

Survey of Emergency Department Physicians on Poison Center Consultation

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Background: Poison center (PC) consultation can improve outcomes for patients with overdose or poisoning, however emergency department physicians (EDPs) may be hesitant to contact the PC due to the perceived time requirement.

Research question: How do EDPs view the efficiency of the PC telephone consultation process, and what modifications would they recommend to improve the ED-PC interaction?

Methods: An electronic survey link was sent to the regional American College of Emergency Physicians chapter and distributed to members (n=283) throughout one PC's service area. Providers were queried about their perceptions of the PC telephone consultation process, and their suggestions for improvement.

Results: 58 EDPs completed the survey (20.5% response rate). When asked whether they viewed the ED-PC consultation process as efficient, 86.2% responded "always" or "usually" efficient. Telephone hold times were perceived as always (52.4%) or usually (47.6%) reasonable. 74.1% of respondents thought the number of questions asked by the PC was "just right" while 25.9% felt it was "too many" or "far too many". Most (61.8%) responded that the anticipated length of time to discuss a case was never a barrier to contacting the PC, however 29.1% indicated it was sometimes or occasionally a barrier, and 9.1% indicated it was usually or always a barrier. When asked about alternative modes of communication for discussing cases, 96.3% of respondents preferred the telephone over fax, e-mail, or texting. However, for simply reporting a case when no recommendations were sought, communication preferences were more evenly distributed.

Discussion: The majority of respondents conveyed satisfaction with the PC telephone consultation process, however some indicated that the time required to discuss a case with the PC was too long, and sometimes a barrier to them calling. In addition, EDPs expressed interest in a variety of options to communicate with the PC about cases. This survey was sent to EDPs served by a single poison center, therefore results may not be applicable nationwide.

Conclusion: Streamlining the ED-PC consultation process and exploring alternative communication methods such as e-mail or texting for less complex cases may reduce barriers to EDPs contacting the poison center.