



Paramedic use of the ‘Gold Standards Framework Proactive Identification Guidance’ in screening patients for End of Life: A mixed methods study with explanatory sequential design

Authors

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Background

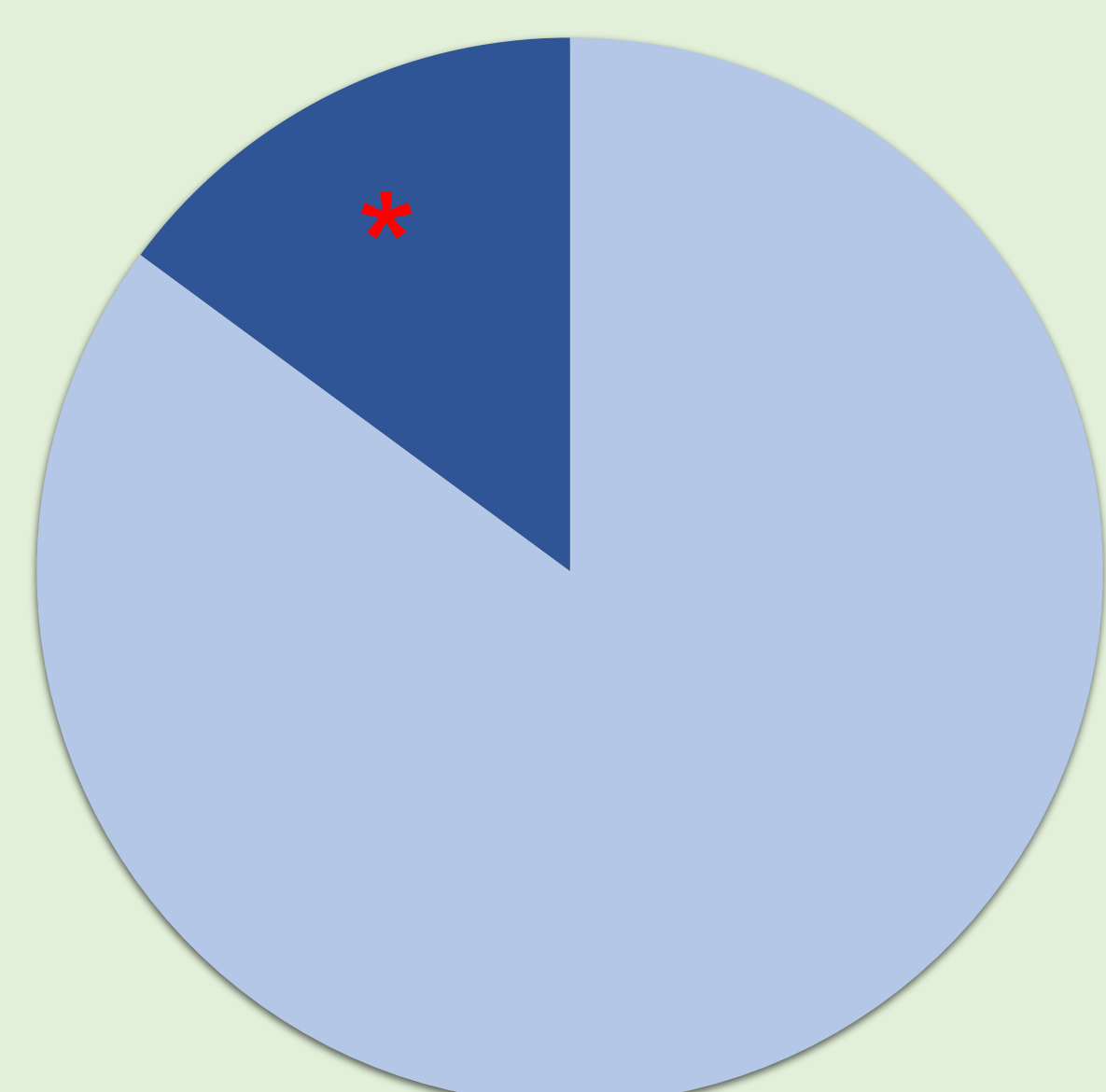
The role of the Emergency Medical Service (EMS) in End of Life (EOL) is often overlooked. The Gold Standards Framework Proactive Identification Guidance (GSFPIG) is an evidence-based screening tool to identify patients nearing EOL.

We conducted a quantitative investigation using the GSFPIG to determine how often paramedics attend EOL patients with and without an Advance Care Plan (ACP) in place followed by a qualitative interview study of paramedic perspectives on the usability and acceptability of the GSFPIG.

Results

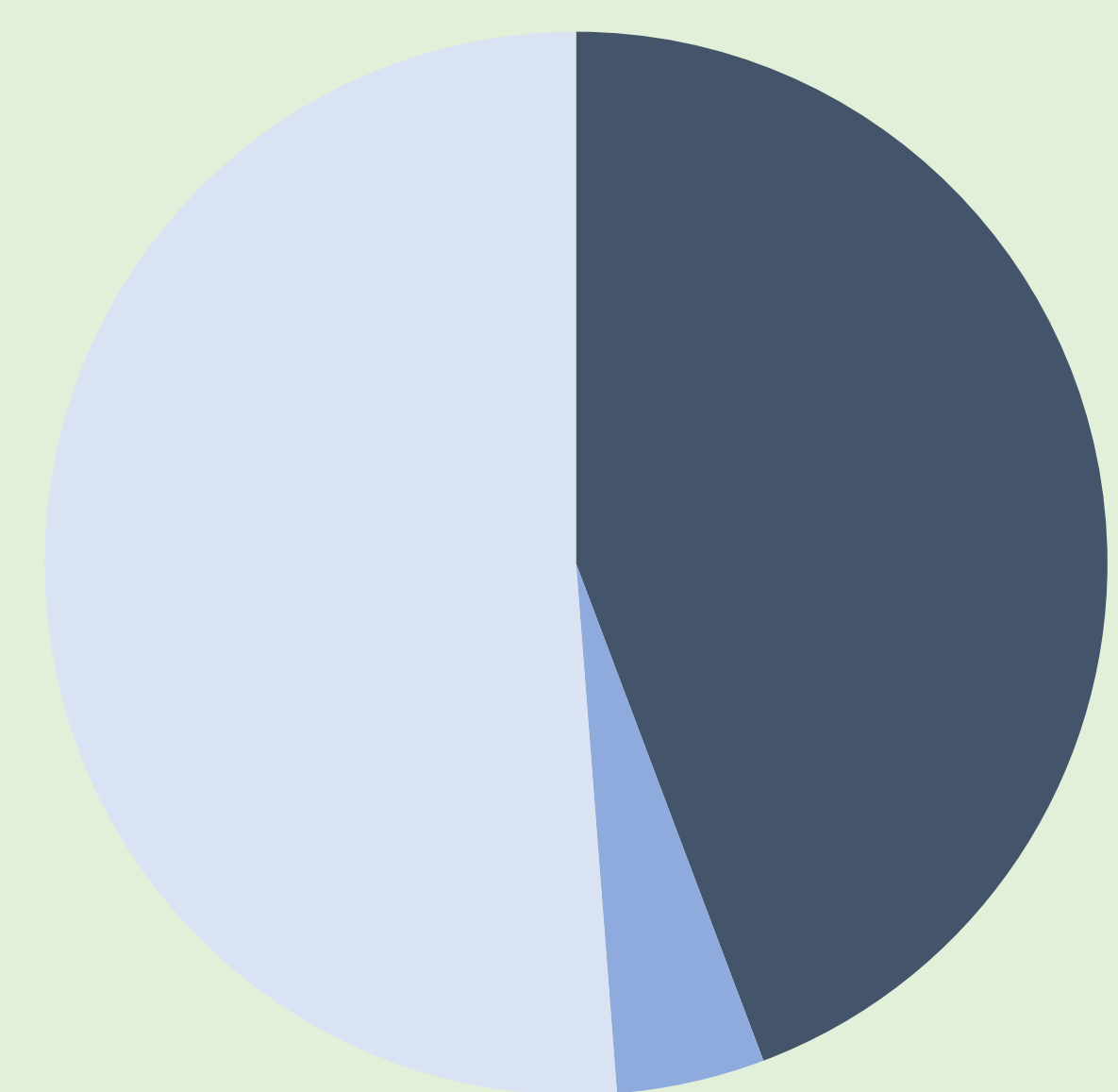
Phase A

Figure 1. Patients (≥65 years) attended by 35 paramedics over 3 months n=1637



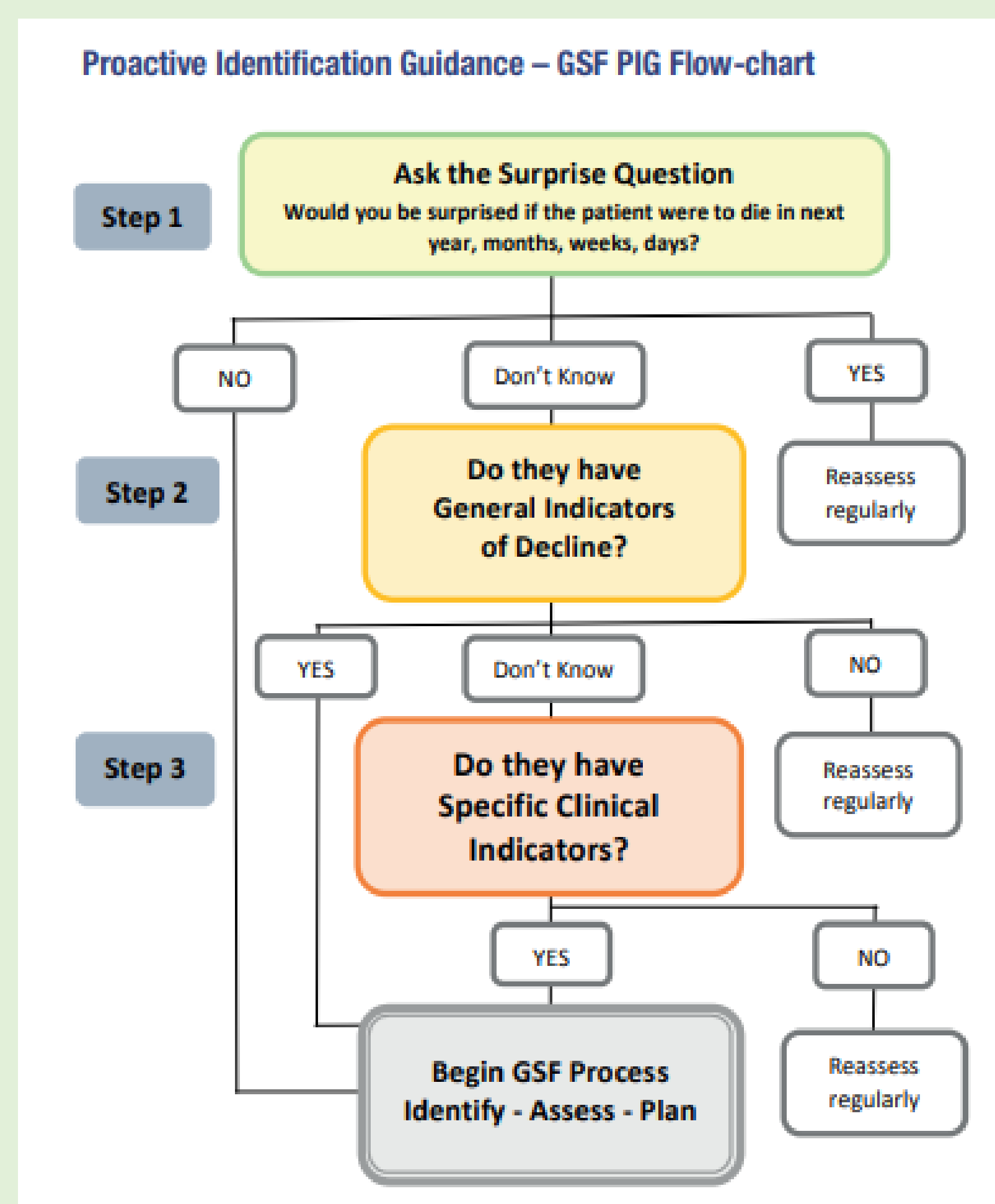
■ Paramedic did not identify as EOL (n=1393, 85.1%)
■ Paramedic identified as EOL (n=244, 14.9%)

* Figure 2. ACP status of patients identified as EOL n=244



■ EOL + no ACP (n=108, 44.2%)
■ EOL + unknown ACP (n=11, 4.5%)
■ EOL + ACP (n=125, 51.2%)

Methods



A mixed methods explanatory sequential design.

Phase A. Thirty-five paramedics were recruited from one EMS in England. Paramedics were trained in study procedures and asked to apply the GSFPIG to every patient they attended, aged 65 and over, and to record EOL status and ACP presence. Data were analysed using descriptive statistics.

Phase B. Ten paramedics were purposively selected for an individual interview to explore their experiences of using the GSFPIG and the concept of paramedics referring EOL patients to the GP to implement ACP. Framework analysis was used to analyse interview data.

Phase B

Theme 1. Experience of Using the GSFPIG.

“It’s quite simple to work out with the flowchart and with the leaflet and the decline and which kind of decline they go into, I found it useful at times when I didn’t know.” (p.8)

Sub-themes - Applying the tool in practice; Consideration of conveyance decision; Impact on individual practice.

Theme 2. Implementation of an end-of-life screening and referral tool into practice.

“What... what people don’t realise is a lot of the... a lot of the time it’s not an emergency, it’s a more urgent care call that we go to, and I certainly think that in those situations yeah, I absolutely think that we... we... we’re able and in a good position to have those conversations because we are at their home, we get a good picture of their social background, the way they live, what support they have, how they’re coping at home because we can see that ...”(p.5)

Sub-themes - Appropriateness of paramedics screening and referring; Overcoming the barriers to successful screening and referral; Internal Barriers to success: Absence of a shared record, GP workload, Quality of ACP generated; External barriers to success: Communication, Engaging the workforce.

Theme 3. Paramedic views on ACP

“...in terms of non-conveyance, it would make our lives a lot easier. There have been plenty of times when patients are meant to have an ACP of some sort and they haven’t, or it’s not been there with the patient. Then you have ended up in a conundrum about, do I convey? Don’t I convey? (p.67)

Sub-themes – Challenges of ACP: Absence of ACP, Accessibility of ACP information, Conveyance decision making, Patient engagement in ACP, Quality of ACP, Family. Benefits of ACP: Supporting decision making; Managing Expectations.

Conclusion Paramedics are well placed to identify patients who would benefit from an ACP. The GSFPIG has utility in EMS and paramedics found it easy to use. Paramedics report that good quality ACP allows them to provide treatment and care in line with patient preferences.