

On-site health tents: More than just hospital avoidance

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Background: Each year for one week in November, the 16-18 year old population in Surfers Paradise increases by approximately 25,000, as school leavers from the area and beyond celebrate. Previous studies have suggested that school leavers are at risk of being injured or ill during the festivities, as they often engage in risky behaviours such as consuming alcohol and/or using illicit substances [1]. For the duration of Queensland (Qld) Schoolies week, a multidisciplinary team that includes ED nurses, doctors and paramedics work together to provide on-site healthcare to the school leavers. Care is provided in the ambulance treatment centre (ATC), originally established by the Queensland Ambulance Service (QAS) to manage such injuries/illnesses and reduce requirement for transportation and ED presentations.

Aim: Situated within a larger study that aims to establish the effectiveness of the ATC as a hospital avoidance strategy, the aim of this study phase was to describe the structures (what was needed) and processes (how it operated) of the ATC.

Methods: This qualitative component of the mixed methods study consisted of observations and semi-structured interviews with QAS and ED clinical staff working in the ATC during the official 7 night Qld Schoolies period in 2014. Interviews were transcribed verbatim. Data were analysed using Bogdan and Biklan's [2] mid-range accounting scheme.

Results: A total of 12 interviews and around 2400 observations informed the analysis. Participants included 5 nurses, 5 doctors and 2 QAS managers being interviewed and a total of 6 nurses, 7 doctors and 7 paramedics being observed. Structures required for the ATC model to operate included: A multi-disciplinary team of nurses, doctors and paramedics; a large tent partitioned into 5 sections with the capacity to fit 20 chairs, 10 "camping" stretchers, 2 stretcher beds, medical equipment (including monitoring devices, dressing and suture packs, IV packs and fluids, drugs, resuscitation packs and trolleys), communication equipment (radio, computer) and access to transport (light rail, road ambulance). Processes required for the ATC model to operate included communication between different services and organisations such as Qld Government Department of Communities, Child Safety and Disability Services, volunteer agencies, Qld Police Service, QAS, Qld Health ED managers and clinicians. Benefits of the ATC were reported to include: Enhancement of interprofessional collaborations, the development of a broader clinical skill set, the expansion of clinical and personal relationships and a greater appreciation of the contribution of each discipline to healthcare and safety. Suggested improvements on the current ATC model included the provision of an ATC day service and an experienced mental health nurse or nurse practitioner.

Conclusion: An on-site health tent during this mass gathering event offers ED and QAS staff a unique opportunity to provide emergency care in an out of hospital environment. Structures and processes involved with this collaborative model of care may be useful to apply for other out of hospital events where emergency care (beyond basic first aid) may be required.

1. Roach K, Salom C. 2009. Literature Review: Schoolies celebrations: social norms, risks and prevention strategies. Melbourne: Department of Health, Victoria.
2. Bogdan RC, Biklin SK. 1992. Qualitative research for education: An introduction to theory and methods. Boston, Sydney: Allyn & Bacon.