

Enhancing Practice

2022 Conference

*20:20 Vision – Transforming Our Future
Through Person-Centred Practices*

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SAGE HOTEL WOLLONGONG, NSW AUSTRALIA

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People with hypoglycaemia: How are treat and leave decisions made?

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Study Background

- Centre for Personalised Medicine was established in 2017
- Awarded funding by EU Interreg VA Programme, managed by Special EU Programmes Board
- Involved academic researchers, industry partners and clinicians from Northern Ireland, Scotland, Ireland
- Diabetes is 1 of 5 research clusters
- Developed in collaboration with the ambulance services

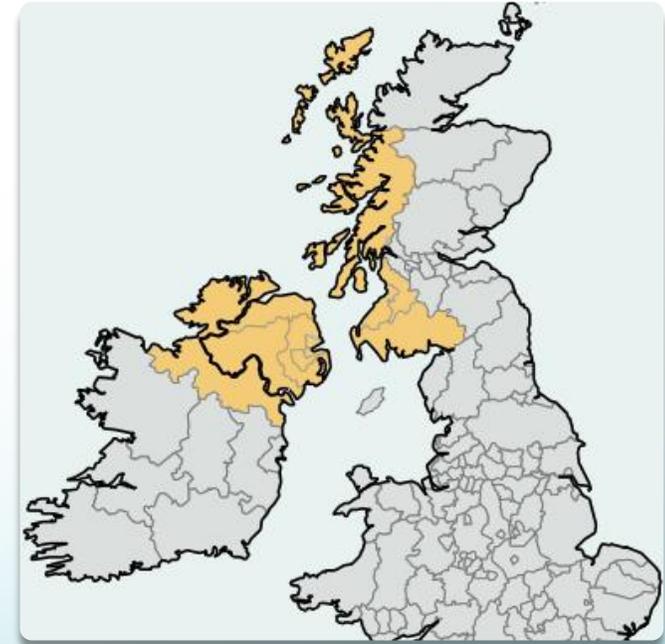


Background

- Diabetes is a multifactored, chronic condition that requires high levels of self-management
- Poor glycaemic control leads to short-term and long-term consequences
- Severe hypoglycaemic events account for 48,000-98,400 ambulance calls in the UK annually
- 63-73% patients left safely at home
- The clinical decision-making around conveyance to hospital is complex and reliant on several factors

Aim

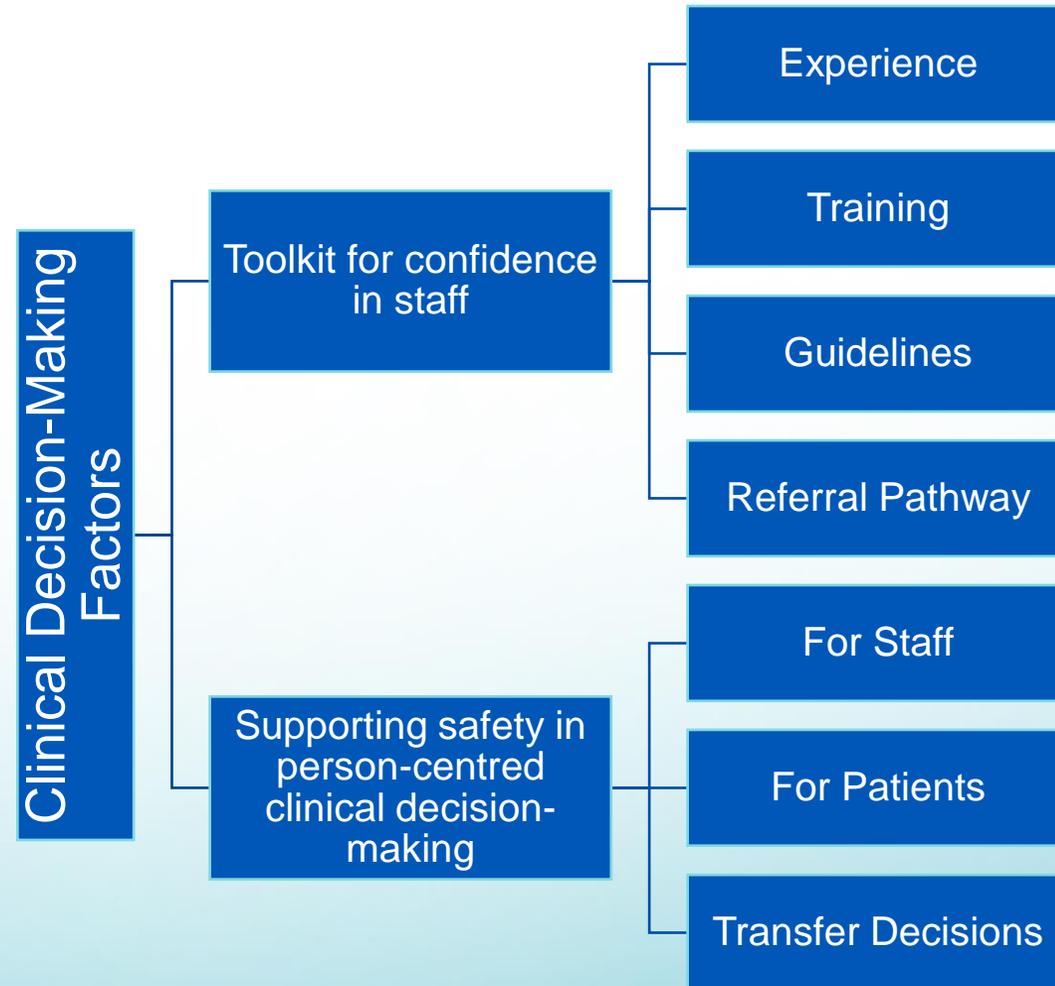
To determine which factors influence ambulance staffs' decision to convey patients to hospital or not for a hypoglycaemic event relating to diabetes



Methods

- Cross-border study with Northern Ireland Ambulance Service, Scottish Ambulance Service, Irish Ambulance Service
- Part of a 4 stage study
- Semi-structured interviews with 17 ambulance staff
- Analysis carried out using Braun and Clarke's (2012) thematic framework

Results



'there's a large number of factors that come into play when making the decision, a lot of it is down to experience, a lot of it is following the guidelines' (PID18)

'... someone to back your decision-making is always good to sound, you know, someone like a GP or trained to a higher qualification than ourselves' (PID07).

'...a pathway for a review with the diabetic nurse or with the GP. Something that there's a follow-up to see how they were, either later on that day or the next day. Something like that in place that would be good' (PID09)

'if the family wasn't there and she was on her own I wouldn't have been keen to leave her in case she had another episode and there'd have been no one there to take care of her' (PID07, PID18).

'if you don't think they're going to get any increased level of treatment or anything then I'm quite happy to leave them at home' (PID06).

'I always ask myself the one question when I'm with a patient-can I safely leave this patient at home-yes or no?' (PID07).

'the biggest problem we have is non-compliance with their medication and that's down to individuals, as I say, you could see the same faces all the time and no matter how much you preach to them about it, the effects it's going to have on them in later life, what they're doing to their system and someday they're not going to be that lucky but...it's like banging your head off a wall' (PID16)

'...going back to the scenario-based thing, it puts into context and now you're going through that context, if you know what you mean. You're going to that call. I do feel you would be more confident in what you should do and the relevant information that you should be aware of' (PID01).

'But those ones are hard especially when you know that they need to come in. But again, that's up to the patient whether they want to or not' (PID02).

'the best training is from people who actually do it, so a specialist, maybe the diabetic nurse specialist coming in and giving some real insights and giving their specialist knowledge' (PID10).

Conclusion

- Varying resources available to ambulance staff in each jurisdiction
- Numerous factors involved in the clinical decision-making of ambulance staff
- Clear, succinct referral pathways needed
- Further education and support for staff

Acknowledgements

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“The views and opinions expressed in this poster do not necessarily reflect those of the European Commission or the Special EU Programmes Body (SEUPB).”

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