

# *An exploration of decision making when accessing emergency healthcare in moderate to severe asthma patients from rural and remote Australia*

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## Introduction:

As one of the largest contributors of respiratory illness in Australia, Asthma affects 11% of the Australian population<sup>1</sup>. Of those affected, 74.1% reside in regional and remote locations<sup>1</sup> making it important to investigate the extent living in rural and remote areas has on the paramedic management and decision making when it comes to accessing emergency healthcare.



## Aim:

To highlight the differences in circumstances between metropolitan and rural and remote Australia in accessing emergency health care due to a moderate to severe asthma exacerbation.

## Method:

A scoping review of literature was conducted through the search of electronic databases including EBSCOhost, Medline, CINAHL, and ProQuest to find peer reviewed journal articles. Search terms included 'rural or remote or regional', 'paramedic, or ambulance or prehospital or pre-hospital', 'asthma', and 'respiratory conditions'. In addition, government webpages including the Australian Institute of Health and Welfare, NSW Ministry of Health and the Australian Bureau of Statistics websites were searched. Inclusion criteria were applied leaving 16 sources to be analysed.

## Results

The key themes identified from the literature were the impacts of environment such as distance from the hospital contributing to increased response times; culture and behavioural habits including the attitude that paramedics take too long to reach patients; education and health literacy leading to the underestimation of the severity of asthma exacerbations; and access to resources leading to the utilisation of telehealth. These four areas were identified as impacting patient's decisions on accessing emergency healthcare when experiencing an asthma exacerbation in rural and remote Australia.



## Conclusion:

The literature uncovered several themes which impact both patient's decision making when accessing emergency healthcare as well as paramedic management of asthma emergencies. The decision to attempt self-management strategies first or delay in seeking emergency health care in addition to challenges in accessing patients in a timely manner can lead to changes in the treatment pathway of paramedics to achieve a positive health outcome<sup>2</sup>. Undertaking research on this topic is important in order to identify strategies to address these challenges which may lead to improved patient healthcare outcomes.

