Abstracts

Abstracts selected through the 999 EMS Research Forum peer review process and presented orally and by poster at the ‘Quality and risk in 999 healthcare: A balancing act?’ Conference 2020.

Prize winners

Highest Quality Research (Sponsor – 999 EMS Research Forum)
Christopher Holt. ScHARR, University of Sheffield, UK

01  MAJOR TRAUMA TRIAGE TOOLS STUDY (MATTS) TRIAGE TOOLS SUMMARY
Gordon Fuller, Samuel Keating, Janette Turner, Andy Irving, Esther Herbert. ScHARR, University of Sheffield, UK
10.1136/emermed-2020-999abs.1

Introduction The aim of this project is to identify major trauma triage tools currently in use by ambulance services in England, Wales and internationally and subsequently complete a detailed document analysis of these tools. The review will aim to detect the most commonly used predictors of major trauma whilst identifying the evidence behind them.

Methods A variety of triage tools used internationally were acquired through analysis of systematic reviews freely available on PubMed. The 46 identified tools included: 40 adult/general, 4 paediatric-specific and 2 geriatric-specific tools. Following the acquisition of all triage tools, they were analysed by diagnostic criteria and a detailed spreadsheet produced. Each row of the spreadsheet represented a different triage criterion and each cell was colour coded to suggest the correct course of action for patient management.

Results In total, 63 separate clinical features and triaging criteria were identified. These were categorised into five major groups (most common variables):

- Physiology (GCS, Low BP).
- Anatomy (Chest trauma, traumatic amputation).
- Mechanism of injury (Falls, high speed RTC).
- Modifiers for high risk groups (Age >55/65, pregnant)
- Time limit to the nearest MTC (>45 minutes).

Additionally, crew concern is a potential predictor in 14 tools. Despite many tools using similar predictors, their respective predictor cut-points varied widely (e.g. from GCS ≤14 to <9).

From the tools assessed, two basic tool structures were discerned:

1. A flowchart style format (34 tools)
2. A points-based scoring system (7 tools)

Conclusions The various major trauma triaging tools currently in use in the NHS and worldwide are highly varied. Although there are commonly used domains variable cut-points often varied. Given this significant difference between services’ tools, and variability of clinician interpretation of those criteria, large variations in standards of major trauma triaging are likely.

Research most likely to affect practice (Sponsor – College of Paramedics)

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02  THE ROLE OF FEEDBACK AND FOLLOW UP IN AMBULANCE SERVICES: A QUALITATIVE INTERVIEW STUDY
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Background International studies have shown that the feedback that ambulance staff receive lacks structure, relevance, credibility and routine implementation (Cash, 2017; Morrison, 2017). Research from psychology and implementation science suggests that feedback can change professional behaviour, improve clinical outcomes and positively influence staff mental health (Ivers, 2012; Michie and Williams, 2003). The aim of this study was to explore the experience of ambulance staff regarding current feedback provision and their views on how feedback impacts on patient safety, staff wellbeing and professional development.

Methods A qualitative study conducted as part of a wider study of work-related wellbeing in ambulance staff. 25 semi-structured interviews with prehospital staff in a clinical role from a UK ambulance service sampled using theoretical sampling. Theoretically-informed thematic analysis using psychological theory linked to the self-motives framework for feedback-seeking behaviour.

Results Study participants viewed current feedback provision as inadequate and consistently expressed a desire for increased feedback. Participants raised concerns that inadequate feedback could negatively impact on patient safety by preventing learning from mistakes. Enhancing feedback provision was suggested to improve patient safety by supporting professional development and clinical decision-making, through facilitating reflection, knowledge acquisition and professional behaviour change. Similarly, participants thought that enhanced feedback could improve staff wellbeing by enabling closure and encouraging intra-professional dialogue and peer-support. The self-motives framework was useful in interpreting personal and professional motivators for feedback-seeking behaviour within the data.