

Fact Sheet/Document d'information

DIFFERENCES BETWEEN EMERGENCY DEPARTMENTS & URGENT CARE CENTRES

The report and recommendations proposed by Hay Group Health Care Consulting firm as part of the Small Community Hospital Emergency Department Study, reference the terms 'Emergency Department' and 'Urgent Care Centre'. It is important that the community understand the distinction between these facilities.

Note: Although a concrete definition of an Urgent Care Centre does not exist, there are certain criteria that experts generally agree upon. The following definitions reflect these generalities.

Emergency Department

An Emergency Department (ED) is, by definition, a 24 hour/7 day a week service which operates in a hospital. It must be provided with all the appropriate infrastructure (including not only human resources, but also the technology) necessary for the assessment, resuscitation, stabilization, and, where appropriate, either admission or transfer, of emergently ill or injured patients. The department should have a chief, who serves on the hospital's Medical Advisory Committee (MAC). It should be expected to have a quality assurance program, the content of which is also communicated to the hospital's quality committee and board.

Urgent Care Centre

The main distinguishing feature of an Urgent Care Centre is that it is not designated as a 'Receiving Centre' for ambulance bound patients. Thus, any patients designated as CTAS level 1 or 2 (Note: see Canadian Triage & Acuity Scale below) being transported by ambulance will automatically be routed to an ED. However, it is recognized that Urgent Care Centres may be the destination chosen by patients suffering from what ultimately evolves into an immediate life or limb threatening clinical problem. Thus, Urgent Care Centres must have the necessary skills and diagnostic equipment to assess and resuscitate patients presenting with a complete range of medical problems. Urgent Care Centres typically, although not necessarily, operate for a reduced number of hours (generally 12 to 16) per day. They also provide service 7 days per week.

Urgent Care Centres are staffed primarily by ER physicians working in cooperation with the local ED, providing opportunities for ED physicians at all stages in their career and training for family physicians, as a means to facilitate enhanced ED coverage, as well as residency training.

Urgent Care Centres may be located in a variety of venues. Some (e.g. St. Joseph's Hospital in London, Women's College Hospital in Toronto), are located in a hospital facility. Others (for instance, one that is operating in Dartmouth, Nova Scotia) operate as stand-alone Urgent Care Centres, and are not attached to a care facility.

...2



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.2

Still other urgent care facilities operate as part of a primary care facility, either in a Comprehensive Health Centre, multidisciplinary clinic, or a primary care facility such as a doctor's office.

Conceptually, Urgent Care Centres focus on the delivery of care to patients suffering from CTAS 3, 4 and 5 level problems. Ideally, they are designed to provide services that do not necessarily need to be delivered in a hospital, but address the vast majority of urgent care needs of patients served either by the primary care group or the community. They will typically be capable of diagnosing and managing problems such as respiratory tract infections, soft tissue injuries, minor fractures, abdominal pain, etc. Ideally, such facilities should have on site or immediate access to basic laboratory evaluation and diagnostic imaging.

Canadian Triage & Acuity Scale

The Canadian Triage and Acuity Scale is a scale designed to allow care providers to assign a relative priority of care to all incoming patients. It has also been adapted for other functions, such as workload measurement and to create guidelines for the timeliness of care, but its origins are to define the priority of treatment.

CTAS Level	Condition	Examples	Care Requirements
1	Applies when there are conditions that are threats to life or limb (or imminent risk of deterioration) requiring aggressive interventions. Level 1 patients present with very obvious signs of distress and unstable vital signs.	Cardiac arrest, respiratory arrest, major trauma	Resuscitative
2	Applies when there are conditions that are a potential threat to life, limb or function, requiring rapid medical intervention by a physician or medical directive.	Chest pain with cardiac features, depression/ attempted suicide, shortness of breath (moderate respiratory distress), severe abdominal pain	Emergent
3	Applies when there are conditions that could potentially progress to a serious problem requiring emergency intervention. May be associated with significant discomfort or affect ability to function at work or in activities of daily living.	Chest pain with non-cardiac features, moderate abdominal pain, moderate headache pain	Urgent
4	Applies when there are conditions that relate to patient age, distress or potential for deterioration that would benefit from intervention or reassurance within one or two hours.	Upper extremity injury, laceration /puncture (sutures required)	Less-Urgent



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Fact Sheet/Document d'information

5	Applies when there are conditions that may be acute but non-urgent as well as conditions which may be part of a chronic problem with or without evidence of deterioration. The investigation or interventions for some of these illnesses or injuries could be delayed or even referred to other areas of the hospital or health care system.	Dressing change, medication request, laceration/puncture (no sutures required)	Non-Urgent
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