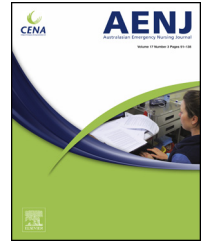




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RESEARCH PAPER

# The lived experiences of patients and ambulance ramping in a regional Australian emergency department: An interpretive phenomenology study



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## KEYWORDS

Ambulances;  
Emergency departments;  
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Patients;  
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## Summary

**Background:** Internationally, the workload of emergency departments (ED) has increased, resulting in overcrowding and frequent delays in the offloading of patients arriving via ambulance – referred to in Australia as ‘ambulance ramping’.

**Methods:** Using interpretive phenomenology, this study sought to understand the experience of ambulance ramping from the perspective of patients. Semi-structured interviews were undertaken with seven patients who presented to a regional Queensland ED via ambulance, and experienced an ambulance offload delay of >30 min.

**Results:** Ambulance ramping in the ED was described as ‘Being a patient, patient’, and three major themes emerged: Understanding the emergency healthcare system; Making do within the emergency healthcare system; and Being ‘in the dark’ during ambulance ramping. Most

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participants did not understand the antecedents to ambulance ramping, but understood some of the consequences. Most were happy to wait with paramedics for a bed and, although without privacy, felt safe. However, most participants felt 'in the dark' during ambulance ramping, due to communication difficulties regarding bed availability, and this led to frustration.

**Conclusions:** In light of the Australian Charter of Healthcare Rights, service improvement opportunities exist for patients arriving to the ED by ambulance to ensure delays are minimised and quality care is delivered.

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## What is known

- Ambulance ramping is a new phenomenon associated with ED overcrowding and access block.
- Existing research has revealed the experience of ambulance ramping on staff and on emergency department performance.
- There is limited published research regarding the patients' experience of ambulance ramping.

## What this paper adds?

- This manuscript provides in-depth patients' experiences of ambulance ramping.
- While participants did not understand the antecedents of ambulance ramping, they understood some of the consequences. Most were happy to wait with paramedics for a bed and, although without privacy, felt safe.
- Greater improvements in communication with patients are required.

## Introduction

The proportion of patients presenting to emergency departments (ED) is increasing at a rate exceeding that of population growth in Australia,<sup>1</sup> the United Kingdom,<sup>2</sup> and the United States of America.<sup>3</sup> This rise in demand for ED services has been attributed to improved access to health care for particular demographic or illness groups, and increased healthcare needs of the aged population.<sup>4–8</sup> The ability of emergency healthcare systems (EHS) to manage the increase in service utilisation safely and effectively in a cost efficient manner is paramount. The poor outcomes associated with hospital access issues (overcrowding and access block) include increased Length Of Stay (LOS) and increased short term in-hospital mortality.<sup>9,10</sup> Ambulance operations are also impacted when patient flow through the hospital and ED is hampered, which can lead to ambulance diversion (temporary closure of an ED to ambulance patients) and ramping (delays in offloading ambulance arriving patients onto an ED bed/treatment area during times of crowding). Although ambulance ramping is a recent term largely colloquial to Queensland, similar phenomena have been reported nationally and internationally, referred to as patient handover delay,<sup>11</sup> and ambulance offload delay.<sup>12</sup>

Whilst there are variations in the temporal definitions and the frequency of these delays (i.e., 15 min delays at frequencies of 12.5%<sup>13</sup> and 38.1%,<sup>14</sup> and 30 min delays at a frequency of 17.5%<sup>11</sup>), collectively, studies have shown poor outcomes for the patient and health services. Indeed, when compared with patients who arrive by ambulance but are not ambulance ramped, patients experiencing ambulance ramping have a significantly longer wait from arrival to triage,<sup>15</sup> a longer ED LOS,<sup>14</sup> experience access block more frequently,<sup>14</sup> are more likely to have an ED LOS longer than 8 h, and a higher admission rate.<sup>14</sup> Ramping has also been shown to effect emergency services staff, with stress and frustration common.<sup>14</sup> However, as regards to research concerning the patient's perspective of ambulance ramping, a recent literature review, undertaken by the authorship team, has shown that, to date, no research has been undertaken in this area,<sup>16</sup> despite it warranting consideration within the broader context of patient rights, health care safety, and quality frameworks (such as the Australian Charter of Healthcare Rights and the Australian Safety and Quality Framework for Healthcare).<sup>17</sup> Consideration of patients' perspectives is also necessary to assess the quality of ED service. In light of this, the study described here sought to explore the phenomenon of ambulance ramping, as experienced by patients who present to a Queensland regional hospital ED.

## Methods

### Design

Interpretive phenomenology was employed to go "beyond mere description of core concepts and essences to look for meanings embedded in common life practices".<sup>18</sup> A relativist perspective was adopted, in that experiences and meanings are constructed by the people having the experience<sup>19</sup> and, thus, each patient's experience is valid, and interpretation can reveal the true nature of the phenomenon.<sup>18</sup>

### Sample

A convenience sample was used to purposively select participants in an attempt to maximise variability in terms of age, reason for, and time of, presentation and for practicality purposes (conduct and completion of the research in a cost and time efficient manner).<sup>20</sup> Inclusion criteria were: presented to the study site ED by ambulance

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