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Prehospital Patient and Family Aftercare Service in Helicopter Emergency Medical Services: A Patient's Perspective

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Abstract

Over the past decade the medical profession has witnessed patient and family aftercare becoming increasingly rooted within a patient-centric approach. Furthermore, there has been strong consensus within the Helicopter Emergency Medical Service (HEMS) sector for a Patient and Family Aftercare Service (PFAS) at Air Ambulance Charity Kent Surrey Sussex to further support an individual's experience from their core primary retrieval, through to the rehabilitation experience. This patient narrative highlights key interconnections between HEMS and an aftercare team that are important to the patient experience. Firstly, the clinical team provide prompt and expert medical intervention, which is crucial in managing critical injury and illness at the scene of an injury. Secondly, the narrative explores the emotional support provided by the healthcare professionals. Thirdly, the role of the support network, comprising of family, friends, and the wider community is discussed as integral for both physical and emotional rehabilitation post-incident. Furthermore, the narrative highlights that ongoing engagement from PFAS is important to continued rehabilitation and enhanced quality of life.

Keywords

patient experience, population health, emergency medicine, patient /relationship-centered

Introduction to the Issue

Comprehensive and effective aftercare services for patients and their families are important in modern healthcare.[1] In part, this is due to the continued medical advances which extend and enhance the lives of individuals, and push the focus of post-treatment support beyond physical rehabilitation.[2] A Patient and Family Aftercare Service (PFAS) can be instrumental in providing patients with post-treatment support, building on the patients lived experience. This patient-authored written account of Helicopter Emergency Medical Service (HEMS) and their interconnection with the Aftercare service provides a timely and insightful narrative on prehospital Aftercare services. The narrative describes the patients' accident while he was working as a farmer, outlining his injuries and the support and engagement provided by the PFAS associated with HEMS.

The Patients' Narrative

> "I counted our remaining bales that are in stacks of 5 to 6 high and made my way back to the tractor. I get 6 to 7 ft from the stack and feel an almighty slap on the back over my shoulders, neck and back. It pushes my whole body forwards and instantly my mind works out what's going on. I'm getting squished by part of the stack! I go to scramble out the way and another slap across my whole body. All of sudden I'm stuck facing the roof of the barn trapped from the waist down. Unable to sit my bottom on the floor and beginning to panic a bit. No one is with us as Will isn't back yet and I'm not strong enough to shift a 350 kg/450 kg bale when I can't push off using my bottom. It hasn't occurred to me at this point that for some reason I couldn't sit on my bottom. My main concern was my left ankle that didn't feel "right" under the bale. I ask Dylan if he could move my left leg up onto a pallet as it was

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weirdly uncomfortable, he did as I asked exceptionally gently however my thigh moved left, my knee moved right, my shin wobbled, and ankle was 2 inches higher than my shin when we picked it up. I asked him to put it down very quickly and I continued to ignore the intrusive thoughts of how bad this was. Fear, anxiety and disappointment growing minute by minute. The unmistakable sound of a helicopter started filling the valley. I think drugs, shock and some kind of weird relief meant I just laid there and let them get on with it no questions asked. I remember waking up in the helicopter 3 or 4 times and holding the Paramedics hand as tightly as I thought she'd allow me. All the while the Doctor is jokingly telling me off for trying to sight see and fighting the Ketamine because I wanted to be awake. My HEMS doctor couldn't have been more assertive and reassuringly confident, my HEMS paramedic couldn't have been more personable and comforting, the pilot, who I'm sure just sees it as another day in the office but his skill and ability to operate the aircraft is phenomenal. Thank you to the dog walker, thank you to my boss and his son for helping me out at the time and my family afterwards. But a big thank you to my wife and family who supported me throughout my recovery. It's not something I ever intend on going through again but the people I have met and care I have received will never be forgotten. The open access I received to the aftercare team and comfort of knowing you've got to two people there for you when your world has turned upside down is very much reassuring. Both these people are true gems and have made this horrendous, life changing accident less horrific for me and my family. Sarita and Stuart have inspired me to change my outlook on life and hopefully moving forward I'll get the chance to work alongside them educating others about the dangers farmers work in and around. Hopefully moving forward I'll get the chance to work alongside them educating others about the dangers farmers work in and around."

Key Factors for Consideration

The patient provides a detailed narrative in which 5 themes surface. Each theme will be illustrated with key descriptions from the narrative which in turn provide factors for consideration when introducing and subsequently managing a PFAS from the patients' experience.

Prompt and Professional Medical Intervention

The immediate expert care provided by the Air Ambulance crew, consisting of a Doctor, Paramedic, and Pilot, significantly impacted the trajectory of the patient's recovery and rehabilitation. The theme underscores the critical role of the emergency medical services in expedient activation to trauma and medical incidents,[3] management of acute injuries in resource-limited remote locations,[4] and the offering of advanced interventions including but not limited to, prehospital emergency anesthesia and advanced analgesia at the point of injury or illness.[5]

Emotional Support and Reassurance

The presence of healthcare professionals who were both competent and compassionate provided emotional relief to the patient during a traumatic episode, this is proven to enhance not only the quality of patient care but also the overall patient experience.[6] This theme highlights the dual importance of medical expertise and empathy in patient care at the point of injury or illness[7] and supports its continued importance in prehospital emergency medicine.[7]

Family and Community Support

The comprehensive support from the patient's family and community members, including a dog walker and neighbor, demonstrates the vital role of a supportive community network in the aftermath of an incident, which ultimately aid both physical and emotional recovery.[8]

Continuous Care and Rehabilitation

The involvement of the Aftercare team exemplifies the extended continuum of care postacute incident, which can make a significant difference in long-term outcomes and quality of life[9] for patients and their families. The patient asserts direct reference to the "open access" nature of the support offered, and how this may have deepened the desire to be involved with further initiatives within HEMS.

Building Connections to Foster Education Initiatives

The patient's continued effort to educate others on farm safety because of the immediate and follow-up care he received illustrates the ripple effect that aftercare services can have, which further leads to broader community and societal benefits beyond the individual patient's recovery, such as education initiatives and injury prevention strategies through this specific life experience and subsequent interconnections with the PFAS.

Recommendations

Building on the existing policies and procedures of the PFAS, the focus of the current service should move from a more reactive service to one which can be proactive in supporting patients through an Aftercare service. Specific future recommendations highlighted by the narrative of Chris Rolfe include:

1. Building a peer support program to allow patients to have a *shared* lived experience with other people who have also walked *within their shoes*. This may

include informal meetings among individuals with similar injuries and injury mechanisms who have reached out to the Aftercare team, allowing for deeper relations and survivor networks to benefit from the *ripple effect* of PFAS support.
2. Although positivity shone through the experience shared within this narrative, the PFAS should specifically explore whether the provision of an Aftercare service may, in any way expose former patients and their families to potential harm[10] and investigate the most appropriate way to undertake this.
3. A healthcare consumer perspective has prompted the service in question to look for systematic mechanisms that can be used to collect information to measure patient-centric outcomes, and those which are most meaningful for patients and their rehabilitation. For example, Chris Rolfe mentions how his "outlook on life" has altered, we question how this can be captured to further improve the service.

Conclusion

Important themes generated from this report underscore the comprehensive and multifaceted benefits of a PFAS, which extend from the point of prehospital emergency medicine and intervention to full rehabilitation and recovery. Chris states "the aftercare service has prompted me to engage in educational initiatives, like farm safety, which is so important in providing wider community health benefits, from what was an isolated traumatic experience for me." Collectively, these points illustrate the significant and broad benefits of PFAS interconnection within a prehospital emergency care service such as HEMS, spanning from emergency care to complete reintegration into the local community. The narrative provided by Chris illuminates how the patient experience is, and should be, a central driver to the development of prehospital emergency medicine.

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