

Emergency medical services – poor response time in the rural Eastern Cape

To the Editor: Emergency medical services (EMS) throughout South Africa are of unequal quality owing to historical population inequalities and under-resourced EMS in rural areas.¹ There are no data regarding the quality of ambulance services in the rural Eastern Cape. The assessment of EMS is not easy, but an assessment tool has been established.² We prospectively audited the response time to ambulance requests from a community health centre in the rural Eastern Cape.

Ngcwanguba Health Care Centre has a catchment population exceeding 60 000 and is staffed by one full-time doctor and 10 professional nurses. Ambulances are stationed at Mthatha and have to use an 80 km-long tarred but severely pot-holed road. They return on this road to the nearest tertiary referral hospitals or take a gravel road of 25 km to the district hospital.

All calls for ambulances made in the period from 1 July 2009 to 31 September 2009 to refer patients to one of the two referral hospitals were included. No calls were done by the doctor.

Results

Table I summarises the number of ambulance arrivals and the time involved, over the review period.

Discussion

The Department of Health in Eastern Cape Province recently published a poster with 'generic standards' that states: 'Emergency medical services (EMS) – All citizens in need of emergency services will be attended to with courtesy by qualified personnel and a fully equipped ambulance within 1 hour in the rural areas and 45 minutes

in urban at all times'. This standard is clearly failed by the local EMS provider, who achieved this aim in only 3.3% of ambulance requests. The average response time of an arriving ambulance of almost 4 hours is unacceptably high. The 16.7% of EMS cases that did not arrive at all is worrying, and a challenge for health carers remaining with the critically ill patient.

An analysis of perinatal deaths in the district hospital showed that, among the 8 avoidable factors, the unavailability and delay of transport were the most common.³ Sixteen years after the end of the apartheid era, South Africa shows an unacceptable EMS response time (which is an important and basic component of health care service⁴) in the former Transkei. EMS services must be assessed and improvement wisely planned to ensure the basic rights of government sector patients. Although a new EMS station was begun to be built next to the Ngcwanguba Health Care Centre, there has been no progress for a year.

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Table I. Response times and number of arrivals

Response time (h)	<1	1 - 2	2 - 3	3 - 4	4 - 5	5 - 6	6 - 12	Failed to arrive (>12 h)
Arrivals	1 (3.3%)	4 (13.3%)	6 (20%)	4 (13.3%)	4 (13.3%)	4 (13.3%)	2 (6.7%)	5 (16.7%)