

Was that the wrong decision? Factors influencing paramedics in their decision to discharge patients at the scene

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Introduction

- Providing effective pre-hospital care can include care delivered closer to the patient's home and a reduction in unnecessary emergency patient journeys and admissions to hospital.
- Ambulance availability is a major factor in achieving the successful management and treatment of patients.
- Reducing the number of unnecessary ambulance transportations could be key.
- A correct and validated diagnosis at the scene may confer a better use of resources and provide a better patient experience (Pointer et al. 2001; Sharieff et al. 2013).
- As well as evaluating the patients symptoms and deciding upon referral pathways, ambulance staff may also take into account broader issues such as whether the patient lives alone, has access to health services, transportation and other socio-economic factors.

Aim

- The aim of this study is to explore what factors influence paramedics in their decision to discharge patients at the scene.
- Objectives include exploring:
 - whether the factors reported relate to particular conditions;
 - whether the use of case studies elicits any further factors than those identified during semi-structured interviews.

Method

- A series of semi-structured interviews will take place with 15 senior paramedics.
- Paramedics will have at least 5 years experience and work at an advanced level of practice. This rank of paramedic has been selected as they are likely to have a range of experiences and potentially a deeper understanding of the topic area.
- Emails will be sent to potential participants to invite them to take part in a semi-structured interview.
- Interviews will include questions exploring patient case studies.
- Written informed consent will be obtained prior to any interviews taking place.
- Ethical opinion for the study was provided by the University of Central Lancashire, Research and Development approval was sought from North West Ambulance Service NHS Trust.

Data collection

- All interviews will be digitally recorded. All interview recordings will be transcribed in full.
- Each transcription will be assigned open codes, these codes will then be combined to form themes. Analysis will be undertaken following each interview in order to inform the content of any future interviews.

References

Pointer, James E, M. Andrew Levitt, Justin C. Young, Susan B. Promes, Benedict J. Messina, and Mary EJ Adèr. "Can paramedics using guidelines accurately triage patients?." *Annals of emergency medicine* 38, no. 3 (2001): 268-277.

Sharieff, Ghazala Q., Lori Burnell, Matt Cantonis, Valerie Norton, Juan Tovar, Kimberlee Roberts, Cynthia VanWyk, Jacqueline Saucier, and Jamie Russe. "Improving emergency department time to provider, left-without-treatment rates, and average length of stay." *The Journal of emergency medicine* 45, no. 3 (2013): 426-432.