

Short Report: What routine outcomes should be included in an epidemiological study investigating differences between people from ethnic minority backgrounds and white British people presenting to emergency services for injury? A stakeholder consultation



AUTHORS

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AFFILIATIONS

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BACKGROUND

- People from ethnic minority backgrounds experience challenges when accessing health services.
- The **BE SURE** study is investigating differences in presentation, experience and health outcomes between people from ethnic minority backgrounds and white British people who seek emergency care for an injury.
- To strengthen and support our study design we consulted stakeholders about outcomes available in routine ambulance and ED data.

AIM

To consult stakeholders to define routinely recorded outcomes which may differ for patients from ethnic minorities to include in the BE SURE study.

METHODOLOGY

We invited 72 clinical, methodological and public stakeholders to participate in an online workshop including breakout sessions to select routinely recorded outcomes for the BE SURE study.

We asked participants to discuss outcomes as defined in the initial study protocol in order to refine and enhance the data specification with a wide range of perspectives included.

Notekeepers recorded, combined, and coded measurable outcomes discussed in breakout sessions

RESULTS

Twenty people participated in the workshop:

- 8 researchers
- 6 emergency department clinicians
- 2 ambulance paramedics
- 2 healthcare organisation inclusion leads
- 1 third sector worker
- 1 public contributor

Participants provided 20 examples of our predefined categories of measurable outcomes (Table 1).

The prescribing of medication and the number of medical interventions may differ for patients from ethnic minority backgrounds.

Decisions to conduct radiology examinations and medical tests could differ for patients from ethnic minority backgrounds.

Our adoption of a mixed methods study design which includes survey and qualitative methods to understand self-reported outcomes and experiences for patients presenting to emergency services with injury is supported by the inability to obtain sufficient detail from routine data on:

- **safeguarding referrals**
- **reasons for extended waiting times**
- **reasons behind the refusal of treatment**
- **barriers to receiving care**

DISCUSSION

English language ability, religious or cultural beliefs physical characteristics and socioeconomic background affect the ability of ethnic minority patients to:

- **communicate pain effectively**
- **understand their diagnosis and how to use prescribed medications**
- **decide on whether to use emergency services when injured**

CONCLUSION

Discussions during breakout sessions **extended our understanding of predefined measurable outcomes available in routine health data.**

Outcomes not available in routine health data, such as types of safeguarding referrals and health literacy, **supports the adoption of mixed methods in our study**, including self-reported outcomes and qualitative methods, to compare and contrast the experiences of people from ethnic minority backgrounds and white British people when presenting with injury to emergency health services.

Table 1. Measurable outcomes which may differ for ethnic minority patients compared to white British patients

Predefined Categories	Examples
Treatments	Analgesia Antibiotics Anti-depressants Number of medical interventions
Investigations	Initial waiting time ED-administered and laboratory tests Radiology
Safety incidents	Refusal of treatment Self-discharge Safeguarding referral Incident reports
Immediate outcomes or process of care	Death (within 72 hours) Recontact, reattendance, or did not attend Follow up appointments Disposition/referrals Time to receive care
6-month outcomes	Death Reattendance Length of stay in hospital Further calls or attendances

STRENGTHS

The range of participants enabled the team to include views from stakeholders independent of the study and confirmed and enhanced the dataset that we will gather in our epidemiological study.

LIMITATIONS

Many of the stakeholders at the consultation event were researchers and ED clinicians which skewed the responses to available ED data