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CORRESPONDENCE

Emergency medical services – poor response time in the rural Eastern Cape

To the Editor: Emergency medical services (EMS) throughout South Africa are of unequal quality owing to historical population inequalities and under-resourced EMS in rural areas.1 There are no data regarding the quality of ambulance services in the rural Eastern Cape. The assessment of EMS is not easy, but an assessment tool has been established.² We prospectively audited the response time to ambulance requests from a community health centre in the rural

Ngcwanguba Health Care Centre has a catchment population exceeding 60 000 and is staffed by one full-time doctor and 10 professional nurses. Ambulances are stationed at Mthatha and have to use an 80 km-long tarred but severely pot-holed road. They return on this road to the nearest tertiary referral hospitals or take a gravel road of 25 km to the district hospital.

All calls for ambulances made in the period from 1 July 2009 to 31 September 2009 to refer patients to one of the two referral hospitals were included. No calls were done by the doctor.

Results

Table I summarises the number of ambulance arrivals and the time involved, over the review period.

Discussion

The Department of Health in Eastern Cape Province recently published a poster with 'generic standards' that states: 'Emergency medical services (EMS) - All citizens in need of emergency services will be attended to with courtesy by qualified personnel and a fully equipped ambulance within 1 hour in the rural areas and 45 minutes

in urban at all times'. This standard is clearly failed by the local EMS provider, who achieved this aim in only 3.3% of ambulance requests. The average response time of an arriving ambulance of almost 4 hours is unacceptably high. The 16.7% of EMS cases that did not arrive at all is worrying, and a challenge for health carers remaining with the critically ill patient.

An analysis of perinatal deaths in the district hospital showed that, among the 8 avoidable factors, the unavailability and delay of transport were the most common.3 Sixteen years after the end of the apartheid era, South Africa shows an unacceptable EMS response time (which is an important and basic component of health care service4) in the former Transkei. EMS services must be assessed and improvement wisely planned to ensure the basic rights of government sector patients. Although a new EMS station was begun to be built next to the Ngcwanguba Health Care Centre, there has been no progress for a year.

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- MacFarlane C, van Loggerenberg C, Kloeck W. International EMS systems in South Africa--past, present, and future. Resuscitation 2005;64(2):145-148.
- Doherty J, Price M. Evaluation of rural ambulance services. World Health Forum 1998;19(3):315-319.
 Gaunt CB. Are we winning? Improving perinatal outcomes at a deeply rural district hospital in South
- Africa, S Afr Med J 2010;100(2):101-104.
- 4. Kotzé JM. The role of the ambulance service as part of the health profession. S Afr Med J 1990;78(6):320-

Table I. Response times and number of arrivals								
Response time (h)	<1	1 - 2	2 - 3	3 - 4	4 - 5	5 - 6	6 - 12	Failed to arrive (>12 h)
Arrivals	1 (3.3%)	4 (13.3%)	6 (20%)	4 (13.3%)	4 (13.3%)	4 (13.3%)	2 (6.7%)	5 (16.7%)