



# Diverting patients from the ED to outpatients

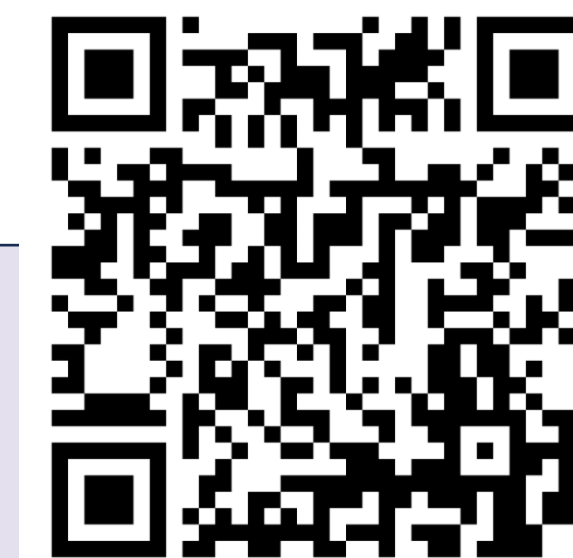
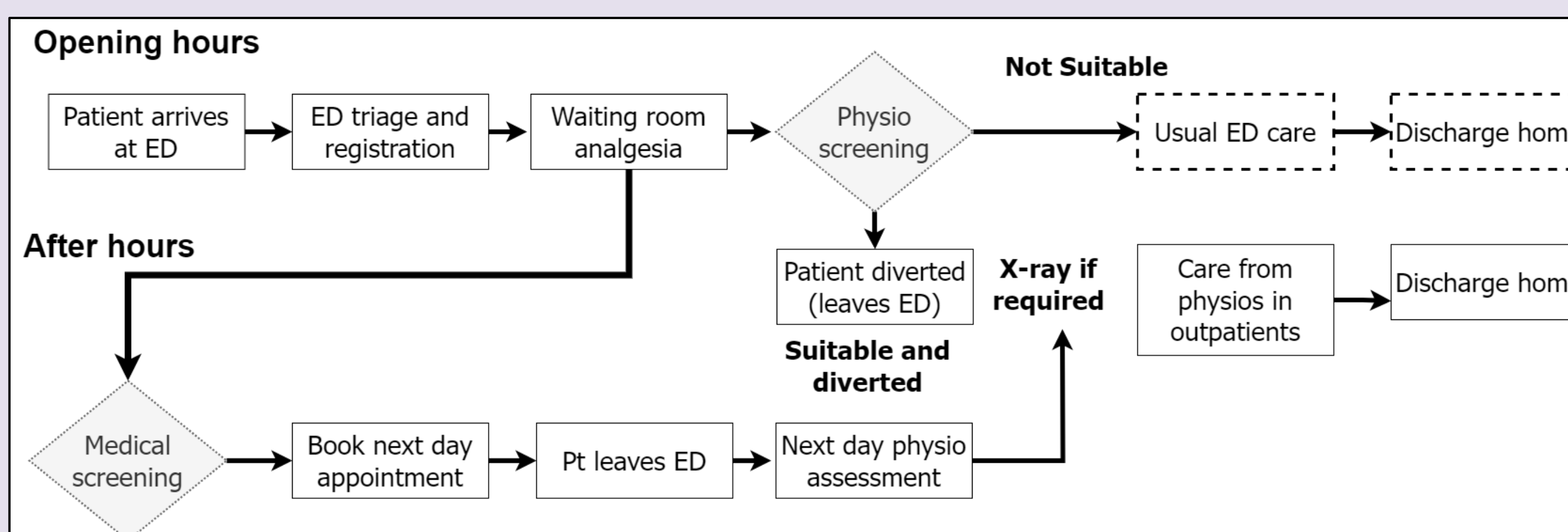
## Patient and staff experiences and consumer perspectives on an advanced practice urgent care model of service

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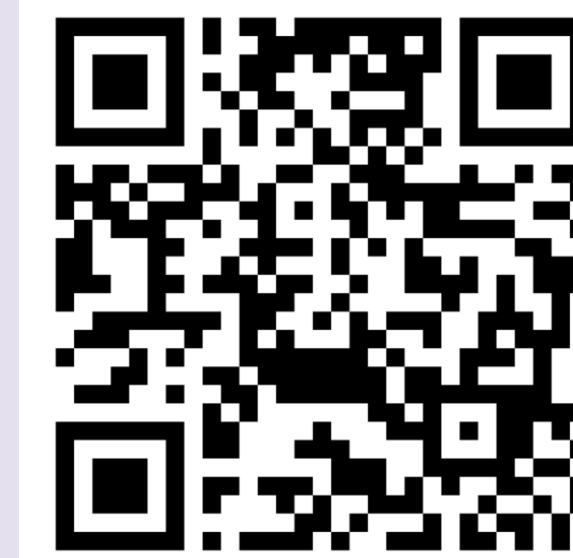
### Background

The emergency department (ED) musculoskeletal (MSK) diversion pathway (hereafter diversion pathway) was piloted at Rockingham General Hospital in Feb 2022. Patients with MSK injuries and pain are diverted by an advanced practice physiotherapist from the ED waiting room to receive care in physiotherapy outpatients. The pathway operates 7 days a week between 1000 and 1800 (opening hours). When the pathway is not operating (after hours), ED staff can offer patients a scheduled next day appointment in physiotherapy outpatients, instead of a long wait in the ED. Figure 1 shows the workflow of the diversion pathway. Over 12,500 patients have safely received care and their ED length of stay reduced by 152 minutes.

Figure 1: Workflow of diversion pathway



Video



Published paper

### Methods

The results displayed in this poster are from two studies. **Study One:** A consumer World Café exploring consumers lived experience of seeking urgent care with an injury was held in Rockingham, Western Australia in June 2024. Thematic analysis was used to identify consumer priorities. **Study Two:** A qualitative descriptive study with thematic analysis. Patients of the diversion pathway and hospital staff who work in roles adjacent to the diversion pathway were interviewed.

### Results (Study One): Consumer Urgent Care Priorities - World Café

 Access to care	 Communication	 Patient expectations	 Pathways of care	 Cost	 Vulnerable people	 Consumer report
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### Results (Study Two): Patient and Staff Perception of ED Diversion

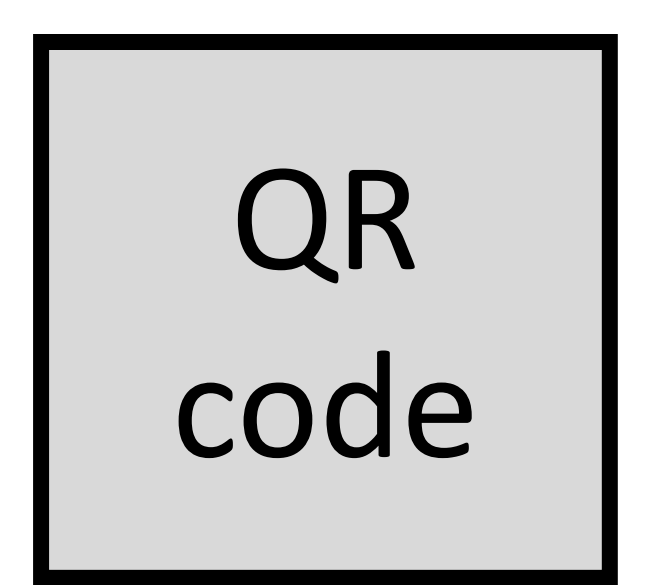
<p><b>Theme 1: Appropriateness of diverting patients</b></p> <p>"I thought he'd be going for x rays and seeing the doctor... I just thought we were seeing a nurse and then she said she was from physiotherapy and I thought, well, I need a doctor...she said she was from physiotherapy, and I've had a bit myself and I thought, oh, we don't need a physiotherapist...[but they] cleaned up [his] wounds, his scrapes on his knees before we left, bandaged them, gave me some photos of the X-rays...he had Panadol syrup as soon as we got there...it was top notch that service we had today." [Patient 14]</p> <p>"I haven't witnessed any inappropriate, diversion of patients in general. It's all been very appropriate or and they've been willing to take things that are borderline and just communicate with us if, they need to bring them back through to ED. [Staff 07]</p>	<p><b>Theme 2: Communication</b></p> <p>"They answered my questions in a way that I could understand. They explained the issues and explained what was wrong and why the treatment they were going to provide was required." [Patient 07]</p> <p>"And they will come and chat to us at times about the types of injuries they see. So I feel like we have a good rapport with them." [Staff 14]</p>	<p><b>Theme 3: Impact of diverting patients from ED</b></p> <p>"Really well, it was it was just such an easier process because, the waiting room was absolutely jam packed and, ... her wrist. But it's not .... not triaged ... very high. ... you could be waiting, another five plus hours." [Patient 03]</p> <p>"Well, I think it's taken a massive weight off the patient flow problems that they have. So, you ... take ... patients that, you know, potentially sit for five hours, but they like it also just allows doctors to see other patients. So, I think it's made a huge difference in the patient flow." [Staff 08]</p>
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#### Theme 4: Other staff perspectives

"So it has changed in the way that, quite a few of the patients that we would have seen, especially that our nurse practitioners would have seen now gets diverted. So we do see less injuries. ... So that, that did have, that did influence the type of patients that I was seeing." [Staff 12]

"But I think that they could do more with the resources they've got...I think they/[primary contact physiotherapists] should be more spread out. I don't think they need to increase their staffing but rather to increase their scope of hours ... I personally would prefer that FTE of the primary contact physiotherapist as a nurse practitioners because their scope is wider." [Staff 10]

"One of the scope physios who's come to the registrar teaching and you know, given us some updates on management of some common fractures. So it's also just building that relationship as well and increasing our expertise as the medical staff." [Staff 07]



Qualitative preprint

### Conclusions

- Consumers endorsed the diversion pathway as meeting their requirements in urgent care.
- Patients and staff view diverting patients with MSK conditions from the ED to see a physio as safe and appropriate.
- Communication is a unifying theme. People value good communication from clinicians and within health services.
- Diverting patients from the ED is perceived as high impact by patients and other hospital staff members.
- Diverting patients from ED affects the caseload of ED staff and adds a valuable MSK expert clinician to the ED team.

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