Stakeholder Opinion on the proposal to introduce ‘Treat and Referral’ into the Irish Emergency Medical Service.

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Abstract

Background: The Irish ambulance services have traditionally transported all patients following an emergency (112/999) call, regardless of acuity, to an ED. A proposal to introduce Treat and Referral, an established care pathway in some jurisdictions, is under active consideration in Ireland. This will present a significant change. Stakeholder engagement is recognised as an essential component of management of such change. This study has conducted a multicentre, cross-sectional survey exploring opinions on the introduction of Treat and Referral among key Irish stakeholders; consultants in emergency medicine, paramedics and advanced paramedics.

Methods: Public-sector consultants in emergency medicine, registered paramedics and advanced paramedics, in Ireland at the time of the study, were invited to complete an on-line survey.

Results: A significant finding was that 90% of both cohorts (EM consultants and PHECC practitioners) support written after-care instructions being given to referred patients, that > 83% agree that Treat and Referral will reduce unnecessary ambulance journeys and that 70% are in favour of their own family member being offered Treat and Referral. Consensus was reached between respondents that Treat and Referral would improve care and increase clinical judgement of practitioners. Differences were identified in relation to the increased availability of ambulances locally, that only adults should be included, and that research was required to extend Treat and Referral beyond the index conditions. There was no consensus on whether GPs should be directly informed.

Conclusions: This study identified that the Irish healthcare practitioners surveyed are supportive of the introduction of Treat and Referral into Ireland. It also affords healthcare policymakers the opportunity to address the concerns raised, in particular the clinical level which will be targeted for inclusion in this extended scope of practice.

Full-text

Due to technical limitations, full-text HTML conversion of this manuscript could not be completed. However, the manuscript can be downloaded and accessed as a PDF.