



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: Savira F, Frith M, Aditya CJ, et al. Urgent care centres for reducing the demand on emergency departments: a scoping review of published quantitative and qualitative studies. *Med J Aust* 2025; doi: 10.5694/mja2.52663.

Supplementary methods

Search strategy

We conducted a scoping review to identify both qualitative and quantitative studies evaluating the impact of urgent care centres (UCCs) in primary care on emergency department (ED) presentations. The reporting of this review adhered to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses Extension for Scoping Review (PRISMA-ScR) checklist.¹ Five databases were used: MEDLINE, EMBASE, CENTRAL, PsycInfo and CINAHL. The search strategy is presented in Table 1. The database search was constructed using a combination of subject headings and keywords for three concepts, including "urgent care centres," "emergency presentation", and "primary care." We also performed grey literature search using Google Scholar, and screened references from similar reviews, along with citation list checking and internet searching. Screening of the studies used Covidence, a web-based platform for review management (<https://www.covidence.org>).

Data extraction and synthesis

Two reviewers extracted information from the studies and one reviewer validated all the extracted information. Data collected from the studies included general information (e.g., author(s), title, year, country, type of study, sample number and sample characteristics), mode of service delivery (i.e. in person only, virtual, hybrid) and type of clinic.

From the quantitative studies, a summary of information about the comparator, as well as data on the number of ED presentations and/or hospital admissions via the ED, were extracted. If available, we also collected information on cost associated with the urgent care clinics (to patients or providers), patient wait times, and the number of referrals to general practitioners or specialists. Information regarding physical location of the UCCs (within ED, within hospital, another location or online), the workflow, such as who ran the triage, who provided treatment for patients, the scope of conditions covered by the clinic, operating hours, and how pathology and radiology were handled, were also collected.

From the qualitative studies, method of data collection as well as information related to facilitators and barriers to the successful implementation and sustainment of UCCs was collected, along with patient and practitioner experiences in using UCCs.

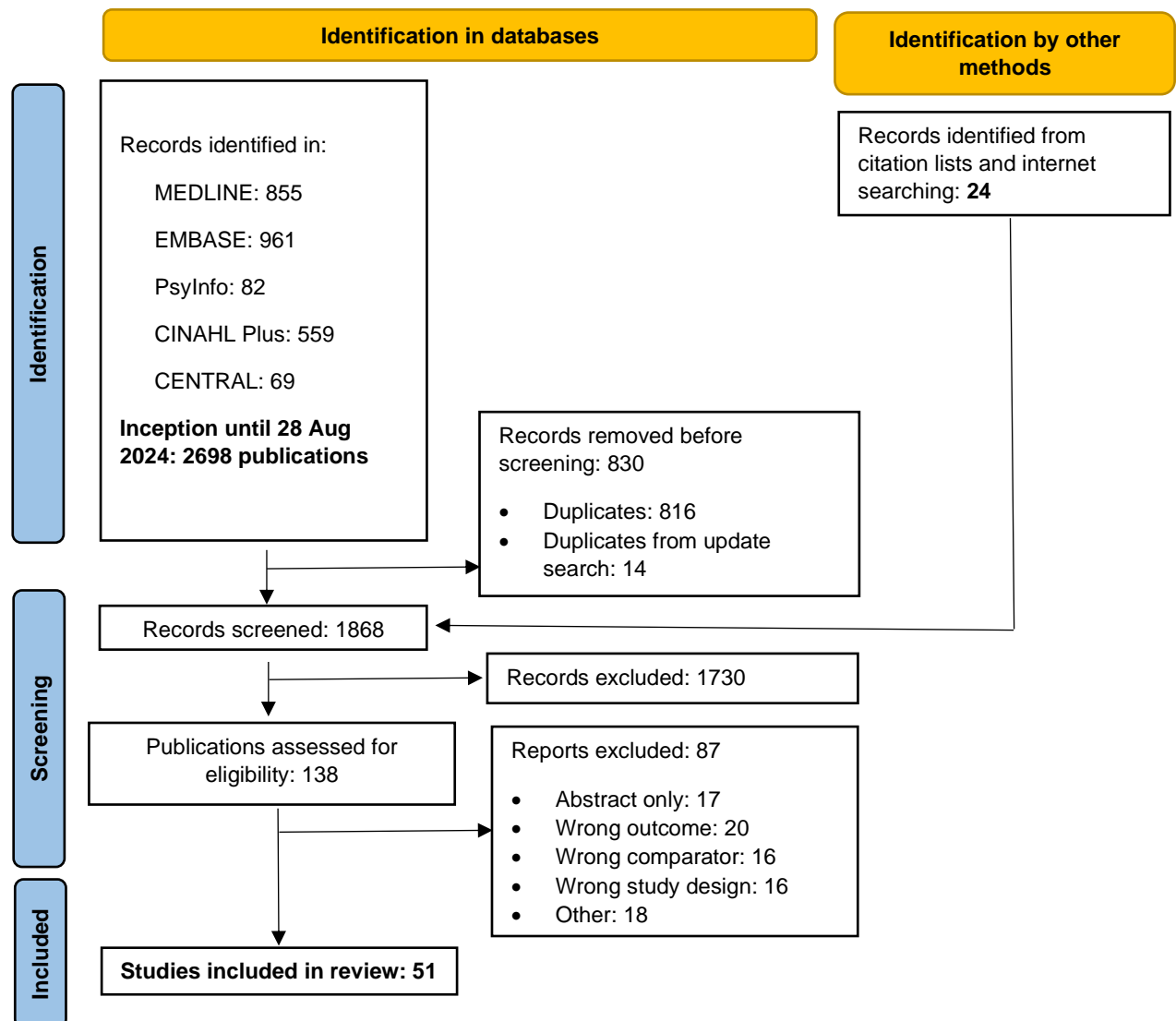
For quantitative studies, the results were narratively synthesised and presented focusing on the effect of UCCs on ED presentations and other outcomes such as hospitalisation and general practitioner referrals. For qualitative studies, data synthesis focussed on summarising the impact of UCCs on patient and provider experiences, as well as barriers and facilitators.

Table 1. Sample search strategy (MEDLINE)

#	Searches
1	(urgent care cent* or urgent care clinic* or walk-in clinic or express care or after-hours care or on-demand care or fast track care or convenient care or health cent*).mp.
2	((((emergency service* or emergency department or emergency room or accident) and emergency) or accident & emergency or a&e or a & e or trauma cent* or casualty department or emergency treatment cent* or emergency ward or emergency health service).mp.
3	(primary care or primary health care or general practice or family medicine or family practice or community medicine or primary healthcare or primary physician or primary healthcare service*).mp.
4	1 and 2 and 3
5	limit 4 to english language

Supplementary results

Figure 1. Selection of publications for inclusion in the scoping review



*Separate searches were conducted from inception until 27 August 2023 (2526 studies), and then an update was conducted on 1 January 2023 until 28 August 2024 (148 studies).

Reference

1. Tricco AC, Lillie E, Zarin W, O'Brien KK, et al. PRISMA Extension for Scoping Reviews (PRISMA-ScR): Checklist and explanation. Ann Intern Med 2018; 169: 467-473.

Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) Checklist

Note: The page numbers refer to the submitted manuscript, not to the published article or supporting information file

SECTION	ITEM	PRISMA-ScR CHECKLIST ITEM	REPORTED ON PAGE #
TITLE			
Title	1	Identify the report as a scoping review.	1
ABSTRACT			
Structured summary	2	Provide a structured summary that includes (as applicable): background, objectives, eligibility criteria, sources of evidence, charting methods, results, and conclusions that relate to the review questions and objectives.	2
INTRODUCTION			
Rationale	3	Describe the rationale for the review in the context of what is already known. Explain why the review questions/objectives lend themselves to a scoping review approach.	3
Objectives	4	Provide an explicit statement of the questions and objectives being addressed with reference to their key elements (e.g., population or participants, concepts, and context) or other relevant key elements used to conceptualize the review questions and/or objectives.	3
METHODS			
Protocol and registration	5	Indicate whether a review protocol exists; state if and where it can be accessed (e.g., a Web address); and if available, provide registration information, including the registration number.	3
Eligibility criteria	6	Specify characteristics of the sources of evidence used as eligibility criteria (e.g., years considered, language, and publication status), and provide a rationale.	3-4
Information sources*	7	Describe all information sources in the search (e.g., databases with dates of coverage and contact with authors to identify additional sources), as well as the date the most recent search was executed.	3
Search	8	Present the full electronic search strategy for at least 1 database, including any limits used, such that it could be repeated.	Supplementary appendix p. 3
Selection of sources of evidence†	9	State the process for selecting sources of evidence (i.e., screening and eligibility) included in the scoping review.	3-4, Supplementary appendix p. 1
Data charting process‡	10	Describe the methods of charting data from the included sources of evidence (e.g., calibrated forms or forms that have been tested by the team before their use, and whether data charting was done independently or in duplicate) and any processes for obtaining and confirming data from investigators.	Supplementary appendix p. 1-2
Data items	11	List and define all variables for which data were sought and any assumptions and simplifications made.	Supplementary appendix p. 1-2
Critical appraisal of individual sources of evidence§	12	If done, provide a rationale for conducting a critical appraisal of included sources of evidence; describe the methods used and how this information was used in any data synthesis (if appropriate).	N/A
Synthesis of results	13	Describe the methods of handling and summarizing the data that were charted.	Supplementary appendix p. 1-2
RESULTS			
Selection of sources of evidence	14	Give numbers of sources of evidence screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally using a flow diagram.	Supplementary appendix p. 4
Characteristics of sources of evidence	15	For each source of evidence, present characteristics for which data were charted and provide the citations.	20

Critical appraisal within sources of evidence	16	If done, present data on critical appraisal of included sources of evidence (see item 12).	N/A
Results of individual sources of evidence	17	For each included source of evidence, present the relevant data that were charted that relate to the review questions and objectives.	20
Synthesis of results	18	Summarize and/or present the charting results as they relate to the review questions and objectives.	5-10, 20
DISCUSSION			
Summary of evidence	19	Summarize the main results (including an overview of concepts, themes, and types of evidence available), link to the review questions and objectives, and consider the relevance to key groups.	10-12
Limitations	20	Discuss the limitations of the scoping review process.	12
Conclusions	21	Provide a general interpretation of the results with respect to the review questions and objectives, as well as potential implications and/or next steps.	13
FUNDING			
Funding	22	Describe sources of funding for the included sources of evidence, as well as sources of funding for the scoping review. Describe the role of the funders of the scoping review.	Acknowledgement and funding page

JB1 = Joanna Briggs Institute; PRISMA-ScR = Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews.

* Where *sources of evidence* (see second footnote) are compiled from, such as bibliographic databases, social media platforms, and Web sites.

† A more inclusive/heterogeneous term used to account for the different types of evidence or data sources (e.g., quantitative and/or qualitative research, expert opinion, and policy documents) that may be eligible in a scoping review as opposed to only studies. This is not to be confused with *information sources* (see first footnote).

‡ The frameworks by Arksey and O'Malley (6) and Levac and colleagues (7) and the JB1 guidance (4, 5) refer to the process of data extraction in a scoping review as data charting.

§ The process of systematically examining research evidence to assess its validity, results, and relevance before using it to inform a decision. This term is used for items 12 and 19 instead of "risk of bias" (which is more applicable to systematic reviews of interventions) to include and acknowledge the various sources of evidence that may be used in a scoping review (e.g., quantitative and/or qualitative research, expert opinion, and policy document).

From: Tricco AC, Lillie E, Zarin W, et al. PRISMA Extension for Scoping Reviews (PRISMA-ScR): checklist and explanation. *Ann Intern Med* 2018; 169: 467-473.