Response to the response by Lahbib et al. to “Identification of appropriate and potentially avoidable emergency department referrals in a tertiary cancer care center” by Duflos et al.

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Received: 6 December 2017 / Accepted: 9 April 2018 / Published online: 5 May 2018
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We thank Lahbib and colleagues for their careful reading of our study about the avoidability and inappropriateness of Emergency Department (ED) referrals of cancer patients and for providing results obtained with a different methodology and complementary strengths [1]. We agree with their hypotheses about what caused discrepancies between our results: seasonality of the primary care availability, lack of validity of resident's assessments, and territorial specificity of the great area of Paris—which has a high density of EDs. We add that in the study of Lahbib et al., “the appropriateness of each ED referral was independently assessed by two senior ED physicians and classified as inappropriate only when both physicians agreed on its inappropriateness.” If there was no agreement procedure and if the rate of discordant assessment was high, it is likely that the rate of inappropriateness was undervalued.

We wish to develop the problem caused by the fact that our ED is a specialized one. As pointed out by Lahbib et al., the appropriateness of referrals may differ in this setting, relatively to a general ED. We used three tools to assess appropriateness: (1) the CCMU, a French validated tool for appropriateness of referrals in general ED; (2) the need for a medical examination in 24 h, a locally defined tool for appropriateness of referrals in general ED; and (3) the most appropriate facility, a locally defined tool for appropriateness of referrals in a cancer-specialized ED. In our point of view, the last tool was

the most interesting for two reasons. First, it allowed us to classify the patients between four facilities according to their need for an emergency visit and for a specialized visit and not only according to their need for an emergency visit. Second, when we used this tool, we kept in mind not only the medical condition of the patient but also the likely pathways that would have occurred in the different settings. For example, for many patients who had a stable condition but had a serious symptom caused by their cancer or their treatment, we considered that a general ED physician, or an oncologist without walk-in referral schedules, would achieve the management of the patient in a much longer time than a cancer-ED. Therefore, we classified these patients as needing a referral to a cancer-ED, although they were classified as inappropriate referrals by the two other tools.

To conclude, we concur with the call from Lahbib et al. for pursuing the research on the appropriateness of ED referrals in cancer patients. We think that more detailed tools—as those we used—along with qualitative studies, could help to understand what is deemed inappropriate and why, and therefore to propose improvement measures.

Compliance with ethical standards

Conflicts of interest The authors declare that they have no conflict of interest.

Reference

1. Lahbib H, Verspyck V, Vermeulin T, Wurtz B, Clamageran C, Czernichow P, et al (2017) Response to “Identification of appropriate and potentially avoidable emergency department referrals in a tertiary cancer care center” by Duflos et al. Support Care Cancer [Internet]. 2017 Nov 6 [cited 2017 Dec 6]; Available from: <http://link.springer.com/10.1007/s00520-017-3939-6>

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