




## Ambulance quality indicators

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

Autumn 2011



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## Agenda



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



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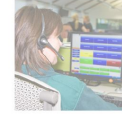


## Background to national indicators



### ***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 strategy

Clinical care	↔	Clinical assessment for each individual
Patient experience	↔	Personalised care based on individual needs
Care pathways	↔	Right care, right person, right time, right place
Response times		


### 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

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## Areas for improvement - response

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

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## 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  SCAS is continuing work to improve performance in these areas  SCAS will reassess its performance compared with other Trusts once the full quarter data is available
<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	
<b>Survival to discharge for Utstein group</b> <i>Proportion of patients whose cardiac arrest was witnessed and survived to leave hospital alive</i>		

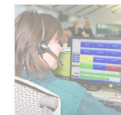


## SCAS performing very well



### 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)





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