

RESILIENCE CAPACITY OF PRE-HOSPITAL EMS SERVICE PROVIDERS AND THE FUTURE AGENDA FOR SUSTAINABLE DEVELOPMENT OF RESILIENT EMS SYSTEM IN THAILAND

Alina Pant PhD. Health and Sustainable Development

ASEAN Institute for Health Development (AIHD)

Mahidol University

Thailand

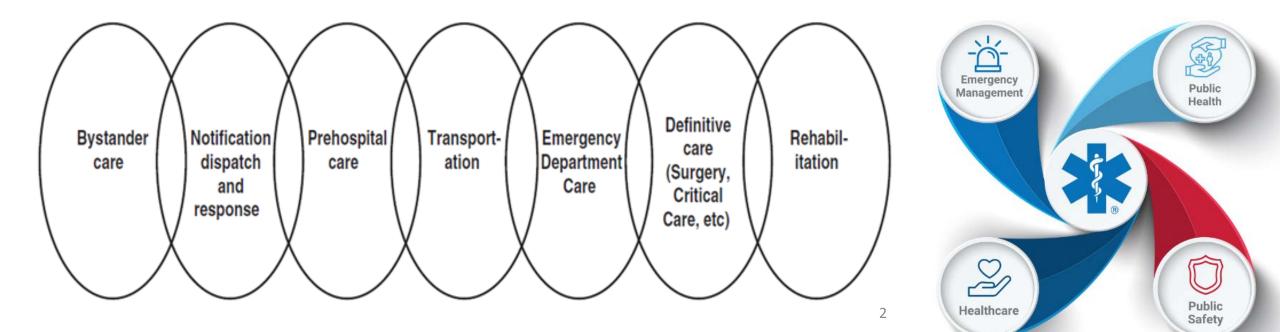
09-07-2024

1

Emergency medical service (EMS) system

A comprehensive system which provides arrangement of personnel, facilities and equipment for *effective, coordinated and timely* delivery of health services to victims of emergency events. (1)

A COMPREHENSIVE EMS SYTEM IS READY EVERYDAY FOR EVERY KIND OF EMERGENCY!!



Pre-hospital EMS (PEMS) System

Pre-hospital care includes care provided at scene of injury, home, school, or any incident area until patient arrives at formal health facility (4,5,8)

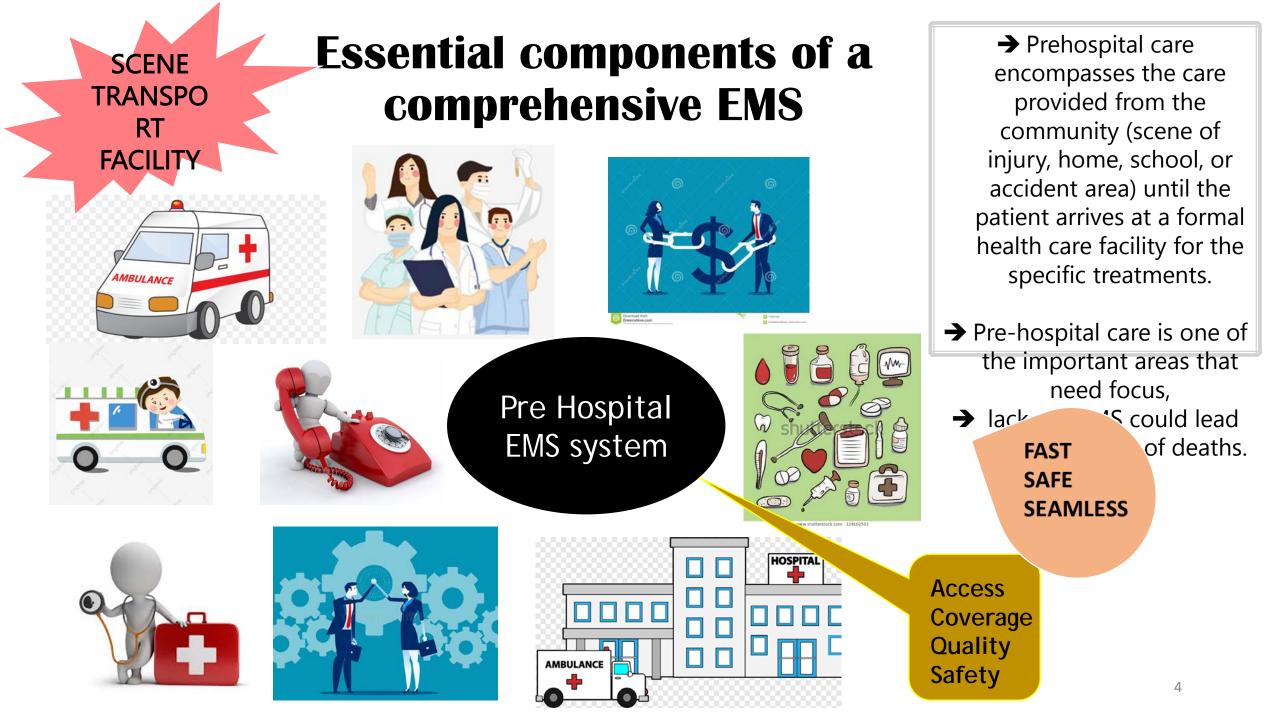
More than half of deaths occur in developing countries each year from emergency conditions

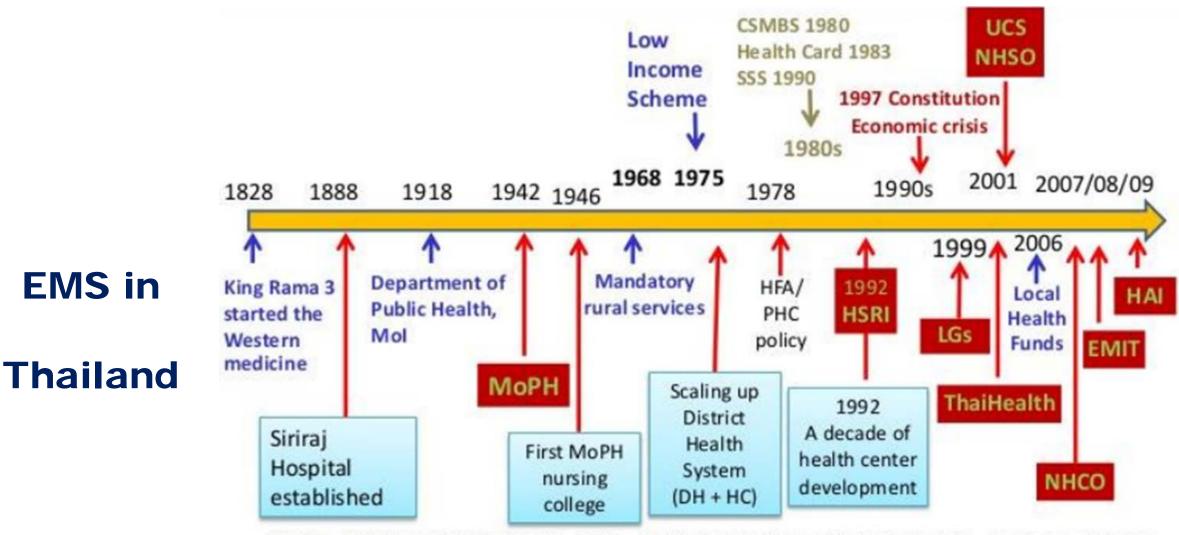
Why focus on the PEMS system?

Availability of prehospital care can contribute >25% decrease in mortality and fatal injuries

Overwhelming PEMS during PHEs so improved system reduce ED flow (unnecessary transmission)

Estimated that 45% of mortality and 35% DALYs be reduced by appropriate pre-hospital care





MoPH = Ministry of Public Health, HSRI = Health System Research Institute, LGs = local governments ThaiHealth = Thai Health Promotion Foundation, NHSO = National Health Security Office, NHCO = National Health Commission Office, EMIT = Emergency Medical Institute of Thailand, HAI = Hospital Accreditation Institute

Strength of Thailand health system

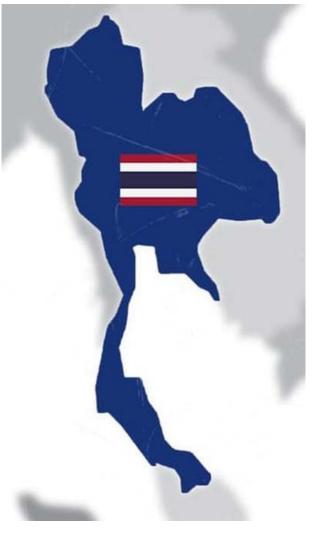
According to Thai health report 2020 by Mahidol, Thailand Health System is at a world-class standards, with total score 73.2/100

Thailand is regarded as one of the 13 countries with the best preparation for a pandemic

Ranked 6th in world and 1st in Asia in Health Security Index 2019

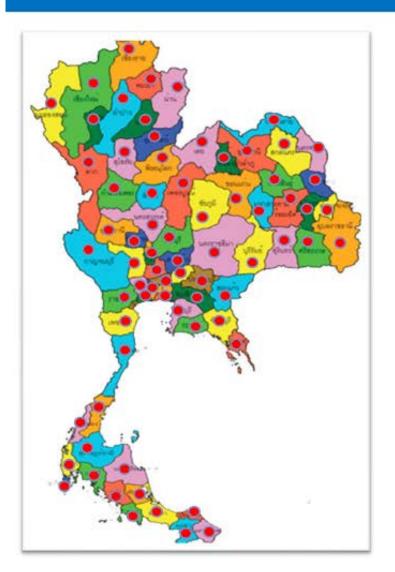


Thailand's health system one of the best in the world



EMERGENCY MEDICAL SERVICE SYSTEM OF THAILAND THE NETWORK OF LIFE-SAVING





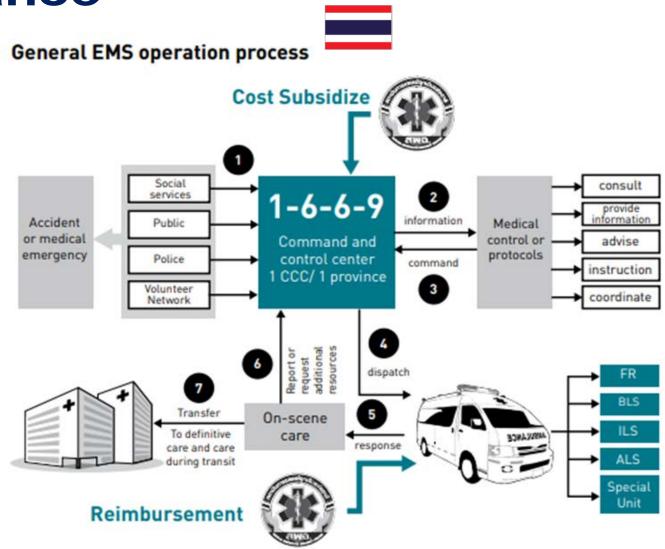


1669 Call and Dispatch Center 80 Centers in 77 Provinces, 12 Health Region and BMA 24 Hours service



Gaps: EMS performance

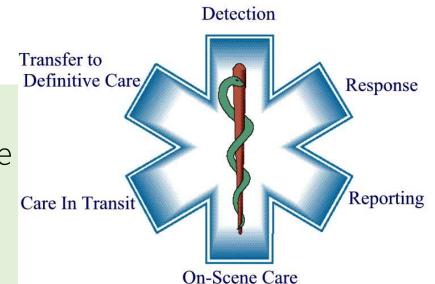
- The number of advanced EMS agency is not enough, cannot cover all areas, leading to the inefficiency in response time -(within 8 minutes) which can result in more number of deaths.
- EMS accessibility rate is only at 25%.
- Lacks coordination with referral EDs.



EM: emergency medical; FR: first response; BLS: basic life support; ILS: intermediate life support; ALS: advanced life support. Source: Pangma, A (2012)

Challenges in PEMS: Thailand

- > Inequitable access across provinces.
- ➢ Fragmentation and less systematic approach in service delivery system.
- ➤ Lack of evidence in terms of triage to dispatch of pre-hospital ambulances.



- Communication between ambulance and hospital is still main issues reported by EMTs.
- \succ Determining the response time for emergency patients.
- \succ Lack of collaboration with other organizations.
- \succ Lack of medical personnel at the ED.
- Limited perspective of health providers and receivers on the EMS of Thailand.
- Sustainability in the face of a high demand for services (3,4,6,8,10).

EMS workforce

- Medical doctors/ physicians
- Emergency medical responder (EMR)
- Emergency medical technician (EMT)
- Advanced emergency medical technician (AEMT)
- Paramedics
- Emergency Nurse Practitioners
- Police
- Fire and rescue squads
- Volunteers with basic first aid training







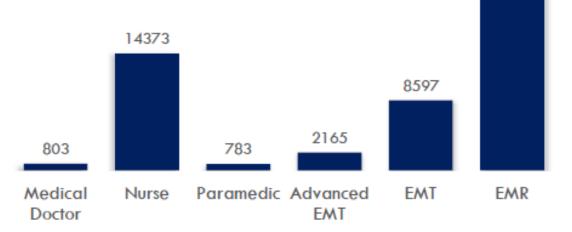




EMS workforce in Thailand

47022

Number of EMS professionals in EMS System of Thailand (As of year 2022)



There are more than 90,000 EMS workforce (2024)
 Thailand is in shortage of Advanced EMS medical operation agency.

The existing number of Advanced EMS medical direction agency cannot cover all health regions.
 Thailand is in shortage of paramedics. (NIEM, 2022 National plan, Thailand)



EMS workforce resilience

Workplace resilience is the mechanism to cope and adapt to preserve the vital components in the system and facilitate to provide effective emergency care services to the target people



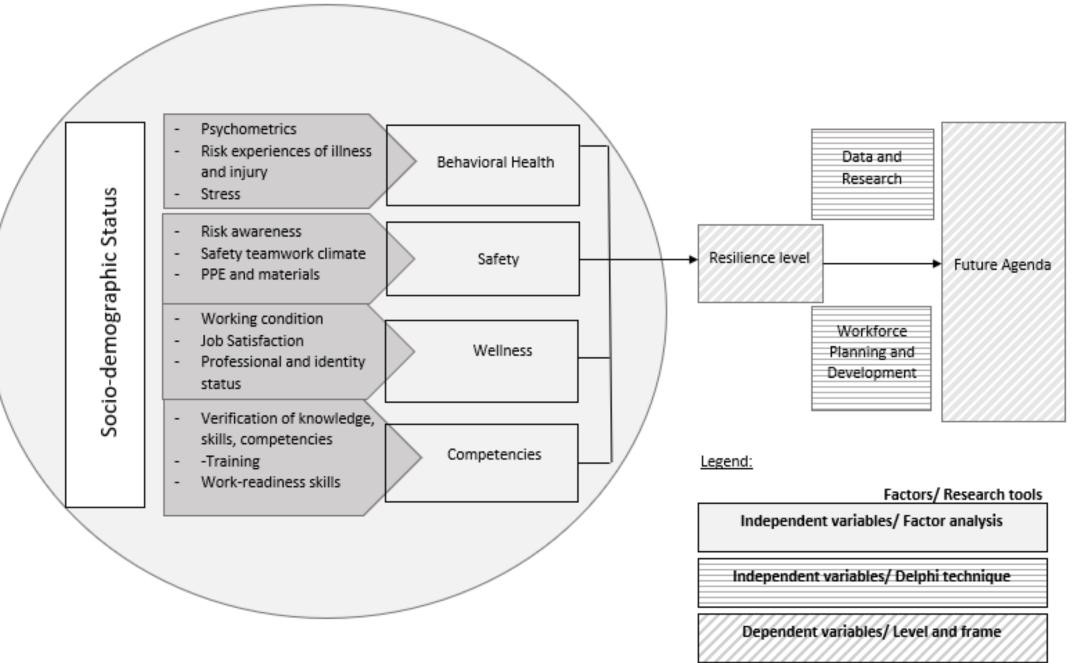
Resilience capacities frame and related themes (12)



To explore the resilience capacity of emergency medical service providers focusing on pre-hospital setting responding to emerging and reemerging infectious diseases in Thailand. To redefine the resilience components of pre-hospital EMS service providers of Thailand.

To explore the role of behavioral health, safety, wellness and competencies of EMS service providers in the pre-hospital EMS system.

To explore the policy and strategic views regarding workforce planning and development in the Thai EMS system.



Η

E O

R

METHODS

- Mix method, both quantitative and qualitative study approach
- Explanatory Sequential Design
- Nation-wide voluntary, anonymous online survey started from January to May 2023.
- Key Informant Interviews (March to May 2024)

Study population:

- EMS frontline workers and dispatch team which includes paramedics and emergency medical technicians (EMTs) (frontline emergency service providers in Thailand)
- Decision makers of EMS system (qualitative study)
- Inclusion/ exclusion criteria
- Validity and reliability (IOC, pretest)
- Survey responses: 500, KII: 6



MAP OF THAILAND



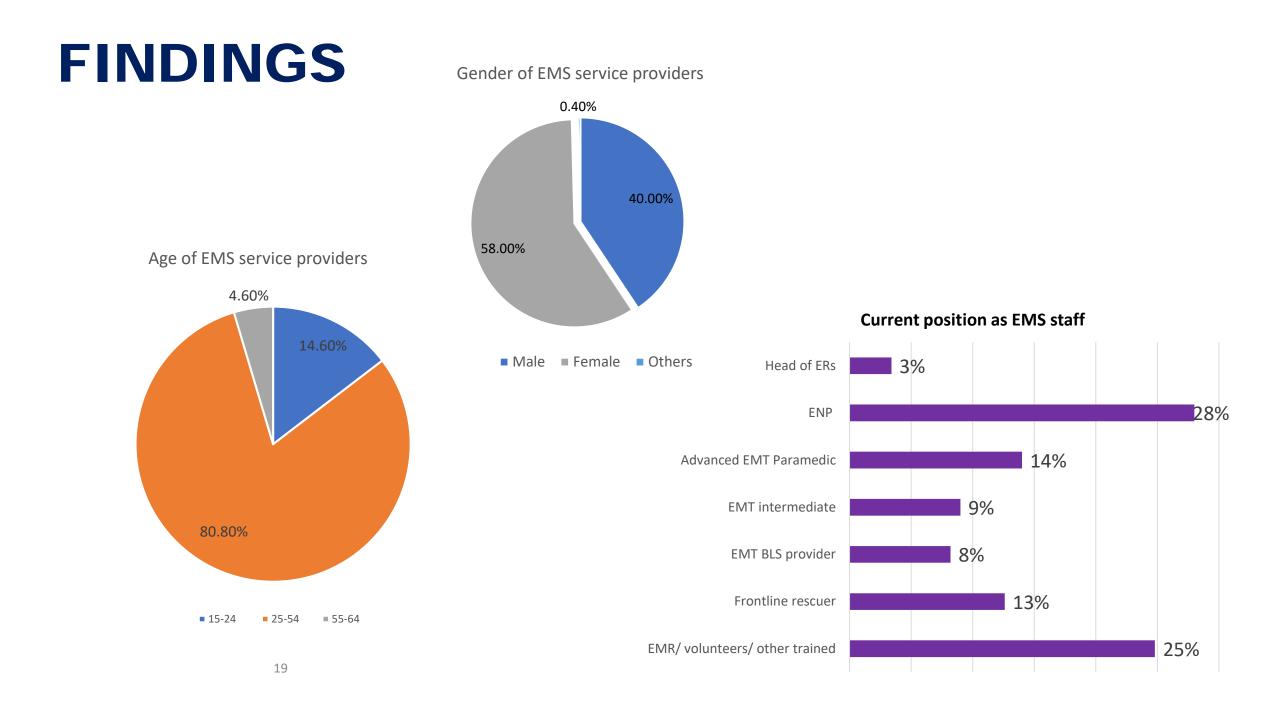
71 million population with 54.1 million adults 76 provinces, 878 districts, 7255 sub-districts and 74,954 villages 927 government hospitals, 9768 health centers, 363 private hospitals, 25615 clinics. (2022) EMS workforce components: Safety climate, wellness and competences based on SAQ questionnaire (SEXTON, JB.et.al) 5 point Likert scale.

Behavioral health measurementmodified RS-25 item questionnaire (Wagnild & Young, 1993) to measure the degree of individual resilience. Items are scored on 7point scale

(1 = disagree to 7 = agree).

Validation of indicators (Desktop review) Quantitative study design (Survey tool) Descriptive statistical analysis-SPSS Version 24 Bivariate and multi-variate analysis

Thematic Analysis (Nvivo-14) Factor Analysis (SPSS AMOS) EFA/CFA



FINDINGS

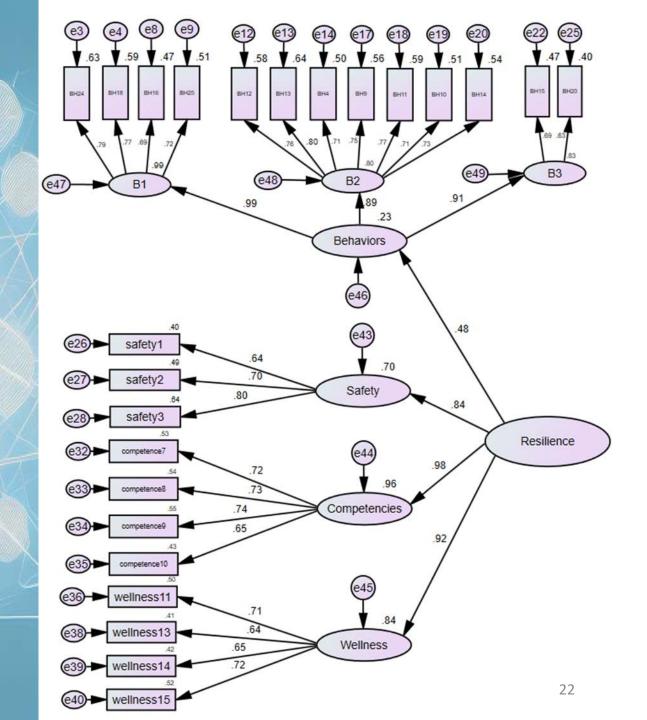
Resilience components	TBH	TS	TC	TW
n=500	500	500	500	500
Mean	139.8	19.4	19.2	23.5
Median	143.0	20.0	19.0	24.0
Std. Deviation	19.81	2.9	3.26	3.86
Minimum	78	9	8	10
Maximum	175	25	25	30
Resilience levels	n=500	Frequency	Perc	ent
High resilience	127	25.4		
Moderate resilien		248	49.	.6
wouerate resilien	UC .			
Low resilience		125	25.	0

S. N		Details of each dimension	
1	Behavioral Health	Experiences of mental and emotional stress of EMS	
		workers,	
		including burnouts/ fatigue/ stress, leadership support	
		emotional intelligence	
2	Safety climate	Includes safety standards, PPE,	
		information and communication on emergency events	
		including during disease outbreaks and pandemics	
		injury prevention.	
3	3 Competence	Performance of service providers.	
5		trainings,	
		relationship with coworkers and seniors, teamwork	
		climate,	
		interpersonal skills,	
		crisis management.	
4	Wellness	It includes overall personal health, physical, emotional	
		and mental wellness.	
		Job satisfaction	
		Working condition	
		Work-life balance	
		Professional and identity status.	

• Exploratory Factor Analysis EFA Behavioral Health Psychometric properties

Rotated Factor Matrix ^a				
Q. N		Factor		
		1	2	3
23	When I am in a difficult situation, I can usually find my way	<mark>.702</mark>	.339	.237
	out of it			
22	I do not dwell on things that I can't do anything about	<mark>.694</mark>	.212	.099
19	I can usually look at a situation in a number of ways	<mark>.693</mark>	.182	.421
24	I have enough energy to do what I have to do	<mark>.661</mark>	.364	.244
18	In an emergency, I'm somebody people generally can rely on	<mark>.630</mark>	.320	.349
21	My life has meaning	<mark>.624</mark>	.325	012
17	My belief in myself gets me through hard times	<mark>.492</mark>	.364	.345
16	I can usually find something to laugh about	<mark>.492</mark>	.459	.151
25	It's okay if there are people who don't like me	<mark>.447</mark>	.392	.273
2	I usually manage tasks one way or another	<mark>.442</mark>	.246	.387
1	When I make plans, I follow through with them	<mark>.440</mark>	.322	.197
12	I have self-discipline	.281	<mark>.715</mark>	.198
13	I keep interested in things	.322	<mark>.703</mark>	.235
4	Keeping interested in things and work is important to me	.232	<mark>.671</mark>	.254
8	I usually take things in my stride	.370	<mark>.634</mark>	.286
6	I feel proud that I have accomplished things in life	.354	<mark>.589</mark>	.195
9	I am determined	.269	<mark>.577</mark>	.491
11	I take things one day at a time	.412	<mark>.576</mark>	.247
10	I seldom wonder what the point of it all is	.290	<mark>.527</mark>	.448
14	I can get through difficult times because I've experienced	.501	<mark>.524</mark>	.196
	difficulty before			
3	I am able to depend on myself more than anyone else	.099	.131	<mark>.653</mark>
15	I feel that I can handle many things at a time	.490	.124	<mark>.556</mark>
5	I can be on my own if I have to.	.069	.343	<mark>.550</mark>
7	I am friends with myself	.262	.462	<mark>.522</mark>
20	Sometimes I make myself do things whether I want to or not	.349	.254	<mark>.428</mark>
				21

Confirmatory Factor Analysis



FINDINGS

S. N	Themes	Sub themes for strengths	Sub themes for improvements		
1	Communication	 communication technology notification and dispatch 	 communication system notification and dispatch 		
2	Coordination (Teamwork)	1.collaboration and coordination	1.collaboration and coordination		
		2.patient involvement and satisfaction	2.patient involvement and satisfaction		
		3.referral mechanism	3.referral mechanism		
		4.team work			
3	Leadership	1.accessibility of EMS services, coverage and responsiveness	 accessibility of EMS services service delivery 		
	2.safe system		2.service delivery		
		3.rapid response			
4	Learning	1.competent workers	1.competent workers		
	(competencies)	2.trainings	2.trainings		
5	Structure	1.equipment and resources	1.equipment and resources		
		2.funding	2.funding		
		3.risk compensation	3.risk compensation		
		4.number of workforces	4.number of workforces		

Themes generated for strength of EMS system and improvement areas in EMS of Thailand from workforce perception 24

Conclusion and

EMS in Thailand faces challenges such as lack of a comprehensive system, poor communication and coordination between service providers and hospitals, and inadequate training and certification for the frontline workers.

Strengthening the long established EMS requires a multifaceted approach that includes better workforce planning, enhanced emergency preparedness, support for EMS workers' wellbeing safety, improved coordination and networking.

Recommendations

1. Promoting policies for continuous training and refreshers

2. Enhancing government policies to support EMS providers, including better compensation and career development opportunities.

3. Ensuring seamless communication and patient transfer processes is crucial for effective EMS operations.

4. High workload and burnout are significant issues, highlighting the need for regular mental health screenings.

REFERENCES

- 1. WHO. Emergency care systems for universal health coverage: ensuring timely care for the acutely ill and injured. Geneva; 2019.
- 2. Government RT. Thailand National Strategic Plan for Emerging Infectious Diseases 2017-2021. In: DDC, editor. Thailand: Bureau of Emerging Infectious Diseases, Department f Disease Control, MOPH; 2016.
- 3. Nations AoSA. ASEAN Guidelines on Disaster Responsive Social Protection to Increase Resilience In: ASEAN, editor. Jakarta: The ASEAN Secretariat; 2021. p. 85.
- 4. Behrens DA, Rauner MS, Sommersguter-Reichmann M. Why Resilience in Health Care Systems is More than Coping with Disasters: Implications for Health Care Policy. Schmalenbach Journal of Business Research. 2022.
- 5. European Observatory on Health S, Policies, Thomas S, Sagan A, Larkin J, Cylus J, et al. Strengthening health systems resilience: key concepts and strategies. Copenhagen: World Health Organization. Regional Office for Europe; 2020.
- 6. Haldane V, De Foo C, Abdalla SM, Jung A-S, Tan M, Wu S, et al. Health systems resilience in managing the COVID-19 pandemic: lessons from 28 countries. Nature Medicine. 2021; 27(6):964-80.
- 7. Pochaisan O, Pattanarattanamolee R, Pongphuttha W, Chadbunchachai W, Nakahara S. Development of an emergency medical services system in Thailand: Roles of the universal health coverage and the national lead agency. Emerg Med Australas. 2021; 33(4): 756-8.
- 8. Bahadori M, Ravangard R. Determining and Prioritizing the Organizational Determinants of Emergency Medical Services (EMS) in Iran. Iran Red Crescent Med J. 2013; 15(4): 307-11.
- 9. Al-Shaqsi S. Models of International Emergency Medical Service (EMS) Systems. Oman Med J. 2010; 25(4): 320-3.
- 10. Administration NHTS. Emergency Medical Service. In: Services OoEM, editor. 1200 New Jersey Avenue S. E Washington, DC: Office of Emergency Medical Services; 2019.
- 11. Haldane V, De Foo C, Abdalla SM, Jung A-S, Tan M, Wu S, et al. Health systems resilience in managing the COVID-19 pandemic: lessons from 28 countries. Nature Medicine. 2021; 27(6): 964-80.

12. Ellis LA, Saba M, Long JC, Lyng HB, Haraldseid-Driftland C, Churruca K, et al. The rise of resilient healthcare research during COVID19: scoping review of empirical research. BMC Health Serv Res. 2023; 23(1):833.

THANK YOU 🙂

10

PhD. candidate | Alina Pant Alinapant12@gmail.com

MBULANCE

ALL CAMPONY SIL

B

