

Background

Medical emergencies in care homes are common and costly, often resulting in calls to emergency services, ambulance attendance, conveyance, and hospital admission. Studies suggest that over half the emergency transfers to hospital from care homes could be prevented with better ongoing care, staff training and access to primary care.

Aim

The aim of this study was to explore ambulance staff experiences of emergencies in care homes.



Method

- We employed a qualitative design, involving semi-structured interviews with ambulance staff members working at the East Midlands Ambulance Service NHS Trust.
- Data were collected between February and March 2022.
- Interviews were conducted by telephone or online (via Microsoft Teams), depending on the participant's preferences.
- Data were analysed thematically (Braun & Clarke, 2006), using a framework approach.
- NVivo 12 software was used to facilitate the analysis.
- Ethical approval was obtained from the UK Health Research Authority (Reference 21/WM/0229).

Results

- We interviewed 15 ambulance staff members (including paramedics, technicians, & urgent care assistants).
- Ages ranged from 21 to 64 years old.
- Most participants self-identified as male & White British.
- Participants had been working in the ambulance service for 1 year to 23 years.
- Interviews lasted between 33 minutes and two hours.

Results (continued)

The complexity of shared decision-making for person-centred care

- Participants reported consulting with everyone involved (care home staff, residents, relatives).
- Making final decisions was based on various factors, including the resident/their family's wishes, medical history, ReSPECT forms, alternative pathways to A&E, and what they considered the most appropriate course of action for the resident.
- Residents (if they have capacity) or the most senior ambulance staff member (if residents don't have capacity) are responsible for final treatment decisions.
- Best outcome for residents (showing good quality of care) is doing what's best for the resident in that situation (most often treating & leaving in the care home).

Need for effective communication across the care pathway

- Although good communication with care home staff was considered important, experiences were varied.
- The importance of good, adequate resident information ready for ambulance staff upon arrival was highlighted.
- Putting residents at ease & addressing their concerns was considered vital for good quality of care during emergencies in care homes.
- Main barriers to communicating effectively were language difficulties (residents/care home staff) and often the disheartening attitude of emergency department personnel towards ambulance staff.

The care home context is a springboard for prompt and effective care

- Care home design issues (access & egress) make accessing & transferring residents more difficult.
- Better training is needed for care home staff, especially on basic assessments & skills; knowing when to call for an ambulance; etc.
- Having more available staff who know their residents well is very important for assessing residents efficiently.
- Need for better, regular provision of care.
- Some policies and procedures (e.g., 'no lift' policy) are considered frustrating and a barrier to good quality of care during an emergency.
- Implementing the 'red bag' scheme and having grab sheets available for ambulance staff to take with them has been very helpful.

Providing quality care transitions in the face of systemic pressures

- Current pressures on the service (busy, not enough ambulances or staff) were viewed as barriers to providing good quality care transitions.
- Better training on working with elderly people or those living with dementia, end-of-life care, manual handling in confined spaces, etc. would be beneficial.
- Residents being comfortable & feeling safe is the ambulance staff's main concern during transfers from care homes to the emergency department.

Conclusions

- This study highlights the main challenges and facilitators that ambulance staff are faced with when dealing with emergencies in care homes.
- The findings will inform the development and evaluation of interventions to improve outcomes and experiences of emergencies in care homes.