

Conveyance decisions and patient safety: Stakeholder views on research and intervention

Rachel O'Hara and Maxine Johnson, University of Sheffield

INTRODUCTION

- A study examining systemic influences on conveyance decisions by paramedics and potential threats to patient safety identified seven overarching systemic influences.
- Feedback workshops were conducted with stakeholders [n=45] across three Ambulance Service Trusts in England. Ambulance Service staff = 28; Service Users = 17.
- A paired comparison approach generated an ordinal ranking of the systemic influences in terms of their perceived importance for action [1] and allowed the relative rankings to be transformed to z scores and presented on an interval scale [2].
- Workshop attendees discussed areas for future research and intervention, which have been grouped into common themes. Suggested areas for intervention were considered feasible to undertake but also have implications for research.

AREAS FOR RESEARCH

Training & development

- Impact of variations in skill mix on staff and patient care
- Impact of variations in paramedic experience & training
- Impact of increased urgent care training/skills
- The diagnostic process and error

Access to care: cross-service relationships

- Other healthcare professionals perceptions of the AS

Resources

- Strategies for reducing sickness absence
- Staff perceptions of how they are valued by the AS
- Scope for increasing the use of technologies
- The impact of 'make ready' ambulances

Communication

- Why communication isn't working and how to improve it

Demand

- Define demand and predict changes – resources needed
- Efficient and safe ways of improving telephone triage
- Why are the public calling 999 [e.g. expectations]
- How to increase public awareness of care options
- Empowering the public to access appropriate services

Performance priorities

- Alternative quality outcomes and performance measures
- Patient input on commissioning & service development

CONCLUSIONS

The workshops facilitated discussion between a variety of Ambulance Service staff and service user representatives. This appears to have been appreciated by both groups of stakeholders. The workshops were effective in the validation of findings as well as providing an opportunity to suggest areas for future interventions and research. The paper based paired comparison approach was an efficient way to explore perceived priorities.



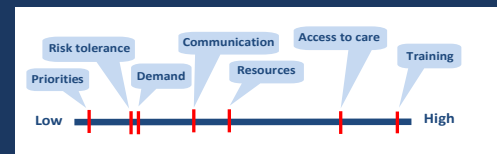
r.ohara@sheffield.ac.uk

www.nets.nihr.ac.uk/projects/hsdr/10100753

[1] Ranking of systemic influences

Higher priority
Education, training and professional development for crews
Gaining access to appropriate care options
Ambulance Service resources [staff, vehicles & equipment]
Communication of information and feedback to crews
Meeting the increasing demand for emergency care
Disproportionate risk aversion
Impacts of performance regime and priorities on service delivery
Lower priority

[2] Relative prioritisation of influences



AREAS FOR INTERVENTION

Training and development

- Identify different models of training
- Sustainability assessment to protect training
- Invest in advanced paramedic roles for non-conveyance
- Utilising advanced training to avoid skill degradation

Access to care: pathways

- Improve access [e.g. 24 hrs, direct hospital admission]
- Reduce variation & changes in referral protocols/criteria
- Monitor & streamline pathways [business intelligence]
- Single point of staff information and access
- Improve options for mental health, alcohol abuse, elderly

Access to care: cross-service relationships

- Raise awareness of AS roles for other health professionals
- Joint training on emergency simulations and scenarios
- Improve two-way information sharing
- Support challenging resistance to pathway referrals

Resources

- Ensure AS and service user representation on CCGs

Communication

- Positive, not just negative feedback [e.g. peer, supervisor]
- Feedback to support reflective practise [diagnosis, treatment, admissions]
- Better access to decision support [incl. peer, supervisor]

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