Can Low-acuity Patients be Referred out to Primary Care from Triage? A Mixed-methods Evaluation of an Ongoing Program at a Tertiary Care Trauma Center.

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ABSTRACT

Objective: There has been little success in addressing the growing concern over the rising demand of low-acuity patients presenting to emergency departments (ED). A collaborative relationship between an urban tertiary trauma center ED and a geographically-linked primary care network led to the development of a process for the non-urgent patient population who presented to the ED with family-practice sensitive conditions (codes based on health conditions that may be appropriately managed at a primary care office). The goal of this study was to describe the impact as well as patient and caregiver perceptions of the program.

Methods: Patients identified at triage by a registered nurse were reviewed by a second independent registered nurse based on eligibility criteria: age, cognition, mobility, vital signs, pain and pain management, and at a low risk for presenting complaint. The patients that met these criteria were offered a referral to an off-site primary care clinic. A convenience sampling of patient and provider acceptance was measured via a web-based survey. Daily collection of process metrics determined the number of patients identified as appropriate for referral, the refusal rate of the those patients, the number of patients seen at the primary care clinic as well as the number of no-show patients. All no show patients were contacted by the staff at the primary care clinic to ensure a closed referral loop.

Results: Between December 23, 2013 and November 30, 2014, 1116 patients (1.4% of all presenters) were identified as being appropriate for referral; 779 patients accepted the referral to the primary care clinic from the ED. Of the patients referred to the clinic 86% were seen at the clinic, 9% were no shows, and the remaining 5% were unable to be contacted, decided to go to their family physicians, or felt better and did not require medical services.

In April 2014, the ED changed the time point of referral. Prior, the patient had been approached for referral once they were in a treatment space. Post, the patient was approached at the time of triage. This change resulted in an increase in referrals. Results from the provider survey (N=73; nurses = 60%, physicians = 20%, non-clinicians = 11%) in excess of 88% indicated that the process is safe, appropriate, supports patient centered care and choice while providing access to care in the most suitable setting. Results from the patient survey (N=43) represent approximately equal proportions of people who agreed to the referral and those who chose to remain in the ED. Of those who choose the referral to PCN clinic pathway, 94% of respondents indicated they were seen in a timely manner and 88% strongly agree or agree their health care needs were addressed.

Conclusion: ED to primary care referral has become a regular operational practice in this urban ED, with volumes of greater than 90 patients per month being referred to the PCN, and consequently receiving quality care, at the right place, at the right time from the right provider.