

# What Makes For 'Satisfying' Emergency Care? Yelp Provides Clues



By *Chuck Dinerstein* — November 15, 2018



Courtesy of Yelp [1]

I've [written](#) [2] before on Yelp's reviews of physicians, a source far more often reviewed when looking for a physician than all of those websites by the government and professional societies. A recent paper in the *Annals of Emergency Medicine* sought to uncover patient's concerns about emergent/urgent care in the traditional setting of the Emergency Department (ED) and the far faster growing use of urgent care centers (UCC).

Unlike Press Ganey surveys [1], Yelp is pretty much jargon-free and available to all. "I've been here for 7 hours and still have not been treated..." is a pretty clear opinion – no 5-point rating on how fast a nurse answered your call-bell here. The researchers wanted to compile what the people had to say, think of the study as a form of the People's Choice program. They considered about 100,000 Yelp reviews of emergency departments and urgent care centers; and just as a caveat this is a small, small fraction of the 140 million reviews across all topics on Yelp. And while mentioning limitations, it is worthwhile to point out that not all EDs and UCCs are identified, that there is no standard measure of reporting, and most importantly only the truly motivated post to Yelp.

The reported data were abstracted from Yelp reviews using an algorithm that analyzed words that frequently appeared together in the narrative text, to create 25 different bins or categories. The authors tried to maximize the value of those bins by running the algorithm over the facilities with the worst (1-star) and best (5-star) reviews. [2] With a set of categories chosen, the reviews were subjected to another algorithm and the comments classified and tallied. Perhaps because the motivation to submit a Yelp review is greatest among the least and most satisfied, Yelp reviews, in general, tend to be found in the extremes, bimodal, and this was the case for ED and UCC reviews

Among the themes garnering a 5-star rating, EDs and UCCs performed essentially identically on professionalism, pediatric care and interactions with the staff. EDs slightly edged out UCCs on comfort and overall experience, and the UCCs were rated as having better facilities (although this refers to non-medical facilities, like parking and the waiting room rather than the availability of CT or MR scanners, etc.)

They also shared some 1-star themes, like poor communication, both person to person and on the telephone. Wait times, billing and insurance issues, diagnostic testing and pain management were similar if not identical for both emergency experiences.

Perhaps more can be learned from where they differed. What were the parameters of importance to patients at each type of facility? For EDs, bedside manner, care for family members and twenty-four seven access were all positive; while the speed of care and overall experience were more negative issues. For UCCs the care recommendations and convenience of on-site pharmacy refills or prescriptions were positive drivers, but a lack of confidence in the care and the initial reception, or lack thereof, were negative drivers.

Overall, UCCs were rated higher than EDs, but a more significant truth lies elsewhere. EDs were praised for their clinical quality, chastised for their service; for UCCs it was just the opposite. So it is clear that patients choose the place where they seek emergency care for differing reasons – service versus clinical quality or you might substitute clinical confidence.

Urgent care centers are quick and easy, and patients select them because they have little concerns. EDs are not as service oriented but can address concerns big or small. That may help put the attempts by insurance companies to direct care by penalizing patients for going to the ED for minor problems from a different perspective. Patients do not always know what is a big or little concern. And more importantly, when those worries involve you or your family that changes everything.

It might be easier for EDs to develop protocols to “fast-track” little concerns into their version of UCCs and to provide pharmaceutical prescriptions and refills at the same point of service. A differential in cost for this reduce “scope of service” would also be helpful. On the other hand, I believe it is a far harder challenge for UCCs to demonstrate that they deliver the same quality as EDs especially when their business model does not allow for bells and whistles, like a 24-hour a day available CT scanner – a clinical resource that both physicians and patients take for granted here in the US.

[1] This company makes its revenue from surveying patients about their experiences in the hospital or other health care settings and providing this information, at a price, to those institutions. They are a way of giving feedback to institutions, often focused on issues requiring government-mandated review and administrators think of them as strategically important in providing customer satisfaction.

[2] Bins or categories included the logistics of registration, waiting, bedside manner, convenience, etc.

Source: Online Ratings of the Patient Experience: Emergency Departments versus Urgent Care Centers Annals of Emergency Medicine DOI: 10.1016/j.annemergmed.2018.09.029

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[1] <https://www.flickr.com/photos/yelp/5540543936>

[2] <https://www.acsh.org/news/2017/02/28/evaluating-physicians-yelp-leads-way-10919>