



# TEMPERING CARE

## Achieving the Balance

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Is there a price on human life?



vs.

ASSOCIATION OF AMBULANCE CHIEF EXECUTIVES  
paramedics  
Ambulance Leadership Forum 2013

ASSOCIATION OF AMBULANCE CHIEF EXECUTIVES  
paramedics  
Ambulance Leadership Forum 2013

"EVERYBODY'S GRADES ARE DOWN, DAD - I THINK THE SCHOOL'S HAVING SOME KIND OF AUSTERITY PROGRAM."

ASSOCIATION OF AMBULANCE CHIEF EXECUTIVES  
paramedics  
Ambulance Leadership Forum 2013

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paramedics  
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### STRIKING THE BALANCE

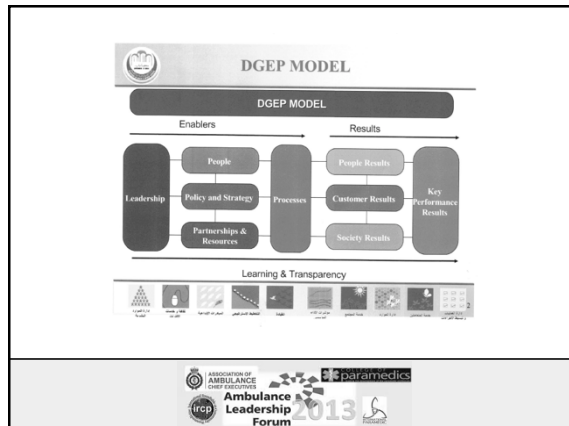
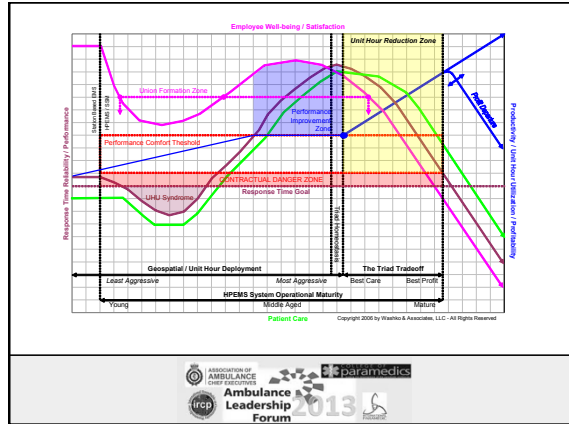
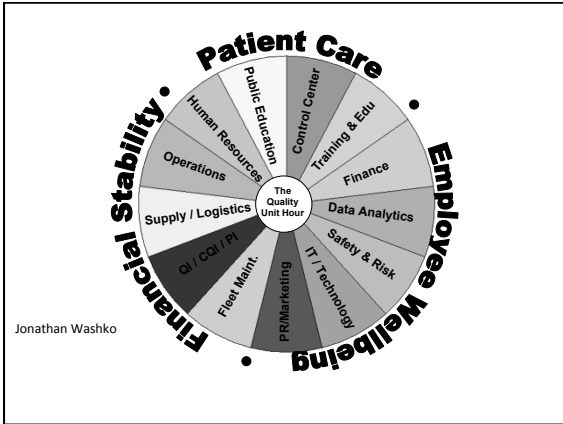
Doing more with less.  
East of England: £60 million reduction in budget over 5 years – 25% of budget. Last year reduce £15m, on target to do same this year

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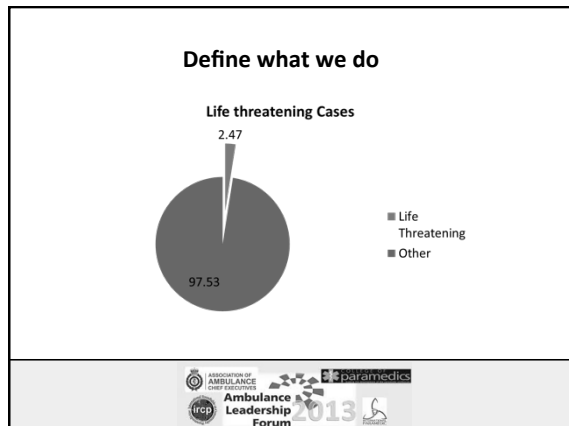
### The Success Triad

Jonathan Washko

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- ### WHAT'S REQUIRED?
- Define what we do
  - Measure it
  - Change the way we do business
  - Innovation and alternatives
  - Produce results
- ASSOCIATION OF AMBULANCE CHIEF EXECUTIVES  
paramedics  
ircp  
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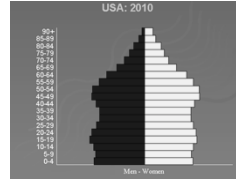


Are we different?

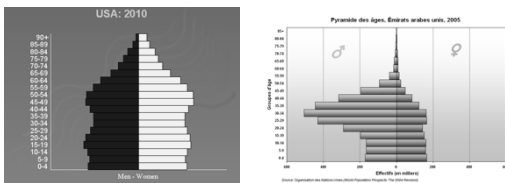
- UK, USA, Australia 150-170 patients per 1,000 population per year
- Dubai 57 patients per 1,000 population per year
- Cultural differences
- Language issues



Are we different?



Are we different?



MISSION STATEMENTS

- |  |  |
|--|--|
| <p><b>PAST</b></p> <ul style="list-style-type: none"> <li>• The Best</li> <li>• Leader</li> <li>• Highest Quality</li> </ul> | <p><b>PRESENT</b></p> <ul style="list-style-type: none"> <li>• Accountability</li> <li>• Capability</li> <li>• Performance</li> <li>• Quality</li> <li>• Value</li> <li>• Development</li> <li>• Sustainability</li> </ul> |
|--|--|



مؤسسة دبي خدمات الإسعاف  
DUBAI CORPORATION FOR AMBULANCE SERVICES

**رؤيتنا** نسعى لأن تصبح دبي مركز التميز في خدمات الإسعاف والطب الطارئ.

**Vision** To present Dubai as an excellence center, in providing ambulance and emergency medical services

نهدفنا من خلال خدمات إسعاف سريعة واعتمادنا على مواردنا البشرية المؤهلة ولتقنياتنا المتطورة، نوفر لعملائنا خدمات الطب الطارئ على مدار الساعة.

**Mission** Through a rapid and exceptional operational ambulance, depending on our qualified paramedic team and techniques, we provide best emergency medical services round o'clock

**قيمنا** إنقاذ الجميع، الكفاءة الوطنية، العمل الجماعي، الالتزام المهني، تلبية الجمهور والمتنوع.

**Values** Relieving Community, Qualified Crew, Team Work, Loyalty to profession, Public Awareness

**رؤيتنا** نسعى لأن تصبح دبي مركز التميز في خدمات الإسعاف والطب الطارئ.

To present Dubai as an excellence center, in providing ambulance and emergency medical services

مؤسسة دبي خدمات الإسعاف  
DUBAI CORPORATION FOR AMBULANCE SERVICES

**رؤيتنا**  
خدمات إسعاف عالمية منظمة وذات إمتعابية

**رؤيتنا**  
تنظيم وتقديم خدمات الإسعاف وفق أفضل الممارسات العالمية

**قيمنا**  
التفكير - النزاهة - الإمتعابية - التعاون والعمل الجماعي -

**General Policy** of Dubai Corporation for ambulance services  
DCAS general policy is based on its Inception law No (13) in 2006, its amendment act No. (16) in 2010, and the executive council resolution No.(20) in 2011 for regulating the work of ambulance services' providers in the Emirate of Dubai.

تستند السياسة العامة لمؤسسة دبي خدمات الإسعاف على قانون إنشائها رقم (13) لسنة 2006 وقانون التعديل رقم (16) لسنة 2010، وقرار المجلس التنفيذي رقم (20) لسنة 2011 بشأن تنظيم عمل مقدمي خدمات الإسعاف في إمارة دبي.

تهدف المؤسسة خدمات الإسعاف والطب الطارئ داخل وإمارة إسراء دبي وفق أفضل الممارسات العالمية ومصب الفقه الإستراتيجي الشريعة المطبقة للعلاقة مع المجتمع الإماراتي كما تقوم المؤسسة بتبني وتنفيذ التشريعات التي تساهم في تحسين مستوى خدمات الإسعاف على مستوى الإمارة بوجه الخصوص والعمل على تطوير المهنيين العاملين في خدمات الإسعاف ورفع الكفاءات والتأهيل المهني لمقدمي خدمات الإسعاف الأولية والمتقدمة وفق ضوابط ومعايير معتمدة عالمياً.

# PERFORMANCE INDICATORS

**What is important about what we do?**

## Quality Pyramid

## Quality Pyramid

- Safety of 999 call handling (measured by call abandoned before call answered)
- Safety of 999 call handling (measured by median time to answer call)
- Safety by Category A 8 minute response
- Safety by Category A 19 minute transport response
- Safety - Time to treatment

## Quality Pyramid

- Outcome from cardiac arrest return of circulation at hospital arrival (ROSC)
- Outcome from cardiac arrest survival to discharge
- Service Experience by narrative of patient feedback and impact on service design and delivery

## Quality Pyramid

- Outcome - stroke (ambulance contribution by timely arrival of patients at acute stroke centres)
- Outcome from acute myocardial infarction timely arrival at a specialist centre
- Quality of care by proportion of calls closed with telephone advice or managed without transport to A&E (where clinically appropriate)
- Quality of care by re-contact rate following discharge of care i.e. closure with telephone advice or following non-conveyance (within 24hrs)

## Quality Pyramid

- Outcome from acute myocardial infarction measured by appropriate care bundle
- Outcome from acute myocardial infarction measured early access to reperfusion
- Outcome - stroke measured by appropriate care bundle



### Data, Data, Data

Driver	Time	Speed/Address	Status	Code
00	00:00:00	00:00:00	Ignition on	00
01	00:00:01	00:00:01	Ignition on	01
02	00:00:02	00:00:02	Ignition on	02
03	00:00:03	00:00:03	Ignition on	03
04	00:00:04	00:00:04	Ignition on	04
05	00:00:05	00:00:05	Ignition on	05
06	00:00:06	00:00:06	Ignition on	06
07	00:00:07	00:00:07	Ignition on	07
08	00:00:08	00:00:08	Ignition on	08
09	00:00:09	00:00:09	Ignition on	09
10	00:00:10	00:00:10	Ignition on	10
11	00:00:11	00:00:11	Ignition on	11
12	00:00:12	00:00:12	Ignition on	12
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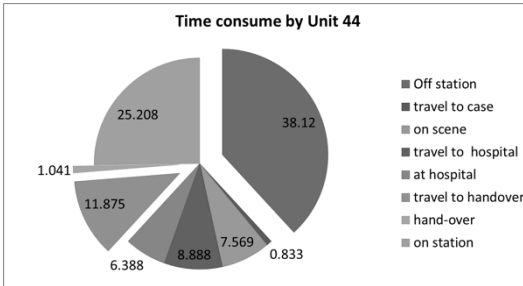
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58	00:00:58	00:00:58	Ignition on	58
59	00:00:59	00:00:59	Ignition on	59
60	00:01:00	00:01:00	Ignition on	60



Date of Call: 06/04/2012  
 Time of Call: 02:04  
 Passed: 02:08  
 Dispatch Classification: Emergency  ARC  FCS

Mobile: At Scene  
 At Patient  
 Depart Scene  
 At Destination



#### U65 and U46 Jabel al Out of 5 minutes Zone



Check Type: LFEPAC 01  
 Power On: 06/03/11 10:30 PM  
 Division: 00 1148  
 Incident ID: 001062071903-000  
 Station ID: 100-030-300-00

QPR Rate: 337 / 837 = 40%  
 Compressor Rate: 233 / 837 = 28%



**Improve Performance AND  
Spend Less**

**We have to change the way  
we do Business!**

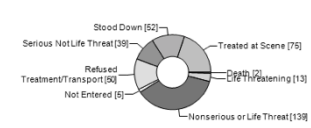

**We have to challenge the  
paradigm and set the new  
norm**



**April 24, 2013 Total Cases 375**

Response Time	Time Consumed	Frequency	Percent
< 8 minutes	165	44	
8 - 13 minutes	126	33.6	
14 - 19 minutes	35	9.3	
20 - 25 minutes	24	6.4	
Invalid Times	0	0	
Not Entered	15	4	
<b>Total</b>	<b>365</b>	<b>97.3</b>	
System	10	2.7	
<b>Grand Total</b>	<b>375</b>	<b>100</b>	
Average	10	0	
50th Percentile	8	0	
75th Percentile	12	0	
90th Percentile	17	0	

**Call Type Analysis**


**Not what you have, but how you use it**







## EAST STRATEGIC OBJECTIVES

1. The Trust plans to be the market leader in providing patients the gateway to urgent and emergency healthcare services.
2. To have a workforce with the skills to lead and deliver change, create flexibility and create a learning environment.
3. To become the best provider of unplanned healthcare in the country.
4. To have best in class business intelligence tools to be the most responsive and innovative provider of unplanned healthcare.



## EAST STRATEGIC OBJECTIVES

1. To develop the critical elements to deliver the new integrated service model.
2. To develop and enhance Trust systems and staff to meet national and locally agreed service standards.
3. To ensure the Trust meets all clinical and corporate regulatory standards and ambulance regulatory standards.
4. To develop the workforce to support the integrated service model, new ways of working and to maintain quality staff to deliver excellent service.



## EAST STRATEGIC OBJECTIVES

5. To lead the development programme supporting the FT application.
6. To ensure the Trust delivers all operational performance targets.
7. To maximise resource utilisation and deliver financial targets.
8. To deliver plans for proactive stakeholder engagement and communications.
9. To ensure all planning and delivery of strategic infrastructure.

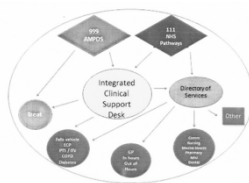


## INTEGRATED SERVICE STRATEGY

- ▶ HEAR AND TREAT
- ▶ SEE AND TREAT
- ▶ TRANSPORT



## INTEGRATED SERVICE STRATEGY



## INTERGRATED SERVICE MODEL KEY STRATEGIES

- ▶ Emergency Ambulance Response
- ▶ Clinic Service Desk
- ▶ Health and Emergency Operations Centres
- ▶ Re-categorisation of emergency calls (6 categories)
- ▶ NHS 111
- ▶ Hazardous Area Response Team
- ▶ Computer Aided Dispatch
- ▶ Electronic Patient Care Record
- ▶ Demand Management
  - Hospital turn-a-round
  - Health care Practitioner referral
  - Interfacility transfer





## Building around the Health Care Continuum

Australian trend – partnership with Health.  
QAS moved from ambulance regions to Local Area Service Networks to align with Hospital & Health Service boundaries:

- Reduce layers of management;
- Local decision making

Collaboration with Health reflected across Strategic Plans



## Simplicity



## Choices



## Challenge

Changing the paradigm and perception

*Only two things in life: Reality and perception. Only one of them is real:*  
**PERCEPTION**

**Managing the change**

Communication, communication, communication

Right language. Words are important

(alternate pathway vs. appropriate pathway)

Listening

Advocates and Champions to the cause

Managing inappropriate users through supportive partnerships

Share results

Create the new norm



## PATIENT CARE

- Our collective *raison d'etat*
- Maintaining focus on Clinical Quality
  - CQUIN
  - 11 National Indicators
- Evidenced based e.g. care bundles
- Consider new Performance Indicators that directly relate to outcome. (E.g. Time to first counter-shock)
- Clinical supervision and oversight
- Right care vs. closest hospital
- Managing over-resourcing through improved clinical triage
- Patient home monitoring
- Addressing non use of ambulance. E.g Australian statistics 23.3% of patients present to Emergency Department by ambulance. 15.7% of Resuscitation Category, 52% of Emergency Cases and 66% of Urgent Cases DID NOT arrive by ambulance



## KEYS TO SUCCESS

- Integration not isolation
  - Interlinking of clinical quality and patient care, organisational development and financial efficiency
  - Integrated Business Plan
- Service Model
- Well resourced change management process
- Communication
- Cascading objectives, tasks and responsibility
- Advocates & Champions
- Competent and equipped workforce
- Resource efficiently and appropriately, not over resourcing (eg. Patient Transfer)
- Technology – efficiency
- Partnership and cooperation e.g. CAD interfaces, patient record interfaces, pathways
- Data accessible to the right people. E.g. dashboard performance
- Assessment
  - Did it work?
  - Responding to the exceptions
    - e.g. >10 minutes response
    - Electronic Patient Care Record usage
- Process Mapping to identify areas of improvement
- Sustainability: Maintaining ability to deliver
  - Growth
  - Ageing workforce



