



Fiona Togher¹, Viet-Hai Phung¹, Alicia O’Cathain², Janette Turner², A Niroshan Siriwardena¹

¹University of Lincoln, ²University of Sheffield

Introduction

Response times have been used as a key quality indicator for emergency ambulance services in the United Kingdom, but criticised for their narrow focus.

Although clinical evidence suggests that fast responses can markedly improve survival outcomes for out-of-hospital cardiac arrests these only account for 1-2% of the prehospital population.

Consequently, there is a need to consider wider measures of quality. The patient perspective is becoming an increasingly important dimension in prehospital outcomes research. To that end, we aimed to investigate patients’ experiences of the 999 ambulance service to understand the processes and outcomes important to them.

Methods

We employed a qualitative design, using semi-structured interviews with a purposive sample of people who had recently used a 999 ambulance in the East Midlands. We recruited patients of different age, sex, geographical location, and ambulance service response including ‘hear and treat’, ‘see and treat’ and ‘see and convey’.

A topic guide included questions concerning what worked well or needed to be improved, before identifying what was important to users. Framework analysis was used to facilitate the generation of practical outcomes. The interview schedule informed the initial coding frame. After subsequent interviews, the coding frame evolved to produce themes that were agreed by all members of the research team.

Results

We interviewed 22 service users. Eleven men and eleven women participated of whom 13 were aged 65 years and over.

Five main themes emerged, these were:

- the need for reassurance
- professionalism
- communication
- not waiting too long for help
- continuity across the transfer points

A quick arrival time was valued by all service users that received prehospital care on scene regardless of the clinical seriousness of their condition. The data showed a clear distinction between needing a quick response and wanting a quick response for non-clinical reasons.

Supporting Quotations



“So it’s just their sort of calmness. You think well they’re not panicking, maybe I don’t need to panic then”. **Reassurance**

“They don’t come flying through the door in a mad rush they just arrive quietly, come in, say ‘stay where you are’ you know ‘we’ll do the work’ you know and that immediately makes you feel like you’ve got somebody under your roof that knows what they’re doing and that can deal with the situation”. **Professionalism**

“Well they’re not, they’re not talking about, I mean they’re not forgetting what they’re here for, they are discussing what you’ve got, but in a pleasant way, not in a morbid way”. **Communication**

“...keep talking to me. Is your door unlocked?’ I went ‘no’. He went ‘run down and unlock your door’. I ran down, unlocked the door, went back again. Started talking to him again. I then heard a car pull up and I said ‘Oh I think they’re here. I looked out of the window and said ‘Yeah, they’re here’ and he said ‘Right I’ll leave you in their capable hands now’. **Transitions**

Conclusions

The value of a quick response was complex and multi-faceted and there were other components of prehospital care that were of similar importance to patients. The results will be combined with issues identified from systematic reviews and used in a Delphi study to identify candidates for new outcome measures for emergency ambulance services.

Limitations

We asked participants to think about whether any other performance measures other than response time could be introduced to assess the quality of ambulance services. However, we found it challenging to engage participants to consider quality indicators beyond response times because they were unable to connect abstract ideas with their concrete experiences.

Funding

This presentation presents independent research funded by the National Institute for Health Research (NIHR) under its Programme Grants for Applied Health Research (PGfAR) scheme (Grant Reference Number RP-PG-0609-10195). The views expressed are those of the authors and not necessarily those of the NHS, the NIHR or the Department of Health