

Ontario. The mapping revealed some interesting inconsistencies between paramedic impression codes, but also demonstrated that it was possible.

**Conclusion** This is an important first step in determining the numbers of ASCSs and mental health conditions that paramedics attend to, and in examining the clinical pathways of these individuals across the health system. This work lays the foundation for international comparative health services research on integrated pathways in primary care and EMS.

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#### CASE MANAGEMENT OF PEOPLE WHO CALL 999 FREQUENTLY – QUALITATIVE STUDY OF THE PERSPECTIVE OF PEOPLE PROVIDING AND RECEIVING CARE (STRETCHED)

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**Background** Ambulance services use multidisciplinary cross-service case management in some areas to help meet the needs of people who call 999 frequently. The STRETCHED evaluation of case management for this group in four UK ambulance service areas included a qualitative component to explore experience of care, to identify challenges and opportunities associated with using case management models, and develop theories about how case management works in this population.

**Methods** We conducted semi-structured interviews with key stakeholders involved in case management, and people with experience of calling 999 frequently. All interviews were recorded and transcribed. Analysis took a data driven thematic approach, and was conducted by a sub-group including public contributors working alongside researchers. We analysed by respondent group and by site, before combining and exploring themes across the participant groups.

**Results** We interviewed 31 stakeholders and 16 people with experience of calling 999 frequently, of which 8 had received case management in one of the study sites. We developed the following themes:

- The work of case management - within and across organisations, administrative and support tasks, resourcing and skill mix, variation between service areas
- Complexity of needs – range of drivers for frequent calling, complex medical and social needs, long term nature of issues for many, tensions between cure (short term) and care (long term) models of service
- Limited availability of support services – as a driver to frequent calling, and as a limitation on case management
- Tolerance of risk and ownership of responsibility – response to needs shaped by local organisational culture and practice.

We used insights from the analysis to refine our logic model describing how case management works.

**Conclusion** Insight from the qualitative data collection supports interpretation of the STRETCHED quantitative findings and provides insight into how case management might be effective for people who frequently call 999.

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#### PHYSIOLOGICAL VARIABILITY DURING PREHOSPITAL STROKE CARE – WHAT MONITORING AND INTERVENTIONS ARE USED?

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**Background** Acute stroke can lead to morbidity and mortality. The time-critical nature of stroke care has led to a greater emphasis on robust prehospital care. Increasingly, stroke triage and consideration for earlier management are the focus of trials. There is growing evidence of early adverse physiological parameters affecting long-term patient outcomes. There is concern amongst prehospital care providers as to how to balance the need for rapid transfer with potential increased monitoring. This systematic review aims to explore existing literature on prehospital physiological monitoring and interventions, and how these may affect patient outcomes.

**Methods** The systematic review was conducted following the Preferred Reporting Items for Systematic Reviews and Meta-analysis (PRISMA) guidelines. Study eligibility was determined by searching across four databases (MEDLINE, EMBASE, CINAHL and CENTRAL): (1) all study types; (2) English full-text studies involving patients with suspected acute stroke receiving prehospital care ( $\geq 18$  years).

**Results** 741 records met the search criteria, however following screening only 19 records were deemed eligible for full-text review. Records were categorised as physiological monitoring or pharmacological therapy. Studies examining physiological monitoring (n=7) assessed the association between prehospital blood pressure and early neurological deterioration and hematoma volume. One study examined the feasibility of prehospital HRV assessment and its relationship to patient outcomes. In terms of pharmacological therapy, (n=3) RCTs evaluated the effectiveness of prehospital BP-lowering interventions. (n=2) studies investigated the effects of prehospital administration of neuroprotective agents on functional outcomes following stroke.

**Conclusions** It has been demonstrated that ambulance-initiated stroke patient monitoring and treatment is feasible. Although limited by heterogeneous data, the review highlighted gaps in the existing literature. Furthermore, continuous physiological parameter monitoring is feasible and recommended in future studies to improve available data on patient management and outcomes.