

Exploring Paramedics' Perceptions of Ambulance Use (and Misuse) in Ontario

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Background

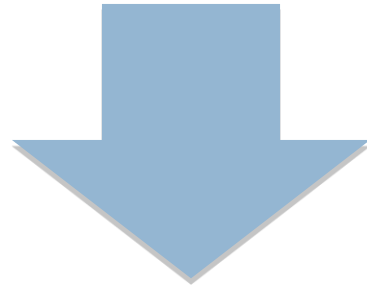
- Currently, all Canadian provinces require users to pay part of the costs of ambulance transport
- "The day the ambulance ride becomes free, who knows what will happen? Our own Sergeant at Arms might be coming to work by ambulance. The Minister of Health might be coming here on a regular basis in an ambulance. The government will need to have a lot more ambulances when it removes the disincentive." (Ontario Legislative Assembly, 1986)

Ontario billing policy

- Non-essential (\$240) charged more than essential (\$45)
- Exemptions: social assistance, inter-facility transfer, home care, long-term care
- Determined by ED physician, billed by hospital
- BUT, physician, paramedic, patient and societal perspectives of an “emergency” differ

Purpose

- To explore paramedics' perceptions of inappropriate ambulance use

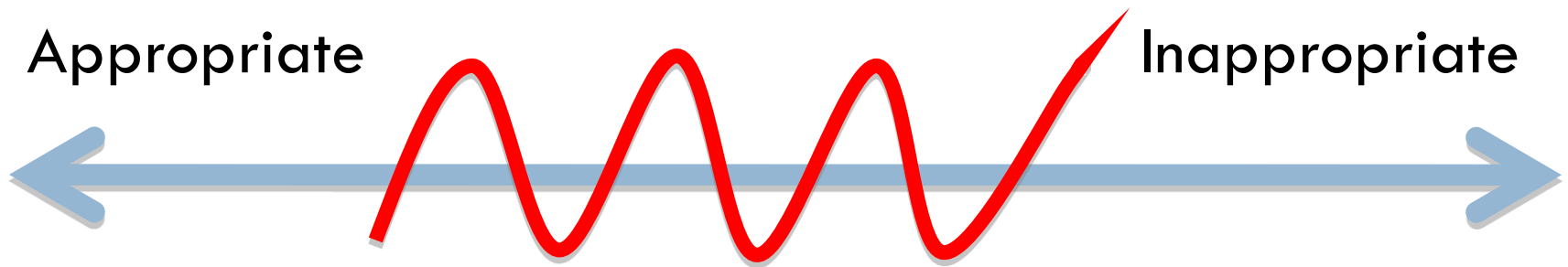


- To define the role of ambulance services in the health care system, and explore paramedics' perceptions of appropriate ambulance use

Methods

- Constructivist grounded theory
- Participants were recruited from two regions in Ontario using purposive and snowball sampling
- Semi-structured, telephone interviews with 19 paramedics
- Average 45 minutes; digitally recorded and transcribed verbatim
- Line-by-line, focused & theoretical coding

Appropriate versus inappropriate?



Appropriate

Inappropriate

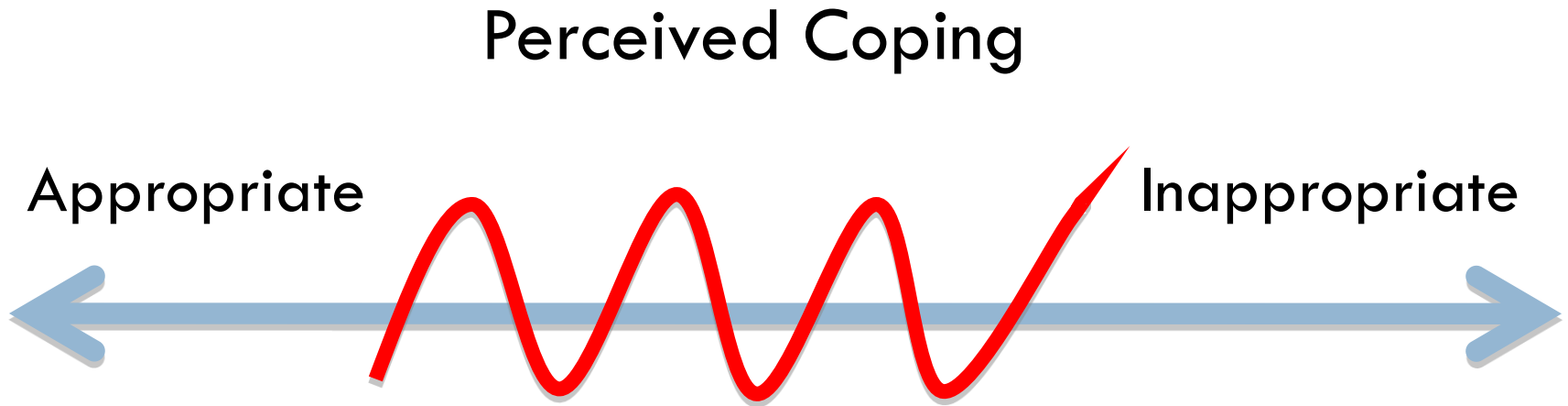
- heart attack
- stroke
- trauma
- etc.

- using ambulance as taxi
- knowingly abusing system

What is the role of a paramedic?

- Evolving and expanding!
- “Health professionals”
- “First responders”
- “Social workers”
- “The catch-all”
- “Life-savers”

Mediating factors



Inability to cope

If you've had a child in the waiting room with something that you've been waiting there, even for 5 hours, and you see your kid in pain, that may be unacceptable or something they can't deal with again. I've had people walk out of the waiting room at the hospital because they're so overwhelmed by the frustration of waiting this long and don't know what to do, so they'll walk out and call 911 to come pick them up inside the hospital. Because they just think that now I'm going to at least be seen. I need someone to see me. That, I could understand. Yes, it would be appropriate for you to go in the door and get treated, but I can understand how that avenue hasn't worked too well for you, so you're trying something else.

Organizational misuses

- Organizational misuses can be as common and often more frustrating than misuse by general public
- Concerns about unnecessarily transporting LTC patients to hospital

Long-term care facilities

Now you're dealing with actual medical professionals who understand vital signs and realize that [the patient] is fully stable and you're still going out on a high priority and you're flying down there lights and sirens and risking yourself and everything for somebody who's, you know, sitting up, eating, watching TV, and the doctor just doesn't want to come in or something, you know?

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Why does this happen?

- Lack of knowledge and inadequate public education
- Misconceptions about how ambulance system works

Fee as a deterrent

- Charging for an appropriate ambulance use seems unfair
 - “No one should lose a child and get a bill in the mail 3 weeks later”
- People who deliberately abuse the ambulance system should be charged

Fee as a deterrent

If they're very well off, it's not going to affect them. They'll still-, they're often the ones that treat us like taxi drivers. You know, "I pay my tax dollars so you owe me this". And they can afford it. So it's not going to affect them. The ones on public assistance, it's going to be paid for them anyways, it's not going to affect them. It's going to affect that in-between group, and they're not the problem.

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Take home messages

- “Appropriate use” depends on the role of paramedics in the health care system, and that role is currently evolving
- Inappropriate use = deliberate abuse or unintentional or understandable misuse
- Organizational misuses, esp. in long-term care facilities are common and frustrating
- Billing policy is perceived as ineffective, more support for an increase in public education

Thank you!

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