Pre-hospital pain management by ambulance staff

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Assessing the Impact of Emergency Vehicle Call Out in Instances Where the Patient is Subsequently Not Transported to Hospital.

Debbie Shaw 1, Jane Dyas 2, Niroshan Sirivardena 1
On behalf of the East Midlands Ambulance Research Alliance

Introduction

Ambulance services are legally obliged to attend emergency ‘999’ and general practitioner (GP) calls unless valid treat-and-leave or dispatch triage protocols are in place.1 What are frequently referred to as ‘inappropriate calls’2 lead to fewer resources being available to respond to life-threatening incidents. The problem is even greater in large rural counties where long distances are travelled. Inappropriate emergency calls include a proportion (17%) where patients call for an ambulance but are not transported.3 Patients who sign a not treated/transported form (AS34) known within the service as a “refusal to travel form” [RTT]] make a subset of up to half of those not transported.4

Although we know that over one third of these instances are due to falls, a greater understanding of the reasons behind the phenomenon is required in order to inform the development of interventions to reduce the number of people that are not transported.

In order to address the problem of ‘refusal to travel’ in a rural county it was essential first to assess the impact of the problem by measuring the rate of the problem and its associated costs. This was done prior to the introduction of Emergency Care [ECPs] so that a baseline figure would be available for any evaluation of the ECP service. It was also considered important background before exploring the reasons why patients were not being transported.

This poster reports on the impact of the problem.

Methodology for assessing costs of RTT

In order to assess the impact and associated costs of RTT the Trust’s Computer Aided Despatch (CAD) system was interrogated to ascertain the number of emergency request activations over one year (April 2003 to March 2004) where an ambulance resource arrived on scene but did not transport a patient. This figure was then broken down into three periods: (Figure 1). This was estimated to cost £1,450,900. There were also 4173 other cases where a patient did not travel due to death, refusal to sign a disclaimer, alternative means of transportation taken. The rate of non-transportation overall for the year was 16.85% (Table 1)

Figure 1. Rate of ‘refusal to travel’ as a percentage of total emergency ambulance requests

Table 1. Rates, time involved and cost of refusal to travel

Results

Extent of the problem

An audit of AS34 forms from April 2003 to March 2004 and an interrogation of the CAD system over the same period identified 9067 instances of RTT comprising 9 to 11% of emergency callouts throughout the year with a small peak during July (Figure 1). This was estimated to cost £1,450,900. Although we know that over one third of these instances are due to falls, a greater understanding of the reasons behind the phenomenon is required in order to inform the development of interventions to reduce the number of people that are not transported.

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The cost of mobilising a transport a patient. This figure was then broken down into three periods: instances where a “Recognition of Fact of Death” (AS 8) form was completed, instances where a “Recognition of Fact of Death” (AS 8) form was completed and “unknown”. The cost of mobilising a fully manned and equipped ambulance was ascertained from the Trust’s Finance department and used to calculate estimated costs. It should be noted that the calculations were made on the deployment of an emergency ambulance. A break down of type of vehicle deployed was not attempted.

Table 1. Rates, time involved and cost of refusal to travel

<table>
<thead>
<tr>
<th>Category</th>
<th>Total Emergency Responses April 03 to March 04</th>
<th>Total Transportation April 03 to March 04</th>
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<th>Total Non-transportation April 03 to March 04</th>
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<tr>
<td>RTT</td>
<td>76235</td>
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<td>5927</td>
<td>7958</td>
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<td>AS 34</td>
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<td>669</td>
<td>494</td>
<td>173</td>
</tr>
<tr>
<td>Others</td>
<td>3206</td>
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Conclusion

The rate of non-transportation as a whole was 16.85%, which compared closely with a national figure of 17%. 5 This indicated that this phenomenon was a universal problem for Ambulance Trusts.

The rate of “RTT” as a percentage of total emergency ambulance requests showed no significant variation over a one year period. The annual cost (approximately £1.5 Million) to the ambulance trust of having an RTT rate of 11.54% was thought to be sufficiently high to warrant a qualitative study to gain a greater understanding of the reasons behind the phenomenon. Such costs may also be of interest to other Trusts considering the introduction of ECP services.