



14th SINGAPORE PUBLIC HEALTH & OCCUPATIONAL MEDICINE CONFERENCE

15-16 October 2019 · Equarius Hotel

PREVENTIVE HEALTH IN A CHANGING WORLD

HEALTH-SEEKING BEHAVIOUR AND EPIDEMIOLOGY OF LOW-WAGE MIGRANT WORKERS IN THE EMERGENCY DEPARTMENT (HELMED-1)

Chan Shi-En Joanna¹, Chia Wen Jie Dennis², Hao Ying³, Lian Wei Qiang Sherman⁴, Chua Mui Teng^{5,6}, Ong Eng Hock Marcus^{1,7}.

Affiliations:

¹Department of Emergency Medicine, Singapore General Hospital

²Department of Emergency Medicine, Sengkang General Hospital

³Health Services Research Unit, Singapore General Hospital

⁴Emergency Medicine Academic Clinical Programme, Changi General Hospital

⁵Emergency Medicine Department, National University Hospital, National University Health System, Singapore

⁶Department of Surgery, Yong Loo Lin School of Medicine, National University of Singapore, Singapore

⁷Health Services and Systems Research, Duke-NUS Medical School

Background

Low-wage migrant workers (LWMWs) face occupational hazards and potential barriers to healthcare access. We aimed to examine emergency department (ED) attendance patterns, adherence to disposition, follow-up, and unpaid bills by LWMW visits to the ED in Singapore.

Methods

This was a retrospective observational study. LWMWs were defined as holders of Work Permits for foreign workers who registered at the ED of two restructured hospitals from 1 May to 31 October 2016. Variables obtained included patient demographics, triage acuity, disposition, ED diagnoses and hospitalisation bills.

Results

There were 6429 unique LWMWs responsible for 7157 visits to ED, with male predominance (72.7%, N=4672/6429), and median age 31 years (interquartile range 26-38). LWMWs made more low acuity visits than the general ED population (66.9% vs 48.7%, $p < 0.001$). Trauma visits comprised 34.1% of LWMW visits. Trauma visits, compared to non-trauma visits, were more likely to result in admission (18.8% vs 15.2%, $p < 0.001$). Manual labourers were more likely to choose discharge "at own risk" (AOR) in non-trauma compared to trauma visits (14.0% vs 3.3%, $p < 0.001$), and were more likely to attend specialist outpatient follow-up for trauma compared to non-trauma visits (70.7% vs 55.9%, $p < 0.001$). Large outlying trauma bills are the main driver of unpaid bills by LWMWs.

Conclusion

In Singapore, public hospitals provide safety net care for LWMWs via the ED. LWMWs visited the ED more for low-acuity conditions and face potential barriers to planned admission and follow-up. A proportion of inpatient bills were unpaid due to large outlying bills.

Conference Secretariat:

Email: phom2019@ams.edu.sg

Tel: +65 6570 6280

Fax: +65 65570 6308

Supported by:

NUHS
National University
Health System