Strategic Review of the Ambulance Service 2001

EXECUTIVE SUMMARY

CONTENTS

Chapter 1

INTRODUCTION

1.1 Background

The Chief Executives Officers of the Health Boards and the Eastern Regional Health Authority (ERHA) have identified the need to carry out a strategic review of the ambulance service and the need to recommend an approach for a common agenda in the future. This report reviews and evaluates the ambulance service in the context of the 1993 Review and sets out a vision and strategy for the development of the pre hospital emergency service into the new millennium.

There have been significant developments in the ambulance service since the publication of the Review Group Report in 1993. The ambulance service now provides a more significant level of service in pre hospital emergency care. It is widely acknowledged that the efficient and effective intervention by ambulance personnel may not only determine survival of the patient but also the extent and length of hospital care required and the quality of life after discharge.

This report identifies aspects of the current emergency ambulance service that need to be addressed to be brought into line with best international practice, to ensure effective and quality driven practices. In line with improved resourcing the need for improved accountability, performance measurement and continuous quality improvement need to be recognised by all parties. Systems of accurately measuring performance standards against national response time targets and clinical performance indicators need to be developed to ensure consistent quality practices throughout the service.

The most valuable resources are the men and women who provide emergency cover 24 hours a day, 7 days a week, every day of the year. It is the teamwork of the front line crews, control , management and support staff which ensures that the communities we serve continue to receive the highest quality service. Therefore, management of the service must continue to demonstrate that the welfare, personal development and training of our staff remain a high priority.

These are very challenging times for the ambulance service and will require a collaborative approach involving partnerships between management, staff and providers of care across the continuum.

Chapter 2

TERMS OF REFERENCE

2.1 Terms of Reference

The Strategic Review of the Ambulance Service was commissioned by the Chief Executives Officers of the Health Boards and the Eastern Regional Health Authority (ERHA) with the following terms of reference:

- To review the current position in relation to implementation of 1993 Review Group recommendations.

- To identify and consider the new and emerging issues in relation to modern emergency service provision taking particular cognisance of developments in Northern Ireland (Review), the need for Cross Border/Board developments and synergy, the need for much greater co-operation between Boards and Ambulances (fleet and staff deployment) as one entity providing emergency services for the country as a whole.

- To articulate an appropriate vision for the service.

- To recommend an approach and implementation plan (framework, process, scope, timescale, deliverables etc.) for activities which require pursuance particularly in a co-operative and conjoint context among Boards.

Chapter 3

METHODOLOGY

3.1 Background

At the outset, it was decided that this review team would engage in an extensive consultation process in order to develop a comprehensive and wide-ranging strategy for the ambulance service. It is important to note at this stage that there are no definitive performance standards and mechanisms for recording and interpreting data on a national basis. This shortfall in basic methodology impacts on any comparative analysis of service provision and performance.

3.2 Reports which influence Developments in the service

The following reports were reviewed in the context of their impact on the ambulance service.

- Report of the Review Group on the Ambulance Service – 1993
- Strategic Management Initiative – 1994
- Shaping a Healthier Future – National Health Strategy – 1994
- Management Development Strategy for Health and Social Services in Ireland – 1996
- Working Time Directive –1997
- Response Time Survey - 1997
- Comptroller & Auditor General Report on the Emergency Ambulance Services – 1997
- Report of the Cardiovascular Health Strategy Group - 1999.
- Report on Educational / Working Group - 1999
- Survey of Ambulance Service Communications, 2000 – RCC Consultants.
- Northern Ireland Ambulance Review –2000
- Working Together for a Better Health Service - 2000
- Report on Working Group of Ambulance Service – 2001 - The terms of this Report have now been published and the output required under the first item of the terms of reference will be based on this Report.

The group also undertook an extensive evaluation of the literature in relation to pre-hospital emergency care and identified quality studies carried out on pre-hospital care strategies which may be relevant to the Irish health care system.

3.3 International Research

One of the objectives of the review was to evaluate and obtain evidence of performance of various services from a range of countries. To ensure a thorough and effective evaluation, the study :

- Collected details of current performance standards of Ambulance Services & Pre-Hospital Emergency Care providers from a range of countries across Europe and North America in order to develop an understanding of both the methodology applied to their statistical processing and the rationale for their selection of particular performance indicators.

- Identified a range of dispatch systems to enable a comparative analysis to be made.

- Identified the provision and range of other resources utilised in support of front line emergency ambulances, including first responder and medical professionals.

- Identified quality systems utilised by service providers and obtained details of their contribution to performance standards.

3.4 Consultative Process

Detailed questionnaires were completed by all ambulance management teams, analysing each service in specific areas, and subsequently follow up meetings were held with each of the management teams exploring and discussing emerging issues and developments in the service.

Consultative meetings were held with ambulance staff representatives, and a number of different interest groups within the service.

Separate meetings took place with the Chief Fire Officer, the Chief Ambulance Officer in the ERHA and Clinicians in Dublin in relation to the emergency ambulance services in the ERHA.

Meetings took place with representatives of clinical specialities that had an interest in the development of the ambulance service.

Meetings also took place with other bodies and personnel who had responsibilities

Chapter 4

PROGRESS SINCE 1993

4.1 Background

There have been significant developments in the Ambulance Service since the publication of the Review Group Report in 1993. Many of the developments have occurred in the context of rapidly increasing demands and expectations, and continuing technological and medical advances. As a consequence of these developments the emergency ambulance service provides a much more significant level of service in the pre hospital emergency care setting.

4.2 Financial Resources

Since the publication of the 1993 report almost **£IR16.6 m** in additional funding has been provided for the implementation of the report's recommendations up to 2000. A large part of the extra funding was used to:

- Improve the fleet replacement policies.
- Upgrade communication equipment.
- Upgrade equipment on ambulances.
- Recruit staff to replace nurses who were hospital based and hospital funded in many regions to complete the ambulance crew.
- Train existing and new staff in the new EMT training programme.

There was also an amount of capital expenditure provided for various projects, such as, ambulance station and control centre developments.

However, the new developments occurred in a somewhat uncoordinated fashion across the health boards as there was no clear national strategy to determine the priority to be given to each development.

There is also difficulty in the way development funding is currently allocated. When the budgets are allocated the accumulated development funds for the ambulance service and the baseline budgets are identified separately, even though each year's development monies becomes part of the baseline budget for the following year. Each year this causes confusion within the services. For future budget allocation, the cumulative development funds should be part of the baseline budget to which further development funds should be added each year. The total Budget for **2000** was **£IR50.7m**; while in **1993** it was **£IR28m**. The details of the ambulance service budget are set out in table 1 in the main report.

Summary of Achievements in the Service since 1993

1993 **Review of Ambulance Service:** This report set out a strategy dealing with the major policy issues which had arisen in the Ambulance Service and which had not until then been addressed in a comprehensive way by the Health Service.

1994 **National Ambulances Operating Procedures:** National Ambulance Standards in relation to vehicle specifications and levels of equipment were launched.

1996 **A National Intensive Care Retrieval system:**. The aim of this service was safe transfer of critically ill patients from peripheral hospitals to tertiary referred hospitals in Dublin. The service went operational in 1996.

1996 **Introduction of NEW EMT Training Programme:** Separate training programme for new entrants and a conversion course for existing ambulance personnel was established by the National Ambulance Training Board in 1996

1997 **Response Time Survey :** A Response Time Survey was carried out in 1997 and provided each Ambulance Service with an objective assessment of its response times and operational profile, for purposes of monitoring and evaluating its own performance.

1997 **Comptroller & Auditor General Evaluation of the Emergency Ambulance Services:** This examination was undertaken in 1997 to establish the extent to which the emergency ambulance services are provided economically and efficiently.

1997 **Introduction of Patient Report Form:** The 1993 review recommended that a standardised patient report form (PRF) should be introduced, and that its use should be mandatory for all ambulance personnel. The patient report form is essential in detailing the care provided and provides a means to audit the activities of pre hospital care personnel.

1998 **Critical Incident Stress Debriefing Training:** A national partnership committee has been established to oversee and monitor developments in this area and two programmes have been developed and are currently run in the National Ambulance Training School:

1999 **Working group on the Report of the Review Group on the Ambulance Service (December, 1993)** In the context of the process of partnership currently being developed within the health service, a joint working group on the Report of the Review Group on the Ambulance Service (December, 1993) was established in June 1999 between the Health Service Employers and SIPTU.
The purpose of this Working Group was to establish the current position in relation to each of the recommendations set out in the 1993 report.

2000 **Pre Hospital Emergency Care Council**: The Pre Hospital Emergency Care Council which consists of seventeen (17) members appointed by the minister representative of ambulance service, ambulance training schools, management, medicine, nursing, private sector and public interest will be responsible for a wide range of functions, which include standards, research and advice.

2000 **Pre-Hospital Standard Operating Procedures**: These procedures have been developed by the Pre Hospital Care & Training Standards Sub Committee. The publication of National Standard Operating Procedures for a range of important clinical issues is a key step in progressing the goals of the service. The procedures draw on current best evidence in key areas of concern of those working in the emergency ambulance service

2000 **Introduction of Medical Priority Despatch System (AMPDS)** Two Regional Control Centres went operational with AMPDS .

2000 **National Uniform Specification**: The National Working Group finalised and produced the specification for the new national uniform.

2000 **Cross Border Working Arrangements**: The Review of the Northern Ireland Ambulance Service emphasised the benefits to service providers on both sides of the border of working together to improve the quality of pre hospital care in those areas. The review also recommended that a Cross-Border Working Group be set up to address areas of co-operation between the ambulance services. This group – Cross Border Pre-Hospital Emergency Care Working Group was set up in 2000.

2001 **A National Neo Natal Service**: This service commenced and is staffed by specialist medical personnel. The aim of this service is the safe transfer of critically ill

neonates from peripheral hospitals to one of the five referral centres in Dublin.

1996 -2000 **Additional Emergency Medical Technicians:** There are 795 Emergency Medical Technicians employed in the service. (529 drivers/attendants in 1993).

Integration of Nurses: According to the 1993 Ambulance Review, one hundred and eight (108) nurses were employed on a full time basis in the ambulance service. Integration of nurses into the service has been completed in most boards by end of 2000. Over thirty-five (35) nurses chose to stay with the service.

Additional Management Staff : Additional Chief Ambulance and Officer posts were created during the 1990's.

Appointment of Medical Advisors: Part – time medical advisors have been appointed to each health board ambulance service. These appointments have made significant impact in relation to training issues, evaluation of services and have in many cases improved collaboration between ambulance service and hospital based personnel.

Appointment of In Service Training Instructors: These appointments have made significant impact in the training of new recruits when on placement and in maintaining and developing the skills of existing ambulance personnel.

Defibrillation Training: Defibrillation training has been implemented by all ambulance services and good outcomes have been reported. Systems of regulation to ensure proper training, supervision and annual certification have been implemented.

Training & Appointment of Additional Control Staff: 42 additional control staff were recruited. Twenty four- (24) staff have successfully completed training in the UK and sixteen (16) attended the first EMC course in the NATS. The course content and design was jointly agreed by management and staff representative associations and is currently being run on a pilot basis.

Two Person Crewing: Significant progress has been made in this area. Seven

(7) of the eight (8) Ambulance Services have completed two people crewing (In 1993 only sixteen (16) stations had two person crewing arrangements, **69** stations in **2000**)

Command & Control Developments: In **1993** there were twenty-two (22) Control Centres in operation, of which three (**3**) were regional controls. There are currently thirteen (13) nationally, of which five (5) are regional control centres and one more due to become operational in **2001**.

Fleet Replacement: The ambulance fleet currently consists of two hundred and eighty one (281) emergency ambulances (258 in 1993). 75% of the ambulance fleet is less than five (5) years old. (48% were less than five (5) years old in 1993).

Major Emergency Planning: Good progress has been made in the majority of Health Boards in relation to this issue. Forty (40) serving ambulance personnel have successfully completed the Major Incident Medical Management and Support Course (MIMMS), which is extensively used in the UK, and plans are currently in place to extend this programme throughout the services.

Expansion of Community CPR education /Public Education: There has been good progress in this area in partnership with the Irish Heart Foundation and Health Promotion Units. These programmes emphasise the importance of pre-hospital care and the fact that most deaths from cardiac arrest occur soon after the onset of symptoms and outside hospital.

FORMULATING A STRATEGY FOR FURTHER DEVELOPMENT OF THE EMERGENCY AMBULANCE SERVICE

5.1 Introduction

The previous chapter provided details of progress to date in implementing the recommendations of the Report of the Review Group on the Ambulance Service (1993). The Report has been and continues to be the blueprint for developments in the service. Also, the outcome of our consultations with key groups involved with the ambulance services, the details of the study of ambulance services in other countries, and the recommendations in other reports that have an impact on the ambulance service have been taken into account in our formulation of strategies for the further development of the ambulance services.

This Review involved a comprehensive analysis of the data available, examination of the current position of the ambulance services vis a vis the recommendations in the key reports, comparison with good practice in other countries, and examination of issues needing attention as identified by the key groups we consulted.

5.2 Progress since 1993

Significant progress has been made in implementing many of the recommendations of the 1993 Report of the Review Group on the Ambulance Service, which continues to be the blueprint for the development of the ambulance services.

- There has been major upgrading in training and standards. The current profile of ambulance staff shows that the process of establishing two-EMT crews on emergency ambulances has almost been completed and over 65% of crews have completed the upgraded EMT training programme.
- Practically all emergency ambulances are now equipped with defibrillators and the crews have undergone the necessary cardiac training.
- National standard operating procedures have been introduced and progress is being made in the use of standard patient report forms.
- Significant improvements have also been made in upgrading the fleet and equipment and improvements in communication equipment and control operations.

However comparison of developments in the health boards show that they have occurred in an uneven fashion but there continues to be “work in progress” on

development of the services in most boards. The aspects of the service in which little progress has been made include:

- Elimination of 'on-call' as a feature of front-line emergency response rosters.
- Rationalisation of control centres.
- Clinical audit.
- The integration of ambulance services for the Dublin area.

5.3 Recommendations in other Reports

This review team also examined various other reports published since 1993 with recommendations that impact on the ambulance services. The National Health Strategy " Shaping a Healthier Future" marked a significant development in both the philosophy and approach to health service delivery recommending new arrangements for improved legal and financial responsibility. The UCD Response Time Study identified action needed to achieve improvements in response times. The C & A G Report highlighted aspects needing attention including the need for effective national co-ordination. The Review of Ambulance Service Communications provided proposals for future developments on a national basis. The Report of the Joint Management/Staff Group established under the partnership process identified priorities for further developments. Other reports examined and taken into account included the Cardiovascular Strategy, the Report of the Educational Working Group, the EU Working Time Directive, and the Northern Ireland Ambulance Service Review.

5.4 Consultations

In a wide range of consultations the views of the main bodies involved in delivery of the services were obtained. Also the views of services dependant on an effective response from the ambulance service were obtained. The main observations made under this part of the process included the need to implement the priorities identified under the partnership process:

- The elimination of 'on-call' from front line emergency rosters.
- The separation of emergency medical service from the patient transport service to allow proper development of each.
- The need to strengthen clinical direction and development.
- The need for an increase in resources so that the service could be brought up to standard of best international practice.

5.5 International Comparisons

Ambulance services in a cross section of other countries in Europe and North

America were examined to look for evidence of good practice and to consider the approaches in the different countries to ambulance service delivery and performance measurement. Most of the countries operate guidelines for emergency responses apart from the UK where there are clearly defined standards set. Many ambulance services are currently reviewing their system of measurement for response times. Generally emergency control centres cater for large geographic tracts and populations ranging from **1m** to **3m**. Medical Priority Dispatch System seems to be the dispatch system favoured by the majority of services.

Comparison of resources utilised was difficult because of the variances in organisation of some elements of the services in the different countries. However the Scottish Ambulance Service and the Northern Ireland Ambulance Service are similar to our ambulance service in many respects and the cost of ambulance service per head of population is **£IR21** (including air ambulances) in Scotland, **£IR18** in Northern Ireland, compared with **£IR14** in the Republic of Ireland.

5.6 Increase in Demand

Demand for ambulance services has grown significantly. In the year **2000** the ambulance services responded to **186,500** emergency calls and **162,600** urgent/routine calls compared with **128,000** emergency and **132,000** urgent/routine calls in **1993**. (Emergency Calls – increase of **46%**, Urgent and Routine Calls – increase of **23%**.

5.7 Proposals for Development

Taking all of the above into account, it is proposed to set out in the following chapters a strategy and action plan which will be effective in addressing the issues that require attention and ensure that the ambulance services in this country will operate at a standard that will be on a par with best practice in other developed countries. It is proposed to present the recommendations in the following chapters under the following three main headings.

- **Overview and Vision**
- **Strategic Direction for the Ambulance Service - Key Strategic Objectives**
- **Implementation Plan for the next five years.**

Chapter 6

OVERVIEW AND VISION

6.1 Changing role of the Emergency Ambulance Service

Many changes have occurred in the emergency ambulance service in the context of increasing demands and expectations and continuing technological and medical advances. The demand for emergency ambulance service has grown significantly, particularly over the last decade. In the year **2000** the emergency ambulance service responded to **348,500** calls of which **186,500** were emergencies. Over the last decade the number of emergency calls has increased by an average of **5%** per year.

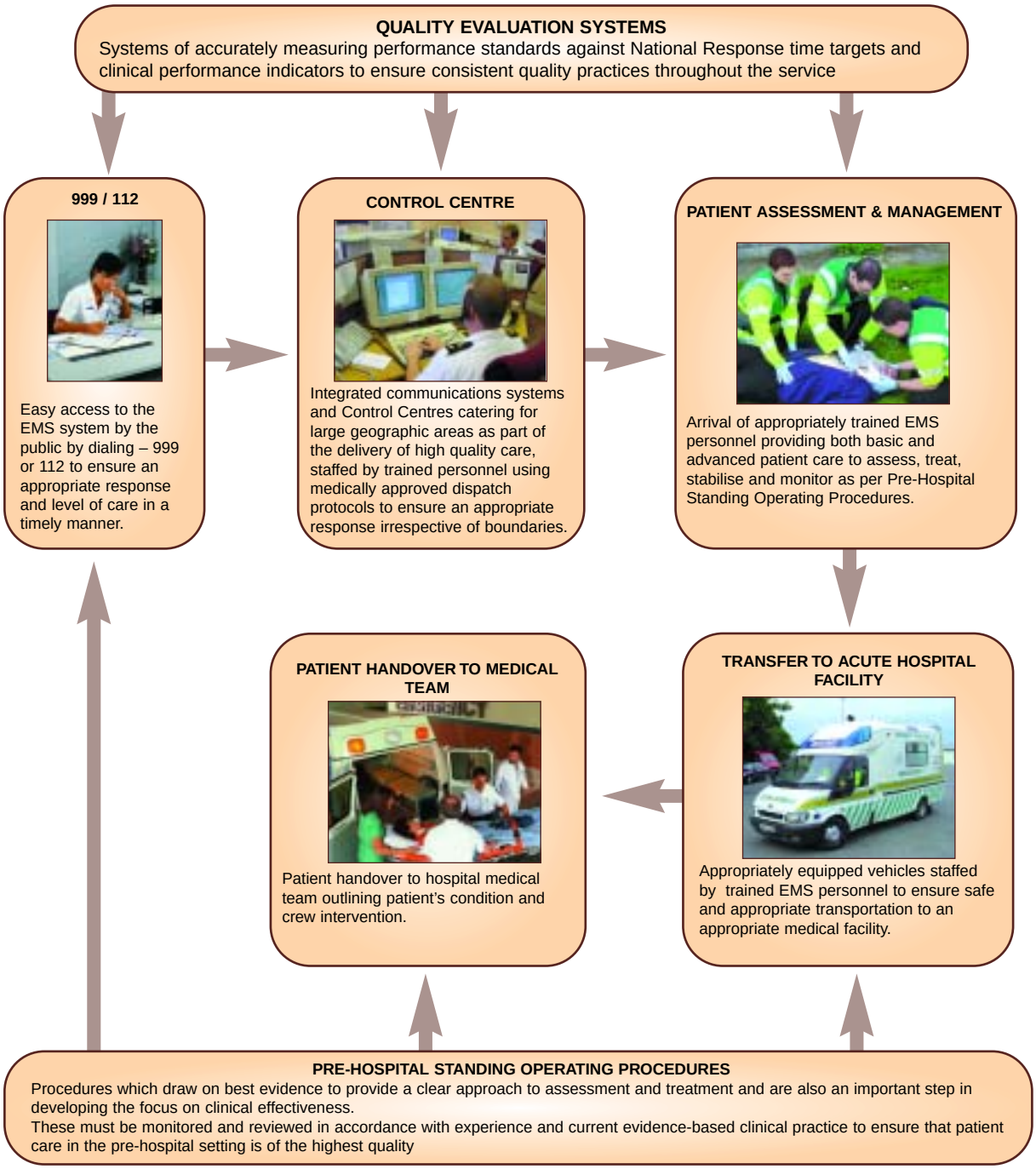
The emergency ambulance service needs to be in a position to meet these demands and challenges and ensure that appropriate staff and resources are provided to ensure quality and efficient pre hospital emergency care in a timely manner. It is widely acknowledged that the efficient and effective intervention by ambulance personnel may not only determine survival of the patient but also the extent and length of hospital care required and the quality of life after discharge

6.2 Emergency Ambulance Service Staff

Emergency Ambulance Service staff are the front line of medical and pre hospital care. It is now widely acknowledged that clinical intervention in the first hour or shorter in case of cardiac arrest can have a major impact on a successful outcome where there is a life threatening or indeed any serious injury. The timely intervention of an EMT is a critical part of this emergency response. Emergency Ambulance crews often have to provide services in difficult and traumatic circumstances; not only do they have to deal with the application of emergency care to seriously ill or injured patients but often have to calm and reassure distressed relatives and friends.

6.3 Essential Components of a Pre Hospital Emergency Care Services System:

To ensure that the ambulance services in this country will operate at a standard that will be on a par with best practice in other developed countries, the following components of a quality Pre Hospital Emergency Care Services System need to be in place:



Chapter 7

STRATEGIC DIRECTION FOR THE AMBULANCE SERVICE KEY OBJECTIVES

7.1 Introduction

There have been major improvements in the ambulance services since the 1993 Report of the Review Group on the Ambulance Service was published and adopted by the Government as the national strategy for the development of the ambulance services. However, the implementation of some of the recommendations in the Report has not been completed and some recommendations have not been addressed in any significant way. Also, since 1993 other reports have been published with recommendations relating to ambulance services and these have to be addressed. Evidence of good practice internal and external must also be taken into account as we continually strive to improve the service.

The development plan that the Review Team proposes will be guided by eight key strategic objectives that will provide a focus for the development of the ambulance service over the five years. Targets can be set for the completion of elements of the overall objective each year, and progress can be easily measured. The eight key objectives are:

1. **Improve National Co-ordination and Direction.**

2. **Separate Patient Transport Service and Emergency Medical Service.**

3. **Eliminate 'On-Call' from Emergency Rosters and implement other measures also identified to improve response times.**

4. **Reduce the Number of Control Centers and Develop and Standardise Radio Infrastructure and Despatch Systems.**

5. **Develop an Integrated Ambulance Service for the ERHA region.**

6. **Strengthen Clinical Direction and Audit.**

7. **Continue the emphasis on Staff Training and Development, including the development and implementation of the EMT A programme**

8. Complete the "Work in Progress"

Summary of Recommendations

1. Improve National Co-ordination and Direction.

Health Boards Executive To have an ambulance office responsible for development and co-ordination of the emergency ambulance services to ensure a consistent and unified approach to pre hospital emergency care.

Operational Management of Service – There is a need to strengthen the management capacity throughout the service and develop appropriate management structures.
Operational responsibility for the service will continue to be delegated to a designated Chief Ambulance Officer.

Out of Hours Response by Management Team - To provide effectively for the needs and requirements of a modern day ambulance service, it is imperative that the lack of structured management arrangements after hours be addressed to ensure continuity of management and an effective response to major incidents.

National Retrieval Services – It is recommended that the scope of the National Intensive Care Retrieval system and the National Neo Natal service (commenced early in 2001) be extended to provide for out –of-hours availability.

Dedicated Air Ambulance Service- It is recommended that it is an appropriate time for the Standing Committee established under the aegis of the Department of Defence and Department of Health and Children, to revisit and further explore the option of a HEMS in Ireland. The Minister of Health and Children has also referred this issue to the Pre Hospital Emergency Care Council for review and investigation and it is understood that the need for such a development is being studied on the basis of a cross border initiative.

2. Separate Patient Transport Service and Emergency Medical Service.

Separation of EMS and PTS: Every effort should be made by each service provider to separate the EMS and PTS services. In this context, each service should review their workload in the context of providing appropriate transport to patients and develop and cost a plan to address this issue.

3. **Eliminate 'On-Call' from Emergency Rosters and implement other measures also identified to improve response times.**

On Call Arrangements - In the interest of patient care, health and safety of employees and responding effectively to emergencies, this group recommends strongly that these arrangements should be discontinued and replaced by an appropriately staffed 24 hour service

Staffing of Ambulance – the need to have a staffing arrangement of two EMTs on each emergency ambulance vehicle has long been accepted and should be implemented in the few stations in which it does not feature as soon as possible.

Strategic Deployment of Emergency Ambulances - Services should consider the use of strategic deployment and dynamic standby of emergency ambulance crews to achieve better response times.

Rapid Response Vehicles - Services should consider the use of Rapid Response Vehicles/Motorbikes to supplement the current pre-hospital emergency care service and improve response times to emergency calls.

1st Responder Programmes - Services should consider the use of trained first responders for key life threatening emergencies in areas where the response times exceeds the maximum eight minute period. PHECC should consider developing a national standard for first responder programmes.

Development of Structured Immediate Care Services – There is an urgent need for the provision of high quality pre-hospital care services

involving doctors working in the community. This team supports fully the proposal to implement these schemes on a regional basis with appropriately trained General Practitioners and develop a central co-ordinating unit with responsibilities for training, core protocols, accreditation and audit.

Pre-Hospital Thrombolysis – The findings of the The Donegal Pre-hospital Care Project and the other projects carried out by the emergency ambulance services should be examined and evaluated as to applicability in other parts of the country.

4. Reduce the Number of Control Centers and Develop and Standardise Radio Infrastructure and Despatch Systems.

Command & Control Arrangements - This group recommends that a working group be established immediately to formulate and develop proposals for rationalisation of control centres, paying particular attention to the following areas:

- Upgrading and standardisation of current communications infrastructure in line with recommendations of RCC Consultants.
- Ensuring that all developments are compatible with TETRA System.
- Identifying the appropriate staffing levels and structures required on a national basis.
- Evaluation of Medical Priority Despatch Systems currently in use with a view to expansion through out all regions.

Phased programme of rationalisation outlining target dates for each phase:

- Progress to one Control Centre per region (Phase 1).
- Develop protocols, appropriate medical despatch procedures and radio infrastructure to allow sharing of resources and rationalisation of Control Centre arrangements for night- time and weekend cover. (Phase 2)
- Progress to the final reduced number of Control Centres assessed as necessary for operation of emergency services nationwide

(Phase 3)

5. Develop an Integrated Ambulance Service for the ERHA region.

- **Command & Control Arrangements** –The entire ambulance resource for the Eastern Region should operate as a single service with no duplication of services and with clearly defined areas of operations. All ambulances serving the Dublin area should be brought under a single Command and Control Centre. It is also important that there is close liaison and co-operation between the services in relation to any systems or technology developments to ensure compatibility in use and operation of control systems and procedures.

- **Medical Priority Despatch Systems** – Considering the high volume of emergency calls in Dublin, it is recommended that medically approved despatch protocols be introduced to ensure an appropriate response and high quality patient care.

- **Clinical Direction** - Pre-hospital clinical protocols must be monitored and reviewed in accordance with current evidence-based clinical practice to ensure that patient care in the pre-hospital setting is of the highest quality. Consideration should be given to developing a joint clinical audit programme (Eastern Region & DFB) to allow protocols and practices to be judged against outcomes of care on a consistent basis.

- **Steering Group** - In order to ensure that priority is given to these recommendations, the steering group with representatives from the Eastern Regional Ambulance Service and the Dublin Fire Brigade should be re-established and should include an appropriate clinician.

6. Strengthen Clinical Direction and Audit.

Clinical Governance - Pre-hospital clinical protocols must be audited, monitored and reviewed in accordance with current evidence-based clinical practice to ensure that patient care in the pre-hospital setting is of the highest quality. Consideration should be given to

developing joint clinical audit programmes with acute hospital staff to allow protocols and practices to be judged against outcomes of care.

Pre - Hospital Standard Operating Procedures - The procedures draw on current best evidence in key areas of concern of those working in the emergency ambulance service and are intended to provide a clear approach to assessment and treatment and are also an important step in developing the focus on clinical effectiveness. These must be monitored and reviewed in accordance with current evidence-based clinical practice to ensure that patient care in the pre-hospital setting is of the highest quality.

Continuous Quality Improvement - Consideration should be given to developing Continuous Quality Improvement programmes in the services. The concept of CQI is based on the constant drive to achieve new goals (once they have been reached) in order to provide the highest level of service possible.

Response time Standards/Quality monitoring systems – This review team recommends that ambulance performance standards be introduced on a incremental basis, with the ultimate objective to achieve clinically effective responses to emergency calls, through the use of priority based despatching, to ensure that those in greatest need can be reached more quickly and with the most appropriate level of skill.

7. **Continue the emphasis on Staff Training and Development, including the development and implementation of the EMT A programme**

Enhancement of EMT Skills – It is recommended that consideration should be given to enhancing the skills of current EMT in relation to the administration of cardiac care drugs and more advanced skills. Consideration should also be given to developing joint training programmes such as ACLS, Neo Natal courses etc. with hospital based staff i.e. A&E Staff, Maternity Unit Staff.

Introduction of EMT A programme – It is recommended that a pilot EMT – A programme be established by the end of 2001 to field trial the

new proposed protocols. Apart from the obvious benefits of field trialing the protocols from a clinical perspective, it would be the intention to use this evaluation process to determine the operational deployment of these grades.

Development of Assistant Instructor Training Programme – To ensure compliance with developing pre-hospital care protocols it is widely acknowledged that there is a need to develop the post of Assistant Training Instructor in each of the services. The assistant instructor could also provide professional support and clinical supervision to staff to ensure that clinical performance in the pre-hospital setting is of the highest quality and is in accordance with current evidence-based clinical practice.

Emergency Medical Controller Training - It is recommended that this programme be developed to update the knowledge and skills of all EMCs. Consideration should be given to developing a New Entrant Programme which would have a similar structure to the EMT New Entrant Programme.

Driver Development Training - Considering the nature of the work i.e. Accident and Emergency driving and Patient Transport driving it is essential that all staff have the opportunity to develop and improve their driving skills. It is recommended that the IHCD recognised programme be developed in 2001 and that the mechanisms for funding and provision of training fees be negotiated with the service providers.

Management Development Training - The identification of managerial talent and potential is a key factor in enhancing organisation development and needs to be incorporated with appropriate management development training as part of the strategic plan of the emergency ambulance service.

Critical Incident Stress Debriefing Training - Considering the significant progress made to date, it is recommended that all services continue to support these programmes to ensure that ambulance staff who

are exposed to a stressful life event as part of their operational activities have access to a peer support service.

Expansion of Community CPR education/Public Education - It is recommended that services continue to develop and expand Community CPR Education /Public Education and where appropriate expand training to use of defibrillators in public places. PHECC should set national standards for these courses.

8. Complete the "Work in Progress"

Review of Booking Procedures - This area needs to be reviewed comprehensively to ensure that the patient receives the most appropriate mode of transport. More effective liaison and criteria should be developed between hospital and control staff to improve both the efficiency and quality of the service.

Impact of Changes in Acute Hospital Services - It is essential that there is more consultation between acute services and ambulance management in relation to issues that have resource and cost implications for the ambulance service.

Cross Border Working Arrangements – This group fully endorses the recommendation in the Strategic Review of the Northern Ireland Ambulance Service that a Cross-Border Working Group be set up to address areas of co-operation between the ambulance services and notes the establishment of the group.

Major Incident Medical Management and Support Training (MIMMS) To ensure an integrated and co-ordinated health service response to an incident, the concept of Major Incident Medical Management and Support (MIMMS), which has been used extensively in the UK, should be adopted in Ireland.

Emergency Planning – National Sop's. - To ensure a consistent and effective response to a major incident it is important that all emergency ambulance services are utilising similar procedures and protocols and compatible equipment. It is recommended that

Chapter 8

IMPLEMENTATION PROCESS

8.1 Implementation Plan

The implementation process for a number of the recommendations in this report will be complex and there will need to be a clear mechanism put in place to drive the implementation and ensure that the recommendations are carried through consistently in all health boards ambulance services.

The implementation of the recommendation to establish a national ambulance office under the aegis of the new Health Boards Executive would provide this mechanism and it is important that this proposal is given priority. We envisage that a senior manager with an assistant and secretarial support would be sufficient initially. Generally this office will lead the implementation process of many of the key recommendations, set target dates, identify the amount of development funds to be allocated, and present progress reports. The office will also be responsible for developing and implementing proposals for con-joint operations between health boards where it could result in a more efficient and more effective ambulance service response.

The costing of the total package of proposals is difficult to determine because of the uncertainty of the costs relating to the elimination of “on-call” which ultimately will be determined by the degree of efficiency that can be achieved by each health board in combining bases etc. However, chapter 9 gives a reasonable indication of the costs likely to be involved. The nature of the developments recommended are such that they could be implemented in a shorter timescale or spread over a longer period depending on availability of resources, negotiation of agreements with staff, etc. However in order to give a clear commitment to the development of the ambulance services there should be a provision for at least **£IR4m.** of development funds in real terms in revenue budgets year on year for the next five years. This would bring total annual expenditure on the ambulance services up to **£IR75m.** which would bring the resources available into line with developed ambulance services in other countries with similar demographics and terrain. The total expenditure would still be a small portion (**1.5** per cent) of the total health service expenditure of **£IR5b.** But the ambulance services role in providing

efficient and effective responses may not only determine survival of patients but also the extent and length of hospital care required and the quality of life after discharge, and as such can have wider impacts on health service expenditure.