Identifying barriers and facilitators to improving prehospital care of asthma: views of ambulance clinicians
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Background
• 2008/09 there were nearly 80,000 emergency hospital admissions for asthma.1
• Current UK guidelines emphasise the importance of evidence-based prehospital assessment and treatment of asthma for improving patient outcomes and reducing hospitalisation, morbidity and mortality.2
• National benchmarking of ambulance clinical performance indicators for asthma have revealed important unexplained variations in care across ambulance services.3
• Little research has been undertaken to understand the reasons for poor levels of care.

Objective
• To gather data on ambulance clinicians’ perceptions and beliefs around prevailing and best practice for management of asthma.
• To identify the factors which prevent or enable better asthma care in ambulance services.

Methods
• We used a phenomenological qualitative approach, which addresses how individuals use their experiences to make sense of their world, focusing on participants’ experiences of care delivery for asthma.
• We used two focus groups of 5 to 8 ambulance clinicians to gather data on barriers and facilitators to better asthma care.
• Recordings and notes were taken, transcribed and then analysed using QSR NVivo 8.
• A coding framework was developed based on a priori concepts but with emergent themes added during the analysis.

Results
• A number of preliminary themes and sub-themes were identified.
• The study identified issues relating to clarity of ambulance guidelines, conflicts between training and guidance, misconceptions about the importance of objective assessment and over reliance on non-objective assessment.
• Some practitioners believed hospital staff were not interested in prehospital peak flow assessment

Conclusion
• Our findings will inform improved systems of care for asthma
• The effect on indicators will be measured using time series methods.
• This approach could be used more widely to improve management of specific clinical conditions where quality of care is demonstrated to be suboptimal.

References