenance dialysis who visited NJ EDs in 2014 and were either 1) treated and released from the ED or 2) hospitalized from the ED.

**Methods.** De-identified data from two dialysis patient ED visit groups, a treat and release group (n = 10,603 visits) and a hospitalized from the ED group (n = 22,015 events) were analyzed. Data sources included the Health Care Utilization Project's 2014 NJ State Emergency Department and Inpatient Databases and the ESRD Network 2014 NJ ESRD Annual Report. Descriptive and bivariate analyses were conducted.

**Results.** Non-white dialysis patients in both groups were disproportionately higher compared to the percentage of non-whites in the NJ dialysis population. Patients with the lowest community income comprised nearly one-half of all ED treat and release and hospitalization events. A moderate to high level of care complexity was required for 91% of patients in the ED treat and release group. Compared to patients who were treated in the ED and released, those who were hospitalized were older and had a higher number of chronic conditions. Mean total charges for care were high for both groups; \$9066 for the treat and release group and \$111,368 for the hospitalized group.

**Conclusion.** There is a racial and income disparity in ED visits by maintenance dialysis patients in NJ. There is also a striking difference in the number of patients seen in the ED and released compared to those who are hospitalized from the ED. The level of care complexity required during an ED visit indicates that innovative models of ESRD care are needed to reduce costs associated with ED use and hospitalization, identify problems early, and improve the quality of care.

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