Patient perspective on a new emergency department project

To make it easier for paramedics to learn what happens to their patients after they leave them in the emergency department. It would also extend to air ambulance services. At the present time paramedics aren't entitled to find out as it breaks patient confidentiality

On the 15th June 2017 a meeting of the management committee of Shaping our Lives a national user led organisation and network of user-led groups, service users and disabled people discussed the above project. This group involved people with

- Sensory impairment
- Mental Health survivors
- Physical disabilities
- Learning Disabilities
- 50/50 mix of male and female

When would we have contact with the emergency services?

- Majority of the time following an accident
- When we are ill and need to be taken urgently to an emergency department
- We will be in pain
- Confused
- Sometimes alone with no family or loved ones
- Frightened

What service do they provide?

- Emergency attention
- Pain relief
- Hold our hand
- Reassure us
- Sadly, they may ensure we do not die alone

Should Paramedics and air ambulance crew be allowed to check on our progress once they have delivered us to the Emergency department?

- It was unanimous amongst the people at the meeting that they assumed information was always shared with the crews.
- All emergency personnel are CRB checked and aware of confidentiality
- The crews are seen as professionals
- It was felt that the paramedics and air ambulance crews can also bond with the patient they are treating, especially children.
- At the end of their shift they may possibly have given lifesaving treatment to a patient and they may need closure so they can move on.
- We see sharing of information as a way of improving services, a learning opportunity

Patient perspective on a new emergency department project

What do we think they might like to know?

- Is my patient OK?
- Did I do everything possible?
- The need to know that their patient is being looked after?
- Was my diagnosis correct?

Many patients, families and friends want to thank the first responders. Grieving families want to know if their loved one was suffering, their last words.

This is a two way conversation with the doctors/consultants in A&E with the Paramedic/Air ambulance crew who will answer the basic questions about the patient's condition they were admitted with and not breeching confidentiality. There are many legal requirements in place to protect us but sometimes they get in the way of normal human emotions.

Points Discussed

- Consent from next of Kin.....they will be in an emotional state and may not be interested in what is being asked of them
- Is there a privacy issue?
- There is a learning opportunity for all personnel
- Paramedics make the first decisions on course of action and feedback helps them with the capacity to make those lifesaving decisions.
- Feedback can be motivating and leads to best practice
- At what point is it right to talk?

It was agreed unanimously that the ultimate decision must stay with the A&E consultant who must ensure that this trust from the patient is not abused.

On Friday 16th June 2017 a conversation with members of the Patient Panel – lay members who act as critical friends of the hospital and all who have been patients discussed the project proposals and again said that they all thought conversations were held between the two groups of professionals. Other than the points above everyone agreed that there was not an issue for the crews to be given information directly relating to the issue the patient was admitted to accident and emergency by the paramedics or air ambulance crews.

Ann Nutt
Chair, Patient Panel
Co-Chair, Shaping our Lives.

23 June 2017