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Quality Evaluation of Prehospital Care: A Literature Review

- Izhar Ahmad Jameel Ahmad Ansari
PhD Scholar Symbiosis University,
Pune, Maharashtra

ABSTRACT

This literature review aimed to trace, examine, and describe the literature on indicators used to evaluate the quality of prehospital care.

Traditionally, the performance of ambulance services and the quality of prehospital care have been measured using simple indicators, such as response time intervals, often based on low-level evidence. However, the discipline of paramedicine has evolved significantly over the last few decades. Consequently, the validity of utilizing such measures as holistic quality of prehospital care indicators (QIs) has been challenged. There is a growing interest in identifying new and more significant ways to evaluate the quality of prehospital care.

This literature review examined the concepts of prehospital care quality and QIs developed for ambulance services. The review considered primary and secondary research across all paradigms and utilizing any methods, as well as text and opinion. The Joanna Briggs Institute methodology for conducting scoping reviews was employed. Separate searches were conducted for each review question, including one addressing the definition of prehospital care quality. The following databases were searched: PubMed, CINAHL, Embase, Scopus, Cochrane Library, and Web of Science. Searches were limited to publications from January 1, 2000, to the search date (April 16, 2017). Non-English articles were excluded.

Nine articles were included in the review. These originated mostly from England ($n = 3$, 33.3%) and the USA ($n = 3$, 33.3%). Only one study specifically aimed at defining prehospital care quality. Five articles (55.5%) described attributes specific to prehospital care quality, and four (44.4%) articles considered generic healthcare quality attributes to be applicable to the prehospital context.

Historically, the quality and performance of prehospital emergency care (PEC) have been assessed largely based on surrogate, non-clinical endpoints such as response time intervals or other crude measures of care (e.g., stakeholder satisfaction). However, advances in Emergency Medical Services (EMS) systems and services worldwide have seen their scope and reach continue to expand. This has necessitated the implementation of novel performance measures or evaluations to complement this growth. Significant progress has been made in this area, largely in the form of the development of evidence-informed quality indicators (QIs) of PEC.

While there is a paucity of research specifically defining prehospital care quality, the attributes of generic healthcare quality definitions appear to be accepted and applicable to the prehospital context. There is a growing interest in developing prehospital care QIs. However, there is a need for validation of existing QIs and de novo development addressing broader aspects of prehospital care.

Keywords: Ambulance; emergency medical services; healthcare quality assessment; prehospital care; quality indicators