The feasibility of implementing an information governance compliant, debrief-mediated, cased-based hospital-to-prehospital clinician feedback project which does not require patient consent: **PHEM Feedback after 1 year**

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Aims and Background

Achieving hospital-to-prehospital data-sharing is complex despite both the General Medical Council and Health and Care Professions Council encouraging patient follow-up and reflective practice.[1,2,3]

The authors designed a process for hospital teams to provide clinical case reports to prehospital staff without patient consent. Patients could opt-out. This process satisfied national data-sharing standards.

It was staffed by volunteering employees at an Essex district general hospital trauma unit who had no funding or allocated non- clinical time. Data was collected between 24th April 2018 and 23rd April 2019.

The standards chosen were:
- 100% of all cases debriefed
- 100% of all reports completed in ≤14 days

To the authors' knowledge, this is the first debrief-mediated, non-research project to achieve Health Research Authority and Secretary of State for Health and Social Care support for a hospital to disclose confidential patient information to prehospital staff without consent.

Methods/Design

Information sharing agreements were signed by the hospital, an ambulance service and an air ambulance charity. These were then endorsed by the Health Research Authority Confidentiality Advisory Group following consultations with patient advocacy groups. Patients could dissent and this would prevent their information every being transferred.

Learning objectives were prospectively agreed between the 'Clinician' and their senior prehospital 'Debriefer' colleague. Hospital reports focused on these objectives.

Digital PDF documents were exchanged between the hospital team's doctors and the 'Debiefer' (on the clinician's behalf) via NHSmail for cybersecurity reasons. (Fig 1)

Following each debrief, prehospital clinicians completed satisfaction surveys indicating how participation affected their education and wellbeing.

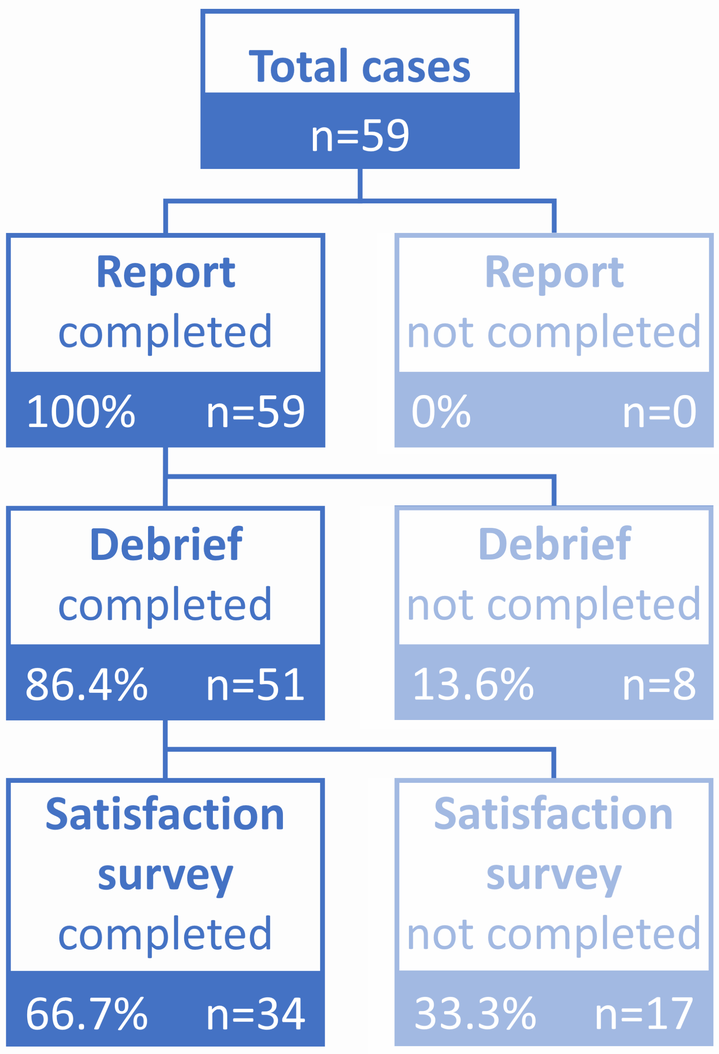

Figure 2- Completion of report writing by the hospital team, debriefs by the prehospital 'Debriefer' and satisfaction surveys by the 'Clinician'

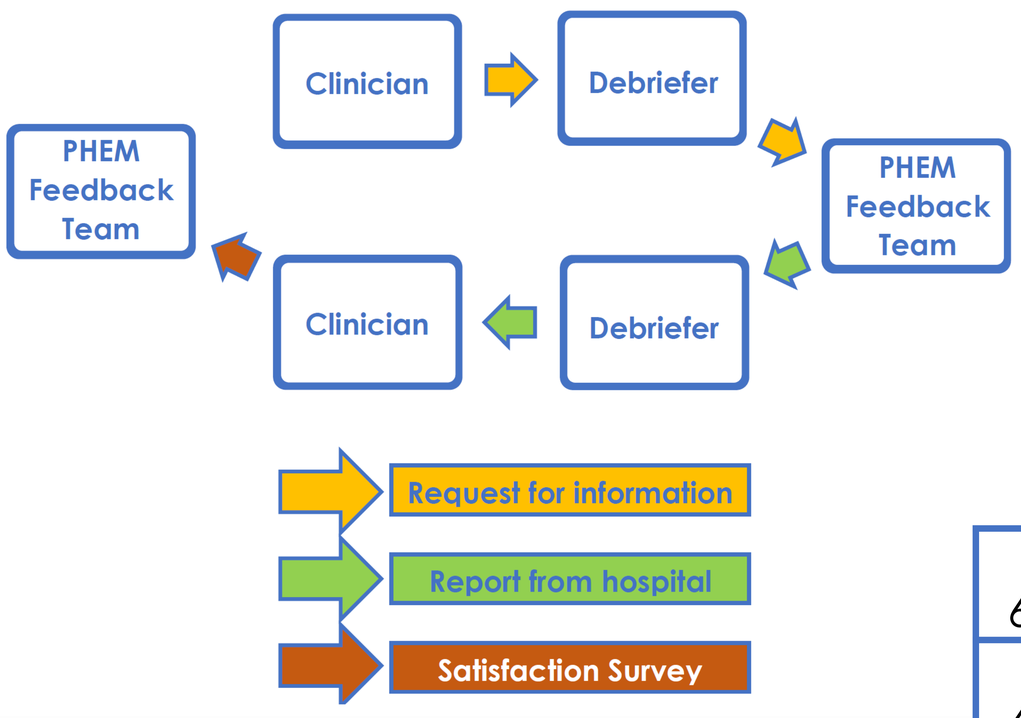

Figure 1- Flow of information from:

1. 'Clinician' who approaches a 'Debriefer'
2. That debriefer submitting a request for information to the hospital team,
3. The hospital returning a report to the Debriefer
4. The Debrifer then explores the case with the clinician
5. Finally the Clinician completes a 'Satisfaction Survey' after their debrief and returns it to the hospital team

Results and Discussion

59 cases were processed over a 1 year period. This is approximately a third of the volume processed by other projects and represents a more selective approach which requires approval of a senior member of the prehospital team to endorse. [4,5,6] This was consistent with months 1-6, and the survey responses showed the same pattern as our 6 month analysis. [7] All cases were deemed appropriate by both the requesting Debriefers and the Hospital teams. Reports were completed and returned to the Debriefer in 100% of cases.

Debriefs were completed in 86.4% of cases. The outstanding debriefs were complicated by leave (scheduled and unscheduled) and rota patterns of the two parties. There is currently no dedicated non-clinical time in which to debrief but this is under review .

The median time to complete and send a report from the hospital team to the debriefer was 11 days.

There was a marked increase in the time to return reports over the year.
This likely represents the ongoing pressures on the voluntary team (exams, clinical work, leave, etc.) and the minimal resource approach (Table 1). In turn this was associated with high rates of non-response with regards to the satisfaction surveys (Table 2).

Time from request to report completion and return

	≤ 14 days		> 14 days	
First 6 months	25	86.2%	4	13.8%
Second 6 months	12	40.0%	18	60.0%

Table 1- Completion and return of reports within and beyond the standard

Frequency of returned surveys based on length of time to return report (whether debriefed or not)

	≤ 14 days		> 14 days	
Did respond	31	91.2%	3	8.8%
Did not respond	6	24.0%	19	76.0%

Table 2- Effect of delays in reporting on the likelihood of Clinicians competing their surveys

Conclusion

It is feasible, with no funding or paid non-clinical time, to implement an information governance compliant, debrief-led, case-based hospital to prehospital feedback (HTPHF) project which does not require patient consent.

Sustaining the project with these minimal resources appears to be the greater challenge and may not be possible as suggested by the deteriorating performance over the year.

The authors predict that through the recognition and existing support from The Royal College of Physicians, College of Paramedics, University of Hertfordshire and Queen Mary University London, early stages of interest from NHS England and ongoing collaboration with other groups performing similar work [5,8,9], HTPHF will attract greater resources and will ultimately succeed in effective, widespread availability so front line crews are 'learning from patients, for patients'.

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