



## **Supporting Information**

### **Supplementary methods and results**

**This appendix was part of the submitted manuscript and has been peer reviewed.  
It is posted as supplied by the authors.**

Appendix to: Wu HS, Mallows JL. Lower urgency care in the emergency department, and the suitability of general practice care as an alternative: a cross-sectional study. *Med J Aust* 2023; doi: 10.5694/mja2.52034.

## Supplementary methods

### Study setting and design

Nepean Hospital is a 520-bed tertiary-level metropolitan teaching hospital that serves catchment areas of mixed socio-economic status in western Sydney; about 75 000 people presented to the hospital during 2022.

### Participants, data collection, data analysis

All people who presented to the Nepean Hospital emergency department during 1–30 June 2021 were included. This month was chosen as it was free of COVID-19 lockdowns and presentations had returned to pre-pandemic levels (June 2021: 4% higher than the 2019 monthly mean). Data were extracted from the electronic medical record (eMR) in FirstNet (Cerner) and recorded in an Excel spreadsheet (Microsoft). The data collected included the Australasian Triage Scale triage category, age, gender, dates and times of arrival and departure, arrival mode, departure status (ie, admission or discharge), presenting problem and diagnosis, and whether a patient was referred by a GP.

Patients fulfilling the Australia Institute for Health and Welfare (AIHW) criteria for lower urgency care (“GP-type” patients) were identified, and additional data extracted from the eMR regarding the care provided, including investigations performed, medications and other treatment provided, and procedures undertaken. Author HW was responsible for data extraction, with initial training given by JM, who has significant experience in clinical audits and eMR data extraction. Author JM checked the data collected for the first 200 presentations for quality assurance, and to check for any ambiguity encountered during data acquisition. The data extractors were not blinded to the research question.

Patients were defined as potentially unsuitable for GP care as described in the main article. Author HW performed the literature review and collated the potential criteria; JM added personal experience, as well as certain criteria. Additional criteria were identified during the chart review process, such as problems deemed unsuitable for general practice care, usually in consultation between the two authors. People who left the ED at their own risk or did not wait for medical review were also deemed potentially unsuitable for GP care if they met one or more of these criteria. Patients who did not satisfy any of these criteria were classified as suitable for GP care, including those for whom urinalysis was the only investigation or oral medications were the only treatment.

## Supplementary results

**Table. Reasons for presentations by ten people who did not receive an intervention in the emergency department but who presented with problems deemed unsuitable for general practice care**

Clinically fractured nose (two)
Patient asked to re-present the following day for admission
Patient could not visit the GP because COVID-19 test result was pending (two)
Patient presented with needle stick injury, but was informed to re-present because needle stick injury kit was out of stock
Patient presented with a leaking urinary catheter
Patient was diverted to the gynaecology clinic
Patient was referred to Hospital-in-the-home care
Allergic reaction