The feasibility of establishing a debrief-led, case-based, hospital to pre-hospital feedback system

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Background

Prehospital clinicians such as ambulance and air ambulance staff are often met with resistance when trying to follow-up the patients whom they conveyed to a hospital. This is despite the General Medical Council[1] and Health and Care Professions Council[2] advocating follow up and reflective practice. This is a consequence of the necessary adherence to the Data Protection Act 2018 (and 2008 before it) and the European Union's General Data Protection Regulation which prohibit the transfer of this information without consent unless it is in the individual patient's best interests, rather than the interests of the wider community or care providers.

Aims

Primary

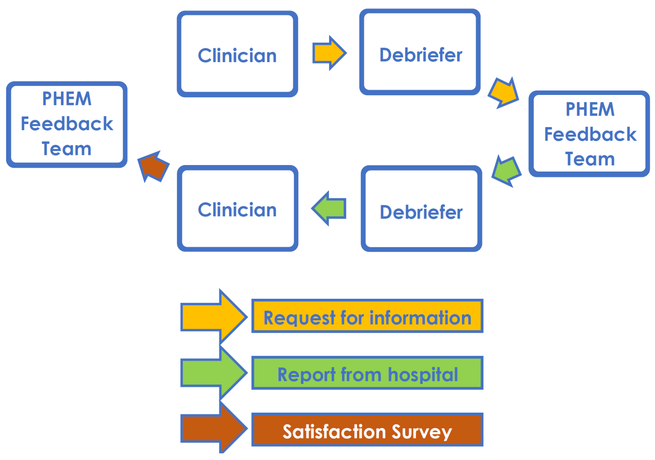
Establish feasibility of creating a hospital to prehospital, debrief-led, case-based feedback system based upon confidential clinical patient information without patient consent which is acceptable to patients and observes relevant Information Governance (IG) legislation.

Secondary outcomes

1.Satisfaction of participating Clinicians
2.Likelihood to change practice based upon the new information
3.Similarity of prehospital and hospital diagnoses (as judged by Clinicians)
4.Impact on mental wellbeing
5.Satisfaction with the debrief

Methods

A pilot system ran from 23.4.18 to 22.10.18 which was supported by the Health Research Authority (HRA) and Secretary of State for Health and Social Care allowing this information to be provided without patient consent. This was achieved using a three-party system with a Clinician, Debriefer (to guide the learning) and the PHEM Feedback Team.



The process:

1.Clinician approaches a PHEM Feedback Debriefer in their service about a case with the ED number (unique patient attendance no.) taken from hospital
2.Explicit learning outcomes are agreed by The Clinician and The Debriefer
3.NHS.net email is used end-to-end to submit these learning objectives to the PHEM Feedback team (volunteering clinical staff (all doctors at present) working in their own time) at a busy District General Hospital (DGH) in Essex
4.If the patient has not opted-out, The Team compiles a report from the patient's records addressing the cited learning objectives agreed in step 3
5.This report is deliberately sent back via NHS.net email to The Debriefer only, ensuring the preparation anticipated for the debrief is of sufficient quality
6.The Debriefer and The Clinician share a debrief exploring the case in light of the new information gained from the hospital
7.After each debrief, The Clinician is required to submit a mandatory Satisfaction Survey via NHS.net email to the PHEM Feedback Team to establish the educational and wellbeing effects as well as general satisfaction with the system. This survey was not shown to their Debriefer to ensure the debriefs were of sufficient quality and feedback could be honest
8.Data were transposed to a spreadsheet and analysed at 6 months. These consisted of free text comments and Likert-Type Scales

References

1. General Medical Council; **Principles of continuing professional development**; 2012
2. Health and Care Professions Council; **Standards of Proficiency- Paramedics**; 2014
3. Jenkinson E, Hayman T, Bleetman A; **Clinical feedback to ambulance crews: supporting professional development**; Emergency Medicine Journal 2009;26:309
4. Sommers, N, Evans, L, Dykes, L; **An ED case feedback service for ambulance staff: Early utilisation of a "Paramedic Postbox"**; 2017; https://www.lindadykes.org/downloads
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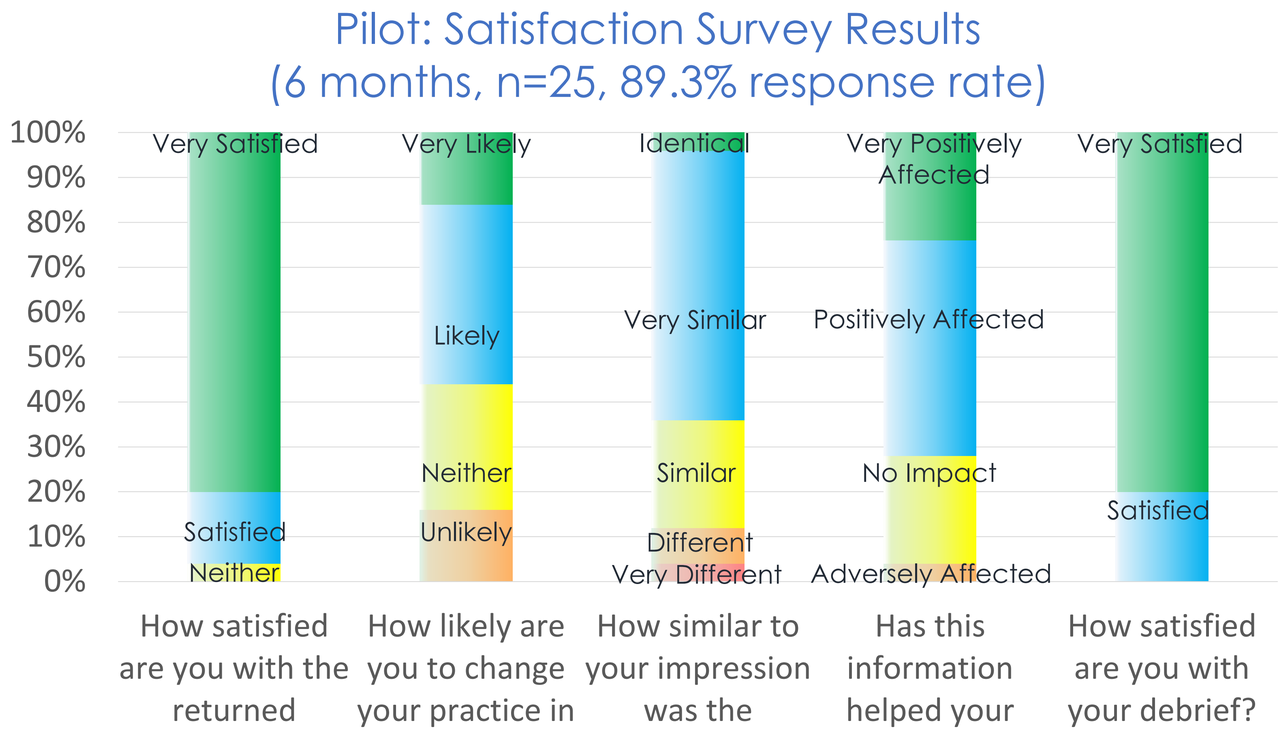
Results

Total cases 28 in 6 months. Based upon the 25 (89.9%) responses :

- 96% (n=24) were satisfied or very satisfied with the information returned
- 100% (n=25) were satisfied or very satisfied with their debrief
- 72% (n=18) felt that the report and debrief positively or very positively affected their mental wellbeing
- Of 11 responding Clinicians who cited that they were 'neither likely, nor unlikely', 'unlikely', or 'very unlikely' to change their practice, 91% were satisfied or very satisfied with the returned information
- 88% self-assessed their diagnosis as similar, very similar or identical to the corresponding hospital diagnosis



Conclusions

It is feasible to use a voluntary team of doctors working in their own time in a busy DGH to address the learning outcomes which prehospital clinicians at a single ambulance station and air ambulance service identify regarding patients they transport to the emergency department, at least in the short term. The feedback and debriefs are well received and aid wellbeing. There is still substantial patient group support, no patients opted-out in response to website, poster and patient group information and no data breaches occurred.

The number of cases processed in this three-party model is lower than described in two-party systems operating directly between the prehospital clinicians and hospital-based teams (approximately a third of the number)[3,4,5].

Activating NHSmail accounts for prehospital clinicians was far more challenging than anticipated. This deterred some users but was a condition set by IG teams and the HRA. Some cases were rejected by The Team due to unapproved identifiers like NHS number and some by Debriefers if requests could be satisfied without disclosing patient information. This more restrictive approach allows the Hospital Team and Debriefers to focus on the most beneficial cases, particularly given the minimal resources currently available to operate. The lower numbers may also make this feedback more feasible for DGHs with fewer resources to attempt this important transfer of knowledge.

Based on this pilot PHEM Feedback is expanding to further hospitals and pre-hospital services to increase the number of clinicians and patients which can be helped, as well as securing more resources to support our Teams and embed this into hospital and prehospital organisations for the long-term.

PHEM Feedback will continue to use a three-party system to maximise learning and psychological safety but will remove Clinicians' (not Debriefers') need for NHSmail to improve project access and reduce the number of declined cases.

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