Decision making and safety in emergency care transitions

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http://www.netscc.ac.uk/hsdr/projdetails.php?ref=10-1007-53

Study Aim

- To explore the various influences on safe decision making by emergency care (Ambulance Service) staff.

- What are the risks associated with transitions in the emergency care process - decisions about patient care?

Study Design

- **Case studies**
  - Three Ambulance Trusts

- **Systems approach**
  - Factors ranging from organisational to individual

- **Human factors framework**
  - Reason 2000; Vincent 1998

Study Methods Phase 1: Mapping the system

➢ **Interviews with key personnel:**

➢ Managers, team leaders.

➢ **Identifying system characteristics, including:**

- o Resources (e.g. staffing, training, funding)

- o Service demands (e.g. population; geographical area; performance targets)

- o Organisation of service delivery (e.g. protocols; guidelines; pathways)

Study Methods Phase 2: Ethnographic study

➢ **Exploration of decision making by AS staff**

- o A range of staff roles, responsibilities & care pathways

- o Data collection: observation, interviews, digital diaries, documentation

➢ **Collaboration with AS researchers**

- o Observation carried out by University and AS

  researchers

➤ **Staff focus groups with staff in each AS**

  o Explore attitudes, values and behaviours about patient

     safety and how these are reflected in working practices

  o Strengths and weaknesses of patient safety culture

➤ **Service user focus groups**

  o Explore experiences and views on the transition points in pre-hospital
     emergency care

  o Perceptions of safety issues associated with decisions

Study Methods Phase 3: Validation workshops

➢ Feedback & validate the findings with the staff at each AS site and any local stakeholders including service users

➢ Elicit views on key patient safety issues identified

Potential influences on care decisions: themes from Phase 1

- Increasing demand

- Time for assessment – appropriate decisions

- Communication – information accuracy

- Staff roles - skills and training

- Prioritisation

- Protocols V Flexibility over decisions

- AS Resources

- Availability of local community pathways

- Out of hours care

- Delays – response & handover

- Targets

- Transfer/handover to other services

- Communication between staff and services

- Feedback on decisions

- Geography/Distance – time

- NHS changes – GP Commissioning Groups
  - *more options or more fragmentation?*

- Specific patient groups:
  - *Communication difficulties (inc. language)*
  - *Older - falls*
  - *Chronic conditions (COPD, Diabetes)*
  - *Mental health*
  - *End of life*
  - *Vulnerable*

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Potential influences on care decisions: themes from Phase 2

Staff Observations

➢ Negotiation or agreement with other health care professionals

➢ Preferences of service users & carers

➢ Ability to self-care / presence of support at home

➢ Uncertainty of causation

➢ Varied availability of local pathways

Service Users

➢ Communication and triage

➢ Public awareness of roles & processes

➢ Issues of accessibility and preferences for vulnerable groups

➢ Perception of waiting time can be distorted by anxiety

➢ 'Treat and leave' – access to GP

Staff Focus Groups

➢ Lone working – 'self employed'

➢ Safety culture - individual V organisation

➢ Reliance on information from control/dispatch

➢ Organisational communication and feedback

➢ Public awareness/knowledge

➢ Status as healthcare professionals

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Study and methods: implications

➢ The ambulance service context is relatively under-researched

➢ Multi-method approach allows comparison of data from different sources

➢ Study uses established and novel methods for data collection (e.g. digital staff diaries)

➢ Engages ambulance service staff as researchers

➢ Importance of key AS personnel to raise awareness of the study and access participants

➢ Challenges due to the time-critical nature of the work