

# Ambulance quality indicators

Briefing for HOSCs on national indicators,  
SCAS approach and performance so far

Autumn 2011

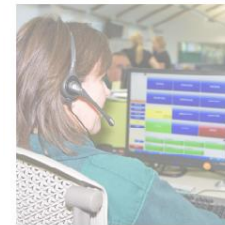




# Agenda

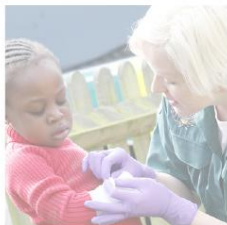


- Background to national indicators
- SCAS approach
- Overview of SCAS performance
- Areas for improvement
- Areas for further monitoring
- Areas of high performance
- Questions



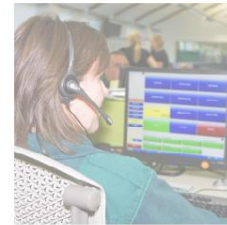


# Background to national indicators



## *New national approach*

- Move from focus on time targets to culture of continuous improvement in clinical care
- A range of indicators rather than a few targets
- Indicators based on best available evidence and involvement of clinicians
- Feedback from patients is key indicator of quality
- Each Trust to provide information and explanatory narrative – so that public can judge for themselves





# Overview of national indicators

<b>Access</b>	Call answering times Call abandonment rates	
<b>Response</b>	Time for response to arrive for life-threatening emergency	<i>first emergency response health professional transporting vehicle</i>
<b>Treatment</b>	<i>For patients with:</i> STEMI Cardiac arrest Stroke	<i>severe heart attack as coronary artery blocked blood stops circulating due to heart malfunction brain function compromised as blood supply disturbed</i>
<b>Disposition</b>	Calls resolved on telephone Incidents handled on scene without need to go to hospital	<i>plus recontact rates</i>
<b>Outcomes</b>	Patients suffering cardiac arrest	<i>arrive at hospital with a pulse discharged alive from hospital</i>



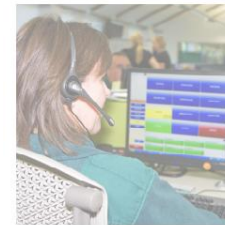


# SCAS approach



## *The national indicators ...*

- are well aligned with our clinical strategy (HOSCs consulted on strategy last year)
- support our focus on clinical assessment and tailoring our response to individual patient needs
- provide a catalyst and opportunity to make further progress with our clinical strategy





# New Ambulance Quality Indicators

## *National indicators*

Clinical care



Patient experience



Care pathways



Response times

## *Clinical strategy*

Clinical assessment for each individual

Personalised care based on individual needs

Right care, right person, right time, right place

## *Service model*





## Areas for improvement - access

Indicator	Improvement plan	Timescale
<b>Call answering</b> <i>Time to answer call</i>	Final stages of implementation for new computer aided dispatch (ICAD) and telephony systems in July and August	Improvements expected from September  In line with national average by end of 2011
<b>Abandonment</b> <i>Proportion of calls abandoned before being answered</i>	Improvement plan agreed to ensure benefits of new systems are realised	Data available for September onwards  In line with national average by end of 2011



## Areas for improvement - response

Indicator	Improvement plan	Timescale
<p><b>“Time to treatment”</b></p> <p><i>Time for a health professional to reach the scene of a patient with a life or limb threatening condition</i></p>	<p>Operational management restructure to release more clinical ‘road’ time</p> <p>This will enable better cover in rural areas where this indicator is a particular challenge due to longer journey times</p>	<p>Restructure in progress</p> <p>Improvements expected in early 2012</p>





# Areas for monitoring

Indicator	Numbers	Monitoring / improvement
<b>STEMI care bundle</b> <i>Proportion of cardiac patients who received all elements of the optimal care package</i>	40 patients	Sample size too small for benchmarking as yet
<b>ROSC for Utstein group</b> <i>Proportion of patients whose cardiac arrest was witnessed and arrived at hospital with a pulse</i>	10 patients	SCAS is continuing work to improve performance in these areas
<b>Survival to discharge for Utstein group</b> <i>Proportion of patients whose cardiac arrest was witnessed and survived to leave hospital alive</i>		SCAS will reassess its performance compared with other Trusts once the full quarter data is available

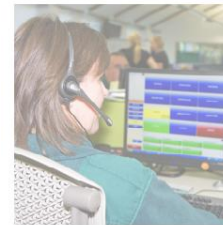


# SCAS performing very well



**A8**

Emergency response on scene within 8 minutes of call being received for patient with life or limb threatening condition



**Stroke care bundle**

Proportion of stroke patients who received all elements of the optimal care package



**Frequent callers**

Proportion of callers for whom we have a locally agreed care plan in place (particularly relevant for frequent callers)

