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Brief Reports

"WHY IS THIS PATIENT BEING SENT HERE?": COMMUNICATION FROM URGENT CARE TO THE EMERGENCY DEPARTMENT

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☐ **Abstract—Background: Despite patients' increasing use of urgent care centers (UCC), little is known about how urgent care clinicians communicate with the emergency department (ED). Objectives: To assess ED clinicians' perceptions of the quality and consistency of communication when patients are referred from UCCs to EDs. Methods: Emergency medicine department chairs distributed a brief, electronic survey to a statewide sample of ED clinicians via e-mail. The survey included multiple-choice and free-text questions focused on types of communication desired and received from UCCs, types of test results available on transfer, and suggestions for improvement. Results: Of 199 ED clinicians, 102 (51.3%) responded. More than four out of five respondents "somewhat" or "strongly agreed" that each of the following would be helpful: a telephone call, the reason for referral, specific concern, a copy of the chart, and UCC contact information. However, ED clinicians reported not consistently receiving these: only a fifth (21.6%) of clinicians reported receiving the specific concern for their last 5 patients transferred from a UCC, and 34.3% recalled receiving a copy of the chart. Overall, 54.9% reported receiving laboratory test results "often or almost always," 49.0% electrocardiograms, and 44.1% imaging reports. Qualitative analysis revealed several themes: incomplete data when patients are referred; barriers to discussion between ED and urgent care clinicians; and possible solutions to improve communication. Conclusions: Our findings highlight variation in communication from UCCs to EDs, indicating a need to improve communication standards and practices. We identify several potential ways to improve this clinical information hand-off.** © 2016 Elsevier Inc.

☐ **Keywords—urgent care centers; communication; care transitions; hand-offs; quality improvement**

INTRODUCTION

A care transition, or "handoff," occurs when a patient moves from one health care setting to another. High-quality transitions require timely, complete, and accurate information transfer, enabling receiving providers to immediately assume responsibility for patient care (1). Such communication is critically important when a patient is referred from an urgent care center (UCC) to an emergency department (ED), given the inherent acuity of the medical condition, the uncertainty in diagnosis or management, and the fact that an initial evaluation has already been performed by a clinician (2). Despite patients' increasing use of UCCs, little is known about how their clinicians communicate with the clinicians of

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other health care settings. Our objective was to conduct an exploratory study to assess ED clinicians' perceptions of the quality and consistency of communication from UCCs to EDs.

MATERIALS AND METHODS

Study Design

In 2008, Healthcentric Advisors, a Medicare Quality Improvement Organization (QIO), began collaborating with local health care providers to improve patients' care transitions under the QIO Program's 9th Scope of Work. As part of this effort, we conducted an exploratory study to assess ED clinicians' perceptions of communication from UCCs to EDs. As there were no existing survey instruments, questions were developed de novo based on areas of concern identified by ED clinicians in the authors' prior quality improvement work on communication and care transitions (3).

Survey questions included queries related to the types of communication UCCs could send to the ED, and which of these communication types ED clinicians felt would be helpful. Communication types included telephone calls from an urgent care clinician, a reason for the referral (e.g., a headache), the specific concern to address in the ED (e.g., rule out subarachnoid hemorrhage), a copy of the UCC chart, and contact information for the referring clinician. We asked how often ED clinicians recalled receiving various test results. We also asked how often they contacted UCCs to provide the findings of the ED evaluation. The survey ended with an open-ended question asking for any comments about communication from UCCs. Information was also collected about the respondent's age category, gender, level of training, hospital, and years working in the ED. Content experts reviewed and piloted a draft survey for content, clarity, time required for completion, and ease of administration. Based on the results of the pilot, we modified survey questions and answer choices prior to administration to the formal sample (Appendix).

We conducted this research in accordance with the Brown University Human Research Protection Program Policy. The Brown University Institutional Review Board determined that the undergraduate student's survey did not meet criteria for human subjects research, nor did the present analysis, which used data that did not contain personal identifiers.

Study Population and Survey Administration

We administered the survey electronically (SurveyMonkey, Palo Alto, CA) to an anonymous, convenience sample of ED clinicians (attending physicians, fellows, residents, advance practice nurses, and physician assistants) in active practice in Rhode Island EDs. We asked ED chairs at all 13 of Rhode Island's acute-care hospitals to distribute a link to clinicians working in their EDs. Department chairs who sent the link determined whether to adapt our sample e-mail, when to send the e-mail, and whether to send any reminders. The online survey was administered from January 10 to February 6, 2013. No incentives were provided.

Data Analysis

Descriptive statistics were used to characterize respondents, perceptions about communication, and preferences. We calculated the survey response rate by dividing the number of respondents by the total clinician count reported by the ED chairs. Missing data were not imputed. For the qualitative analysis, two of the authors (E.K.C., R.R.B.) independently analyzed free-text responses and then met to reach consensus on major themes.

RESULTS

Respondent Characteristics

Chairs at 11 (84.6 %) of the 13 hospitals agreed to distribute the survey. Approximately half (n = 102, 51.2%) of the 199 ED clinicians at these 11 hospitals responded; the number of respondents at each site ranged from 1 to 25. A majority of respondents were attending physicians (62.1%), and most were in their 30s or 40s (68.0%); 47.9% were women and 44.3% had 10 or more years of experience in the ED.

Quantitative Results

More than four out of every five respondents "somewhat" or "strongly agreed" that each of the following would be helpful in caring for patients referred from UCCs: a telephone call, the reason for referral, the specific concern, a copy of the chart, and contact information for the referring UCC clinician (Figure 1). However, 36.3% of ED clinicians reported not receiving a telephone call from UCCs for any of their last 5 patients. One in five clinicians (19.6%) reported not receiving UCC contact information for any of their last 5 patients.

A reason for the referral (e.g., headache) was most consistently provided, with 44.1% of clinicians reporting getting this information for all of their last 5 patients. However, only 21.6% of clinicians reporting receiving the UCC's specific concern (e.g., rule out subarachnoid hemorrhage) for all of their last 5 referred patients; only about a third (34.3%) received a copy of the UCC chart for all of their last five referred patients.