

A Holistic Analysis of the Emergency Call: From in Situ Negotiation to Policy Frameworks and Back

Authors : Jo Angouri, Charlotte Kennedy, Shawnea Ting, David Rawlinson, Matthew Booker, Nigel Rees

Abstract : Ambulance services need to balance the large volume of emergency (999 in the UK) calls they receive (e.g., West Midlands Ambulance Service reports per day about 4,000 999 calls; about 679,000 calls per year are received in Wales), with dispatching limited resource for on-site intervention to the most critical cases. The process by which Emergency Medical Dispatch (EMD) decisions are made is related to risk assessment and involves the caller and call-taker as well as clinical teams negotiating risk levels on a case-by-case basis. Medical Priority Dispatch System (MPDS - also referred to as Advanced Medical Priority Dispatch System AMPDS) are used in the UK by NHS Trusts (e.g. WAST) to process and prioritise 999 calls. MPDS / AMPDS provide structured protocols for call prioritisation and call management. Protocols/policy frameworks have not been examined before in the way we propose in our project. In more detail, the risk factors that play a role in the EMD negotiation between the caller and call-taker have been analysed in both medical and social science research. Research has focused on the structural, morphological and phonological aspects that could improve, and train, human-to-human interaction or automate risk detection, as well as the medical factors that need to be captured from the caller to inform the dispatch decision. There are two significant gaps in our knowledge that we address in our work: 1. the role of backstage clinical teams in translating the caller/call-taker interaction in their internal risk negotiation and, 2. the role of policy frameworks, protocols and regulations in the framing of institutional priorities and resource allocation. We take a multi method approach and combine the analysis of 999 calls with the analysis of policy documents. We draw on interaction analysis, corpus methodologies and thematic analysis. In this paper, we report on our preliminary findings and focus in particular on the risk factors we have identified and the relationship with the regulations that create the frame within which teams operate. We close the paper with implications of our study for providing evidence-based policy intervention and recommendations for further research.

Keywords : emergency (999) call, interaction analysis, discourse analysis, ambulance dispatch, medical discourse

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