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What do users value about the emergency ambulance service?

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Pre-hospital Outcomes for Evidence Based Evaluation

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Background

- Narrow focus of current quality indicators for ambulance services.
- Patient perspective of care becoming increasingly important.

Aim

- To investigate patients' experiences of the 999 ambulance service to understand the processes and outcomes important to them.

Method

- Purposive sampling
- Three levels of response
 - Category 1 = nurse advice only (hear and treat)
 - Category 2 = treatment without transport (see and treat)
 - Category 3 = treatment with transport (see and convey)

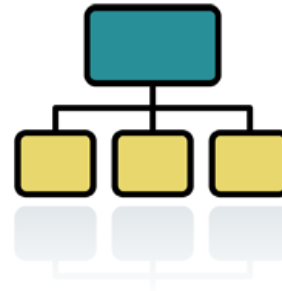
Method

- Semi-structured interviews

“participants should have been given the opportunity to tell their stories, to speak freely and reflectively, and to develop their ideas and express their concerns at some length” (Smith et al, 2009:56)

- NVivo8

- Framework analysis



Results

- 11 Males and 11 Female patients participated (n=22)
- 8 Spouses also shared their views
- Total sample size = 30

	Hear and treat	See and treat	See and convey
Number of participants	2	7	13

Themes

Theme	Components
Not waiting too long for help	“...I wasn’t life or death. I wasn’t dying. So I thought I wasn’t going to be top priority anyway...So I thought ten, fifteen minutes was alright”
Communication	“Their bedside manner was excellent; they could certainly have been on the stage
Confidence and reassurance	“first time I’ve called 999, I was a little bit nervous really...you don’t really know what, or what the reactions are to people...but yeah very good”
Continuity of care	“...As soon as they get you to the hospital the ambulance leaves. As I say it was about half an hour before I was seen. And I had to stay in hospital”

Not waiting too long for help

- The meaning of help was different for different people
- Distinction between *needing* and *wanting* a quick response time

“...I did say to them it was a non-emergency, they would send out the next one when the next one is available but they did say it would be about half an hour and I said that was fine, I’m not going anywhere.”

Not waiting too long for help

- Desire to have immediate contact with individual(s) that are perceived to know what they are doing

“...that was the critical bit as far as we were concerned, the fact that we had somebody here within ten minutes...”

Communication

- Feeling listened too

“They were sort of asking me questions and things like that when they was here in the room...I think they pretty much covered everything, I don't see what else they could have asked to make it any better.”

- Being informed

“He told me everything they were going to do. Yes...There was nothing wasn't sure about, I felt very very secure with him and you know I can't go any further with that, he was just brilliant.”

- Appropriate style

Confidence and reassurance

- The assumption of confidence

“How did that make you feel? More confident. I panic until I know somebody’s on their way. Once I’ve dialled 999, I then calm down and I’m fine.”

- Early reassurance from the call handler

“...because like I say I was in a bit of a panic and she calmed me down and she reassured me you know what I mean? She was really pleasant over the phone and I did feel at ease.”

Confidence and reassurance

- Maintenance of confidence

“I think they appeared very well to know their job, they get on with what needs to be doing, sticking things all over your body you know that sort of thing, its no problem. They’ll say ‘we need to take your medication with us have you got your handbag, have you locked the door?’ and everything falls into place very very well.”

Continuity of care

- Continuity of service

“the person on the other end was very good and said that somebody would be with us, and she kept talking to me and telling me what to do, until the Rapid Relief came and that was within minutes.”

- Information continuity

“they even took his bloods for his diabetes and everything so everything was on a proper level, they didn’t leave anything unturned, they were really very good.”

Continuity of care

- Continuity of care (individual)

“Oh marvellous, he was with me all the time the paramedic...talking to me and he was very good. And even when we got to the hospital he stayed with me for a little while”

- Smooth transition from prehospital to acute care setting

“probably getting me to hospital and being able to pass over their checks to the hospital straight away. So it made it all quicker”

What have we learnt?

- Aspects of prehospital emergency care other than 'response time' were highly valued by patients
- It was challenging to engage participants in considering factors other than response times for potential new outcome measures

Where do we go from here?

- Results will contribute to the identification of candidates for new outcome measures
- Potential implications for the delivery of urgent and emergency primary care services – clinical education?



Thank you

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