

What do users' value about the emergency ambulance service?

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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 concerned with 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 and 13 were aged 65 years and over.

Four main themes emerged, these were:

- ❑ not waiting too long for help
- ❑ information provision
- ❑ professional relationship
- ❑ smooth transition across the prehospital care pathway

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

Service users valued the friendly and down to earth approach that clinicians used to provide information and advice on-scene. The call handlers were valued highly by many service users that felt reassured by the calm and professional approach taken. 'See and convey' users valued a seamless handover to secondary care.

Supporting Quotations



"... they took me into the hospital and they was there with me all the way until a doctor came and then when a doctor came they said cheerio and they went on to their next job" **Smooth transition across the prehospital care pathway**

"They were very friendly, and it was there manner was to put you at your ease.....as much as anything. I mean they were ribbing each other but at the same time they were getting on and doing what they had to do and they were very attentive" **Professional relationship**

"And I said to them I really feel guilty about sending for you, they said well don't. you know that is what they are there for" **Professional relationship**

"...that was the critical bit as far as we were concerned, the fact that we had somebody here within ten minutes..." **Not waiting too long for help**

"...I suppose you just want them there...because you know at the time that you ring them either you're in pain or somebody else is in pain so I suppose you just want them there as quickly as possible" **Not waiting too long for help**

"So I phoned up the second time and they did say to me they would be about half an hour because they'd got a high volume of calls, I did say to them it was a non-emergency, so they said to make yourself comfortable, lie down and they would send out the next one when the next one is available" **Information provision**

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