

Quality of ambulance care available for transfer of emergency patients to the National Hospital of Sri Lanka

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Objective

To describe quality of ambulance care available for transfer of emergency patients to the National Hospital of Sri Lanka.

Methods

A descriptive cross sectional hospital based study was carried out at the National Hospital of Sri Lanka (NHSL) from 15th August to 13th October 2008. All ambulances that arrived at the NHSL during the study period with an emergency patient were selected. A self administered questionnaire was used to assess the knowledge, attitudes and skills of medical staff (n=35) who accompanied the patients in the ambulances. Knowledge was assessed according to internationally accepted three levels defined for Emergency Medical Technicians (EMT). Data related to delays during transportation were obtained from drivers (n=395) using an interviewer administered questionnaire.

Results

Of the 409 ambulances included, the patient was accompanied by a doctor in 4%(n=16), a nurse in 4%(n=15) and EMTs in 1%(n= 4) of the occasions.

Knowledge of medical staff was 74.3 % (n:=26) each for EMT basic and intermediate levels and 65.7%(n=23) for paramedic levels (EMT third level). Self reported skills in performing laryngoscopy and intubation was 31.4 %(n=11) and defibrillation 48.6% (n=17). Good attitudes towards training needed in pre hospital care was 97%(n= 34), low cost involved in adopting certain life saving measures was 77%(n=27) and being optimistic of adopting life saving measures was 25.7%(n= 9).

More than 15 minutes each had been spent between receipt of message and transferring the patient from the scene/ward to the ambulance and from latter to commencement of the journey on 19%(n= 75) and 6.9%(n=27) of the occasions respectively.

Problems experienced by medical staff during transportation were, traffic delays in 40%(n=10), non availability of necessary equipment/drugs/facilities in the ambulance to manage the patient in 28%(n=7), lack of knowledge and skills regarding patient management in 36%(n=9) and deterioration of patient's condition during transportation in 36%(n=9) of occasions.

Conclusion

In general, Knowledge in pre hospital and emergency medicine was good among doctors, nurses and EMTs, but some areas of knowledge and skills need to be improved. Attitudes in outcome of pre hospital care were relatively poor, compared to the attitudes in training and cost. Most problems encountered during transit are preventable.