

Oral presentation

Improved communication between ambulance personnel and supervising doctors. A quality improvement project in central Norway

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Introduction

In our county, we have approx 25000 ambulance missions annually, including 7200 acute emergencies. Due to organisational changes in the whole country, the Ambulance Personnel (AP) are almost always first on the scene, and usually have to act alone. It is therefore imperative that we follow them up closely, providing support and continuous education. Herein we describe our latest quality improvement efforts in this regard.

Methods

After every case of cardiorespiratory arrest, the APs send an e-mail to the supervising anaesthesiologist at the hospital. We call back as soon as possible, discuss every aspect of the case, and review the treatment on scene and during transport, making sure that no info is lost and the Utstein-form is filled in correctly. Our hope is that these contacts will be perceived as stimulating and educational and will have a general positive effect on their work.

Results

During 4 months, we have made more than 50 phone calls to APs.

Carrying out advanced medical procedures and documentation is a major challenge for the APs. The feeling of being alone can be overwhelming. Our impression so far, based on their feedback, is that this communication sys-

tem is valuable and important. They feel that their work is appreciated and find the discussions to be educational.

Conclusion

The close communication between the ambulance personnel and the emergency doctors can contribute to better on scene treatment, documentation, and education. Background data for doing clinical investigations will also hopefully improve.