A qualitative study of a local care system to identify issues and strategies for integrating Emergency Department and General Practice care

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Introduction: The movement of care provision between an Emergency Department (ED) and referring General Practices (GP) is a critical area for integration which is under researched. Lack of integration of care is a significant cause of waste, low satisfaction and risk to patients. Communication and tribalism have been identified as important factors. This study provides an innovative approach by exploring the problem with both ED and GP informants in a local care system.

Research Aim: To identify and prioritise opportunities for improved integration in a local care system between ED and GP

Methods: Semi-structured interviews were carried out with a purposive, diverse sample of ED and GP team members (doctors, nurses, allied health and administrative staff). The interviews explored barriers, facilitators and strategies with regard to integration of care between ED and GP. Transcripts were thematically analysed with the support of NVIVO software using rigorous qualitative methodology. The findings were presented at a multidisciplinary deliberative forum to identify a prioritised list of barriers and strategies for implementation.

Results: 19 interviews with ED and 20 interviews with GP team members were completed. The issues fell into three broad categories: the patient in the health system, relationships between providers and service provision practices. Participants used these categories to describe the integration of the journey from the community into the ED and back again. The referral letter, the discharge summary and the telephone call were identified as key integration activities. Participants provided ideas for strategies to improve integration.

A prioritised list of issues and strategies developed at the deliberative forum will be presented.

Discussion: The inclusion of participants from hospital and community settings enabled a rich understanding of issues affecting integration of care. The inclusion of a range of team members facilitated broadened perspectives. Patient factors such language and health literacy emerged as important influences on integration of care.
By focussing on a local care system this study provides perspectives on the same problem from both sides. This facilitates joint work on solutions and will drive a program of quality improvement projects aimed at addressing the identified problems and using the identified strategies.

**Conclusions (key findings):** This study helps define the problems of integration between ED and GP

The barriers, facilitators and strategies are likely to be relevant to other ED/GP care systems and may provide lessons for others seeking to improve integration of care.

**Lessons Learned:** Patient factors such as language and health literacy are likely to be important in integrating care between ED and GP

Strategies to improve relationships between service providers may be key to integration.

Communication tools (referral letters, discharge summaries and phone contacts) are points for intervention.

**Limitations:** The lessons, barriers and strategies described in this care system may apply variably to other health systems.

**Suggestions for future research:** This study is informing projects to improve integration of care between ED and GP.

A similar study with patients will add insights

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**Keywords:** emergency department; general practice; integration; quality improvement