

# "Why Did Sweden Choose Nurses to Work on Ambulances?"

## Speaker:

Kenneth Kronohage is Business Development Manager, International EMS, Falck Denmark

Master in Medical Science, Graduate Diploma as Nurse Anesthetist, Registered Nurse, Paramedic and has 27 years' experience in EMS

Founded the Scandinavian Ambulance Forum on the Internet in 1997

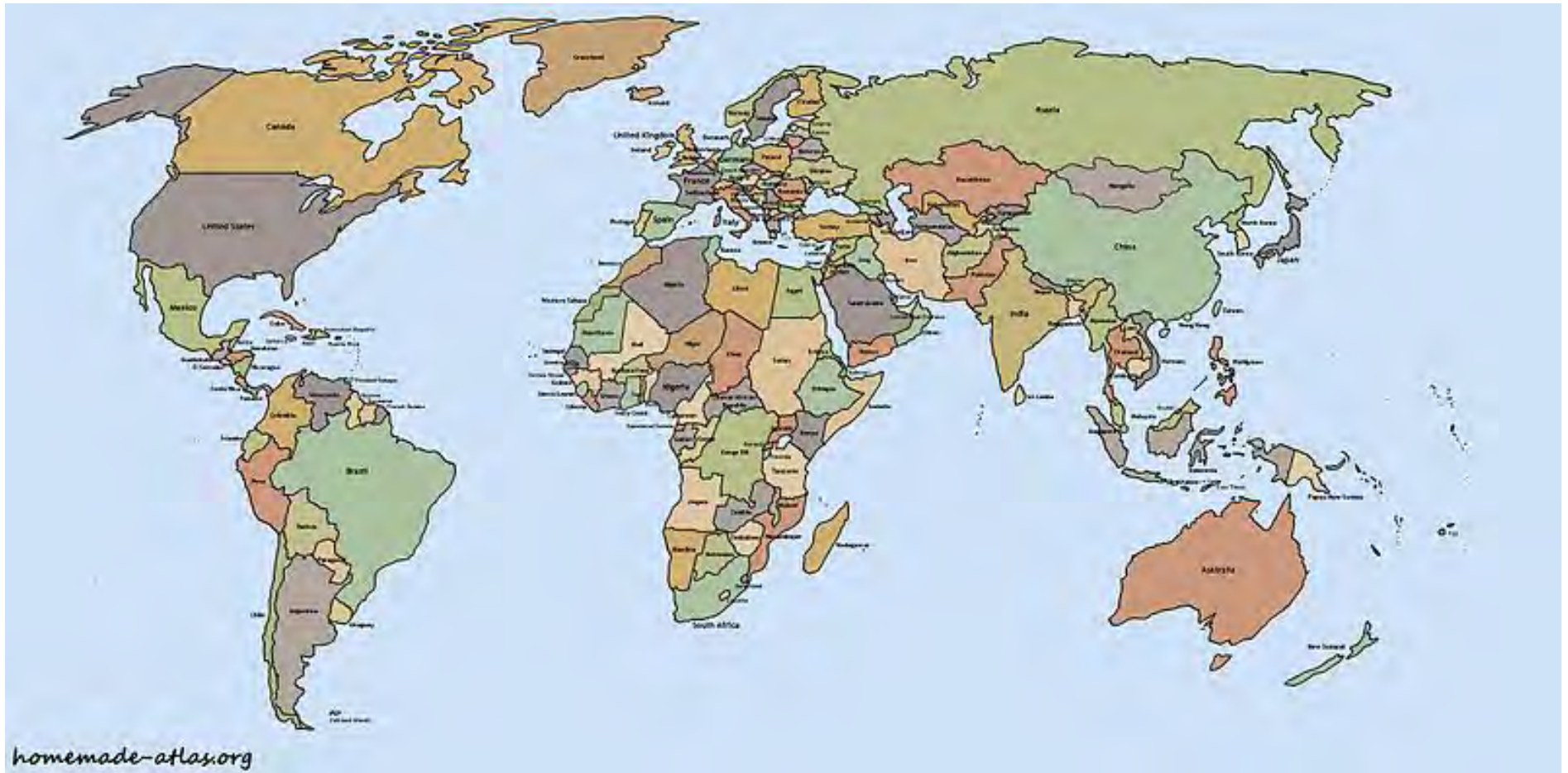


**Falck**

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"... and was it the right decision?"

## Which country has the best ambulance service?



**Probably everyone has the best ambulance service!**

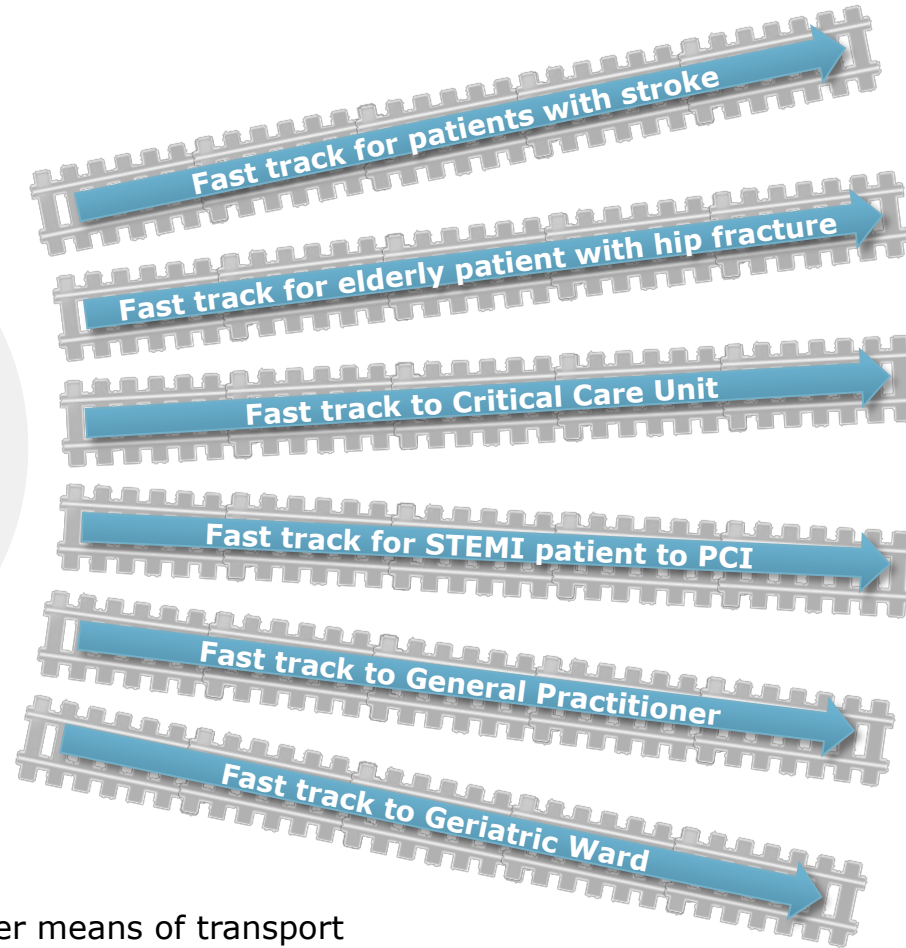
# Chain of Emergency Medical Care – Clinical Outcome



## Fact box

- No chain is stronger than its weakest link.
- Bystanders need to have awareness of how to get and provide help.
- EMS Call Centre needs to triage and send specific unit with shortest possible response time.
- Emergency Department must be qualified to receive patients. This link could be bypassed in favour of direct transfer to for instance The Intensive Care Unit.
- The rehabilitation link is important to ensure that the patient eventually makes a full recovery.

# Chain of Emergency Medical Care – Fast Track



- See, treat and hand over to other means of transport
- See, treat and leave



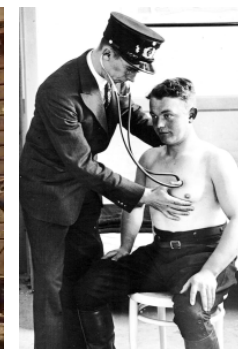
# Falck has a long and proud history within emergency rescue services

1906 1890 1900 1910 1920 1930 1940 1950 1960 1970 1980 1990 2000 2012

## The Founder



## ... and the beginning








# Falck's global reach



**Today, with presence in 36 countries, Falck is a global business**

# Falck's core services are all focused on the concept of dealing with anxiety....

## Falck core services

Emergency (57%)		Assistance (24%)	Healthcare (9%)	Training (10%)
 <b>Fire services</b>	 <b>Ambulance</b>			
<ul style="list-style-type: none"> <li>Revenue: £ 849 million</li> </ul>		<ul style="list-style-type: none"> <li>Revenue: £ 318 million</li> </ul>	<ul style="list-style-type: none"> <li>Revenue: £ 114 million</li> </ul>	<ul style="list-style-type: none"> <li>Revenue: £ 131 million</li> </ul>
<ul style="list-style-type: none"> <li>Public fire fighting                             <ul style="list-style-type: none"> <li>– Full or partial outsourcing</li> <li>– Dispatch centres</li> </ul> </li> <li>Industrial fire fighting                             <ul style="list-style-type: none"> <li>– Full or partial outsourcing</li> <li>– Airports, petrochemical, power plants, nuclear, other industrial</li> </ul> </li> <li>Consultancy and training</li> </ul>	<ul style="list-style-type: none"> <li>Ambulance                             <ul style="list-style-type: none"> <li>– First responder unit</li> <li>– “911/112”</li> <li>– Interfacility</li> <li>– HEMS</li> <li>– Dispatch centres</li> </ul> </li> <li>Medical Clinics</li> <li>Elderly care</li> </ul>	<ul style="list-style-type: none"> <li>Auto                             <ul style="list-style-type: none"> <li>– Roadside assistance</li> <li>– Roadside repair services</li> </ul> </li> <li>Home                             <ul style="list-style-type: none"> <li>– Storms, flooding and other damage</li> <li>– Home alarms</li> <li>– Asset registration services</li> <li>– First-aid courses and fire extinguishers</li> </ul> </li> <li>Personal                             <ul style="list-style-type: none"> <li>– Patient transportation</li> <li>– Travel assistance</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Employee Assistance Programs (EAP)                             <ul style="list-style-type: none"> <li>– Preventive cross-disciplinary, health checks and counselling</li> <li>– Physical healthcare</li> <li>– Psychological crisis aid and counselling</li> </ul> </li> <li>Absence management</li> <li>Jobservice</li> <li>Staffing                             <ul style="list-style-type: none"> <li>– Temporary healthcare professionals</li> <li>– Manning service</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Sea survival                             <ul style="list-style-type: none"> <li>– Training centres providing safety training services for sea survival</li> </ul> </li> <li>Fire fighting                             <ul style="list-style-type: none"> <li>– Training in fire fighting techniques for initial response</li> </ul> </li> <li>Other                             <ul style="list-style-type: none"> <li>– Safety enclosures</li> <li>– Crisis management</li> <li>– Windmill safety</li> </ul> </li> </ul>

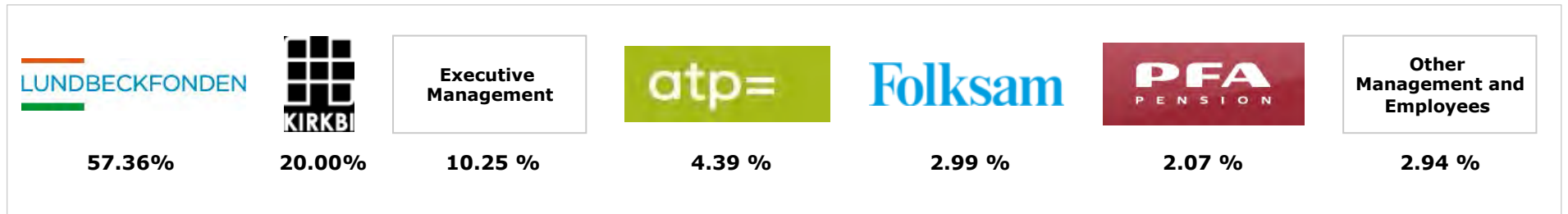
**“Dealing with anxiety”**  
(People and assets)

- Grand total revenue: £ 1 412 million

Note: Figures relating to revenue are based on 2012 financials

# Ownership anchored with an experienced and long term focused investor group

Most of Falck's earnings are transferred to medical and biological research



Falck has a strong private ownership structure that will secure the continued long term development and expansion of the company



# Prehospital Research



supports  
**PREHOSPITAL  
RESEARCH**



**SCHOLARSHIPS**

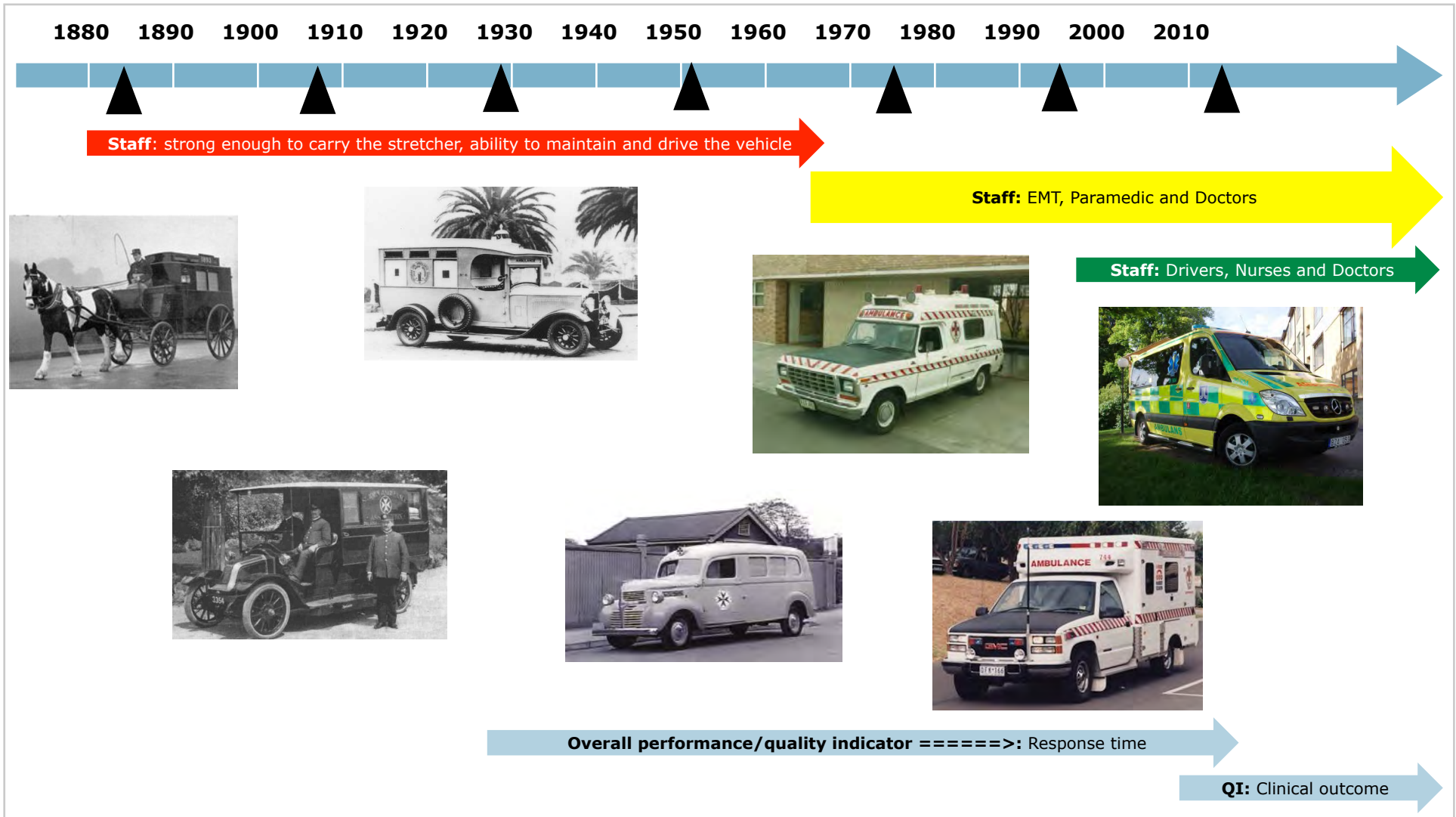


**SOPHUS FALCK AWARDS**

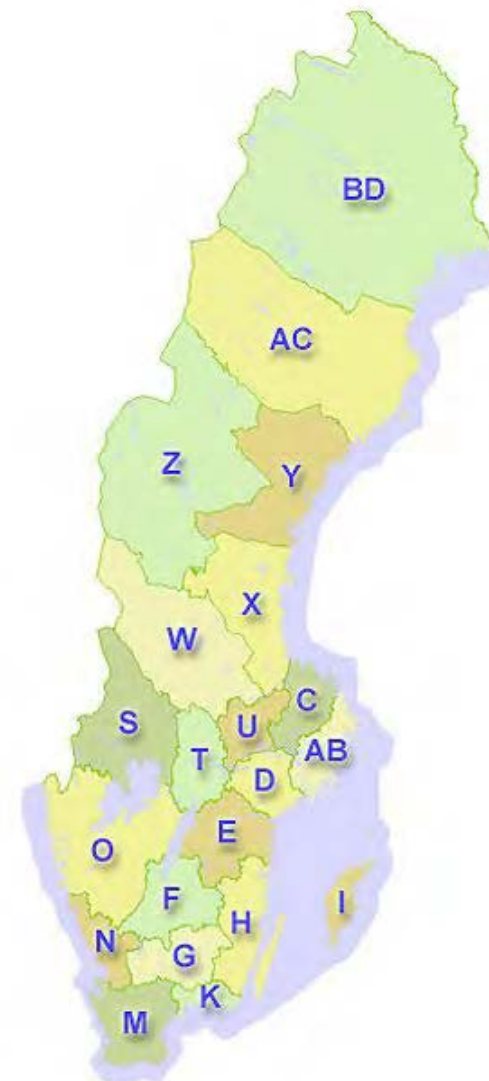
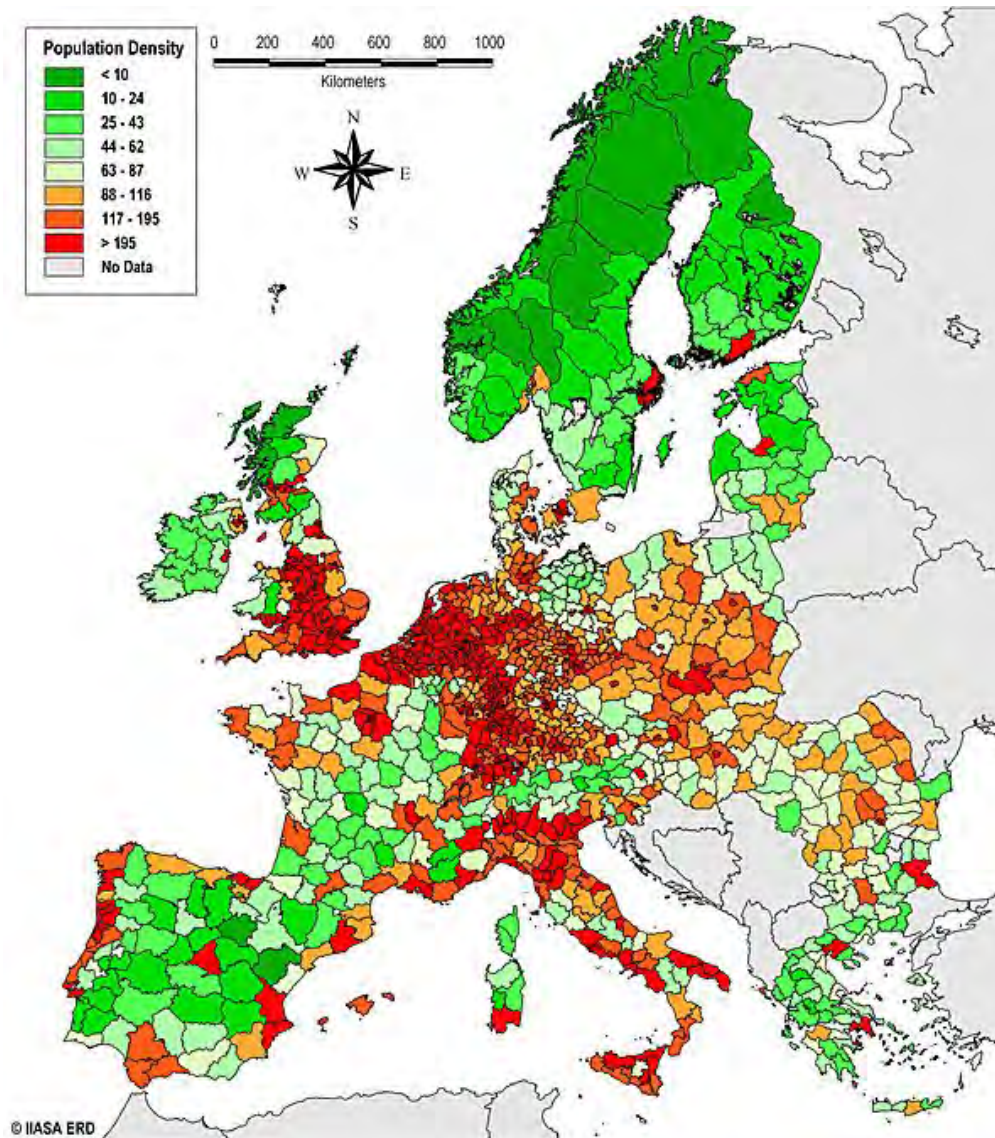


**RESEARCH GRANT**

# EMS history in the Western world



# Sweden – population density and counties





## Sweden in the 1950s

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Equipped with:





## Sweden in the 1960s

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Still only equipped with:



County Councils got in 1964 the responsibility for commissioning and/or providing Ambulance Service

## Sweden in the beginning of 1970s

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*Chevrolet Impala 1977–78. Foto G.E. 1985.*



*Chevrolet 10 Custom 1978 i Göteborg. Foto S.A.*



*Mercedes Benz i Södertälje, omkr 1970.*



*Mercedes Benz 230 1975 i Tranås.*

Still only equipped with:

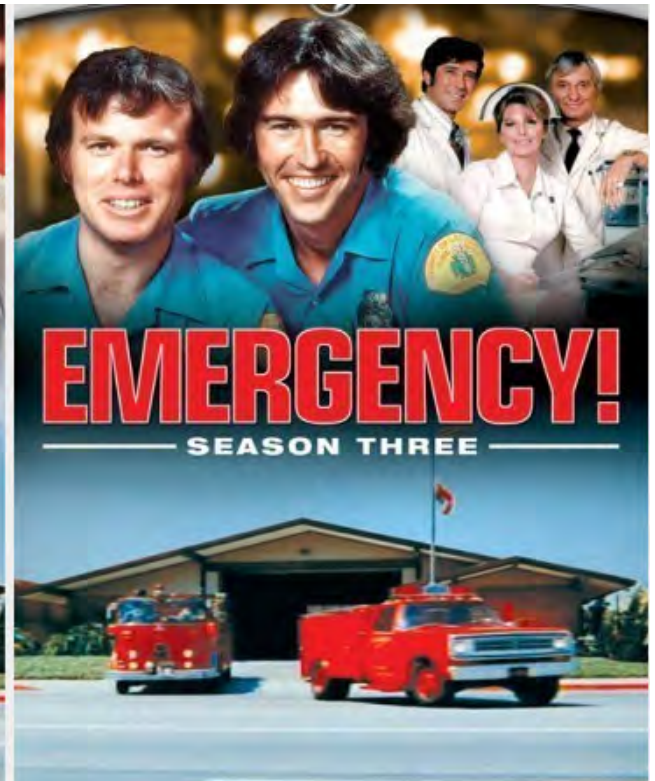
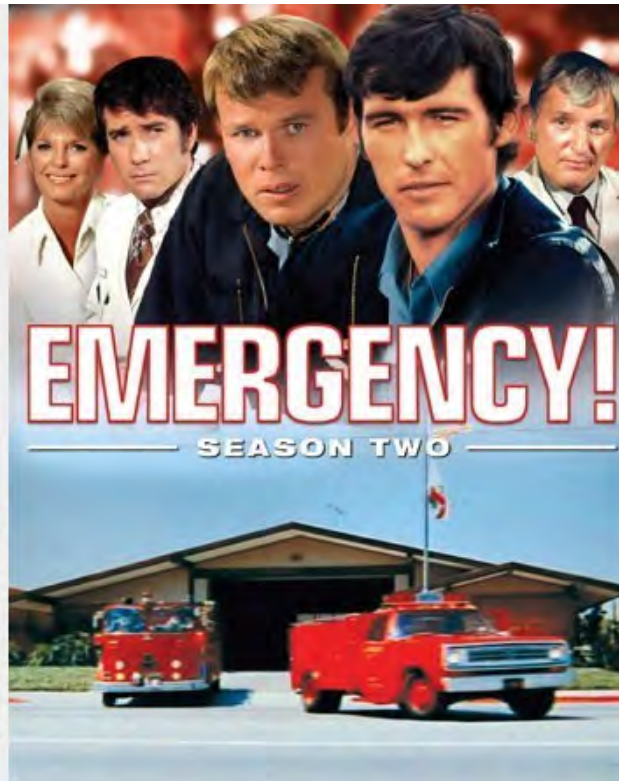
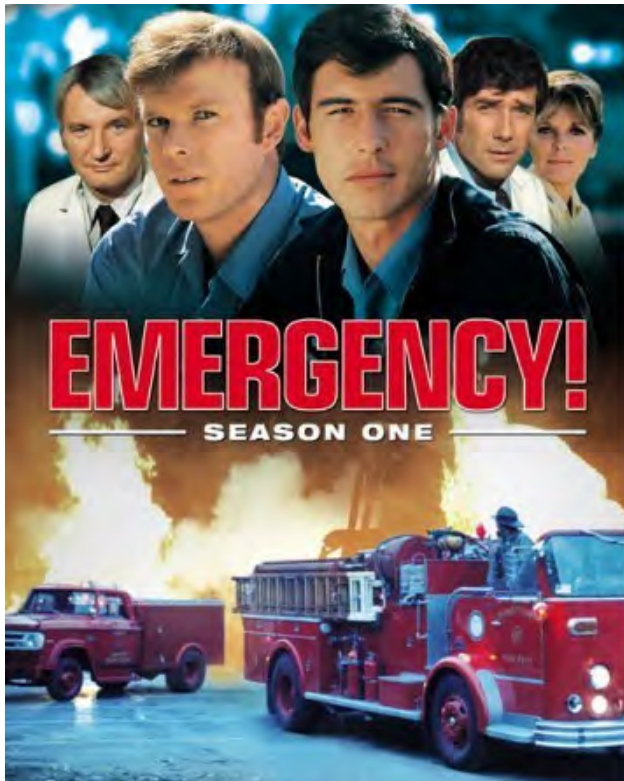


... but the revolution starts in this decade

## Sweden 1976

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In June 1976 "Emergency" starts on one of Swedish Television's 2 channels



"The crew of Los Angeles County Fire Dept. Station 51, particularly the paramedic team, and Rampart Hospital respond to emergencies in their operating area."

**In 1978 training of Emergency Care Assistants begins**

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# Sweden in the beginning of the 1980s



Equipped with:



In 1984 training of Emergency Medical Technicians begins




## Sweden 1984

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- **Military Medic Training**
- Similar to Emergency Care Assistants training but in a military context.
- **but it did not match any job requirement in the Ambulance Service**
- Emergency Care Assistant in a civilian context was mandatory in Swedish Ambulances from 1978 onwards and all employed staff had highest priority to this training
- The admission to the Emergency Medical Technician provided that the applicant was educated Emergency Care Assistant beforehand
- A catch-22 situation, but when you know what you want, and want it bad enough, you will find a way to get it

# Sweden 1985




SVENSKA RÖDA KORSET  
MALMÖ RÖDAKORSKÅR

Härmed intygas att  
630804-4335 Karlsson Kenneth  
genomgått av Malmö Rödskorskår anordnad kurs i olycksfalls-  
vård, tiden 84-12-04 -- 85-02-05, omfattande 21 timmar.  
Kursens mål är att deltagarna efter genomförd kurs skall  
kunna:

- principerna för hur man handlar på en olycksplats
- utföra åtgärder som syftar till att åstadkomma fri luftväg
- utföra konstatjord andning enligt inblåsningmetoden
- vidtagna blöstillande åtgärder
- vidtagna förebyggande åtgärder mot skadechock
- utföra lyft och transport av skadad
- placera skadad med hänsyn till den skadades tillstånd och skadans art
- utföra första hjälpenåtgärder vid sår- bränn- och kylekador
- ben- led- och muskelskador
- ryggskador
- förgiftningar
- hastigt insjuknande
- förstå och känna till psykiska reaktioner vid olycksfall och sjukdom

Malmö 1985-09-25  
MALMÖ RÖDAKORSKÅR  
*L. Y. Andersson*  
L. Y. Andersson  
ordf.

SVENSKA RÖDA KORSET 

Malmöhusdistriktet

Enhetens  
Vårkretsens  
Datum

K. U. R. S. I. N. T. Y. G  
-----  
KENNETH KARLSSON

HAR GENOMGÅTT SVENSKA RÖDA KORSETS  
KURS I OLYCKSFALLSBEREDSKAPSTJÄNST

KURSEN HAR ARRANGERATS AV SVENSKA RÖDA KORSETS  
MALMÖHUSDISTRIKT I SAMVERKAN MED MALMÖ RÖDAKORSKÅR  
OCH MALMÖ BRANDFÖRSVAR OCH OMFATTAT 80 TIMMAR. KURSEN  
HAR PÅGÅTT TIDEN 12 FEBRUARI -- 28 MAJ 1985.

KURSENS MÅL HAR VARIT ATT GE DELTAGARNA, UTÖVER  
REDAN INHÄMTADE KUNSKAPER I OLYCKSFALLSVÅRD

- KUNSKAPER OM HUR SAMHÄLLET SÄKERHETSTJÄNST ÄR ORGANISERAD, HUR DEN FUNGERAR, DEN UTRUSTNING SOM FINNS OCH HUR DEN ANVÄNDS
- KÄNNEDOM OM ARBETARSKYDD I SAMBAND MED SÄKERHETSTJÄNST
- KUNSKAP OM SÄKERHETSBESTÄMMELSER INOM IDROTT OCH SPORT
- KÄNNEDOM OM SAMVERKAN MED SJUKVÅRDEN, BRANDKÅR OCH POLIS
- VETSKAP OM HUR MAN SKALL UPPTRÄDA PÅ EN SKADEPLATS OCH VAD TYSTNADSPLIKT INNEBÄR.

SVENSKA RÖDA KORSETS MALMÖ RÖDAKORSKÅR MALMÖ BRANDFÖRSVAR  
MALMÖHUSDISTRIKT

*Bo Löfvist* *Lars-Erik Andersson* *Bengt Lindell*  
BO LÖFVIST LARS-ERIK ANDERSSON BENGT LINDELL  
BITR. DISTR. SEKR. VICE ORDFÖRANDE BRANDCHEF  
KURSCHEF

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TELEFON: 040-492009  
POSTGÅRD: 28016-4  
BANKGIRO: 127-2707

- Red Cross Education
- Emergency response volunteer
- Event first aid volunteer
- Assistance with admission to the program to be Emergency Care Assistant.

## Sweden 1986 – trained and employed as Emergency Care Assistant



# Sweden 1987 - 1988

ANVISNINGAR, se blankettens baksida

Vårdskolan i Helsingborg

Malmöhus län landsting

AVGÅNGSBETYG efter slutförd lärokurs i gymnasieskolan

Datum 1988-05-27

Specialkurs

Efternamn, förnamn  
Karlsson, Kenneth

Personnr (år, mån, dag, nr)  
630806-4335

Studiemål

Specialkurs  
Längd (inkl läroplan) 20 veckor

Högst specialkurs

Kursens namn (inkl läroplan)  
Kvalificeringskurs för vårdare i ambulans

Ören, värdst

Utbildningen har bedrivits som uppdragsutbildning.  
Studiekurs (Färdväg, Minska eller Uppskala)  
Fullständig studiekurs

Ämnen	Betyg	Årskurs/ Termin	Ämnen	Betyg	Årskurs/ Termin
Svenska	Deltagit				
Arbetslivs-orientering	Deltagit				
Psykologi	Deltagit				
Ergonomi	Deltagit				
Vårdkunskap/ Matematik	5				
Social servicekunskap	Deltagit				
Breddnings- och ambulationsjuni	Deltagit				
Vårdpraktik	Gottkänt				
Idrott	Deltagit				

50 36088 Mar 1978

Ann-Charlotta Friman  
Klassföreläsare

Leena Larsson  
Klassföreläsare

25-058 - 2C - Examen (Klassering) (5216)

- Station Manager in 1987

- Emergency Medical Technician in 1988

- Delegated by a doctor to administer drugs and perform medical procedures as a part of a pilot study approved by the National Board of Health and Welfare

BELEDIGANDEBETYG FÖR AMBULANSVÅRDARE

Den genomgången utbildning i ambulansvårdare utgör ett tillägg till utbildningen som utförts vid gymnasieskolan i Helsingborg.

Fullständigt

Delvis

Ingen utbildning

Utbildningen är godkänd och kan användas som bevis på utbildning i ambulansvårdare.

1988-05-27

Leena Larsson  
Klassföreläsare

1988-05-27

Ann-Charlotta Friman  
Klassföreläsare

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1988-05-27

Leena Larsson  
Klassföreläsare

1988-05-27

Ann-Charlotta Friman  
Klassföreläsare

- The right to administer each individual drug and to perform each specific medical intervention was not valid for more than 3 months; and the certificate had to be co-signed by both parties

- A salary supplement was given for the right to administer each individual drug and to perform each individual medical intervention.



## Sweden in the end of the 1980s



Volvo 855



Chevrolet Blazer S 10 CT1



Mercedes-Benz 200 E/W 124



Volvo 745

- Nurse Anesthetists in Emergency Response Vehicles in various parts of the country
- Doctors in Emergency Response Vehicles limited to very few areas
- Fire Services start to divide its staff into three categories Ambulance, Fire Service and Mixed
- However a majority of Sweden is covered by Ambulances with EMT/ECA or ECA/ECA

# Sweden 1989



• Doctor



## Sweden in the beginning of the 1990s

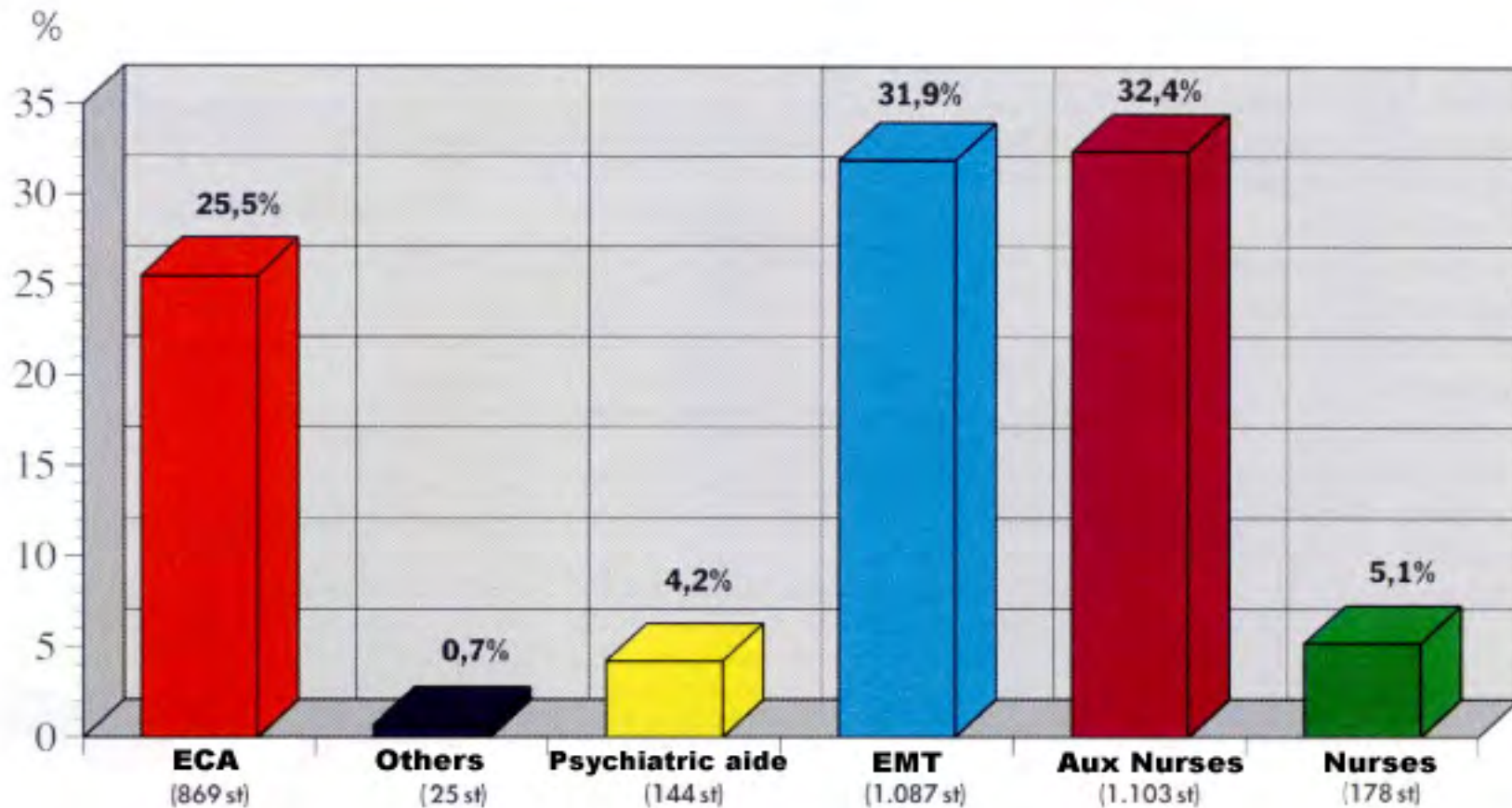
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- Fire fighters had to respond to Category A calls since Ambulances were busy with Category C and D calls



## Sweden 1991 – educational levels



- EMTs with empowerment to administer drugs and perform advanced medical interventions were called "Paramedics"
- Auxiliary Nurses and Nurses were not considered to have "Paramedic" level

# Sweden 1993 – privatization starts



● Ambulanserna i Lund, Eslöv, Hörby och Burlöv kanske blir privata i framtiden. Här är gänget som vågar ta ansvar för ambulanssjukvården, Leslie Raie, Kenneth Karlsson, Åsa Engblom, Kenneth Fredriksson och Ulf Tabjerg.  
Foto: STIG-ÅKE JONSSON

## De vill ta över ambulanserna

■ Här är gänget som vill ta över ambulanserna i Lund, Eslöv, Hörby och Burlöv. Alla fem sysslar redan i dag med ambulanssjukvård eller liknande akutvård.  
■ Förslaget har väckt ont blod bland de anställda, men gruppen hävdar att de kan göra en privat ambulanssjukvård

som är både bättre och säkrare än dagens. Fler liv ska kunna räddas med bättre utrustning och utbildad personal.  
■ Personal utan vidareutbildning kan inte räkna med att bli anställd av gruppen, om deras anbud antas av Malmöhus läns landsting.

SIDAN 5

BURLÖV • TRELLEBORG • LOMMA • SVEDALA SYDSVENSKAN • Torsdagen den 5 november 1992

## Ovisst för ambulansförarna

”Äntligen gränslöst!”

Antigen får vi en gränslös ambulans. Det har jag kämpat länge för.

Torsten Engvall, socialdemokratisk ledamot av landstingsstyrelsen, är nöjd och glad. Avtalet med Malmö kommer att ge inre bara Burlövsborna utan också invånarna i Svedala och Bara ökad service. Den ambulans som stationeras i Arlövförarna kommer att kunna röra sig helt fritt i regionen dygnet runt, menar han.

Ambulansservice i Burlöv är en hjärtefråga för Torsten Engvall. Det var han som under sin tid som kommunråd lyckades övertala landstinget att placera en bil i Arlövförarna. Det var den första externa ambulansen utanför Lund.

Sedan han förvisat sig om att Malmöns anbud betydde fortsatt stationering av ambulans i Arlövförarna hade han ingenting emot att stödja förslaget. Från den borgerliga majoriteten i landstingsstyrelsen är låta Malmö ta över Burlövsbornas ambulansservice som med det här utökas till att täcka dygnet alla timmar.

Men sedan var det slut med stödet. Att ge resten av anbuds paketet till danska Falcks motsatte sig socialdemokraterna.

Det här är en bra lösning för Burlöv men inte för övriga inblandade kommuner, konstaterar Torsten Engvall.

CG

**BURLÖV.**  
– Varför byta en kommunal entreprenör mot en annan? Är det verkligen privatisering?  
Det frågar sig ambulanspersonalen i Burlöv sedan det på torsdagen blev klart att Malmö tar över ambulanssjukvården i Burlöv.

**Ovisst**  
För de sex ambulansmännen som hittills haft Burlövs kommun som arbetsgivare är framtiden ovisst. De är uppsägda till den 15 november. Vad som skall hända därefter, vet de inte. Villkoren för Malmöns övertagande är inte kända. Om de innefattar ett ansvar för personalen, framgår inte av den knapphändig information som hittills getts. Först sedan avtalet mellan landstinget och Malmö undertecknats hävs sekretessen och detaljerna i anbudet blir offentliga.  
Inte ens de politiker som hade fattat beslut om entreprenaden har fått se några detaljerade anbud. De har fått förhå sig på tjänstemännyntranden.

**Lång väntan**  
För personalen i Burlöv kan det bli en lång väntan. Rykte spridningen är stor, många befogar det värsta.  
– Med Malmö som entreprenör är vi rädda att vi spållas. Vi hade hellre sett att Härjös kommun fått entreprenaden. Då hade våra jobb varit säkrade, säger Kenneth Karlsson, ambulanschefen i Burlöv.  
Han är ytterst skeptisk till Malmöns bud att utvidga sitt revir och mistänker en dold rationalisering.

Kenneth Karlsson och hans arbetskamrat Björn Ohlsson befogar att deras bil, en Chevrolet Suburban, av 1990 års modell, ambulansernas Rolls-Royce, inte längre kommer att forsla sjuka Burlövsbor.

– Man har visserligen sagt att en bil skall vara stationerad i Arlövförarna i fortsättningen. Men det är kanske en bil från Malmö? I så fall betyder det att en bil försvinner ur trafik, och då har landstinget köpt grisen i säcken.

**Försämrings**  
Risken är stor att ambulansen i Arlövförarna dock kommer att användas i Malmö, menar Kenneth Karlsson. Om han har rätt, får invånarna i Burlöv, Lomma och Staffanstorps en kraftigt försämrad ambulansservice.  
– Malmö är den stora vinnaren. Kommunen får landstingets miljoner mot en garagepuppställningsplats i Arlövförarna. Kort sagt betalar landstinget Malmö för att utveckla en ambulans i regionen, inställer Kenneth Karlsson.

CHRISTINA GUSTAFSSON

FOTO: ENNART GULLBERG

- Sweden in a deep financial crisis
- Massive debate on how ambulance service should be developed
- National Board of Health and Welfare ratifies 13 different emergency drugs to be delegated to non-registered staff
- Many argued for a real "Paramedic" track where drug administration was part of the basic education
- ... but the National Board of Health and Welfare had other plans for involving Nurses in Ambulances

## Sweden 1993 – 1996 Nursing school

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- **From Fire Service to Nursing School (from 100% male environment to 95% female environment)**
- **Mainly a theoretical education with focus on General Nursing and Health Care Sciences**
- **No emergency care education except CPR**
- **Scientific Theory and Scientific Methods were emphasised in all courses**



# Sweden 1993 – 1996 Nursing syllabus

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- **FIRST YEAR OF STUDIES**

The first year comprises 83% theoretical education and 17% clinical training

**Theme:** The Profession of Nurse based on Health Care Sciences and Health Care Ethics, 50%

**Courses:** The Profession of Nurse, Theoretical Foundation and Nursing, 16%, Scientific Theory and Scientific Method, 17%

**Clinical Training,** Basic Nursing, 17%

- **SECOND YEAR OF STUDIES**

The second year comprises 75% theoretical education and 25% clinical training

**Theme:** Humankind, Ill-Health and Nursing

**Courses:** Human Nursing Needs when Health and Bodily Functions Fail, 40%, Human Needs of Palliative Care, 12%, the Nurse's Instructional and Managerial Function with Responsibility for Systematic Improvement, 13%, the Home as the Care Venue, 10%,

**Clinical Training,** Somatic Care, 25%

- **THIRD YEAR OF STUDIES**

The third year comprises 55% theoretical education and 45% clinical training.

**Theme:** Project or Dissertation, 37%

**Courses:** Public Health in a Global Perspective, 5%, Health Care Ethics 13%

**Clinical Training** in Primary Care, Psychiatric Care, Geriatric and Palliative Care, 45%

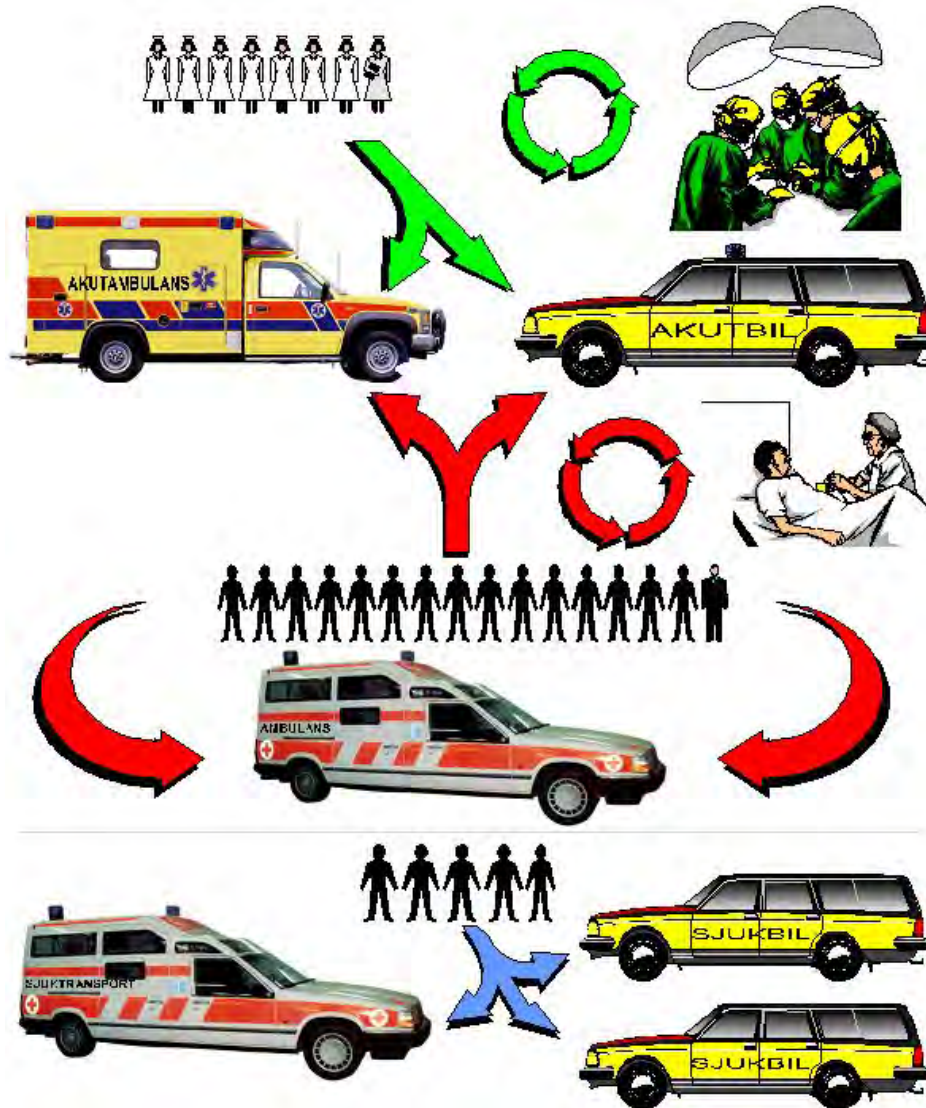
## Sweden 1994 – Ambulance organization

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- Everyone should do everything

# Sweden 1994 – Differentiated organization



- In a prehospital context, rotation with hospital duty was considered essential



## Sweden 1995 – Milestones

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- **The National Board of Health and Welfare restricted the possibility of delegating the right to administer drugs to non-registered staff**
- **NBHW also stated that there ought to be two types of educational levels in Swedish Ambulances; Nurses and Auxiliary Nurses with EMT education**
- **12% of all ambulance staff are registered Nurses**
- **Education in ambulance care for Specialist Nurses starts at one Nursing School**

## Sweden 1996 – Bachelor study

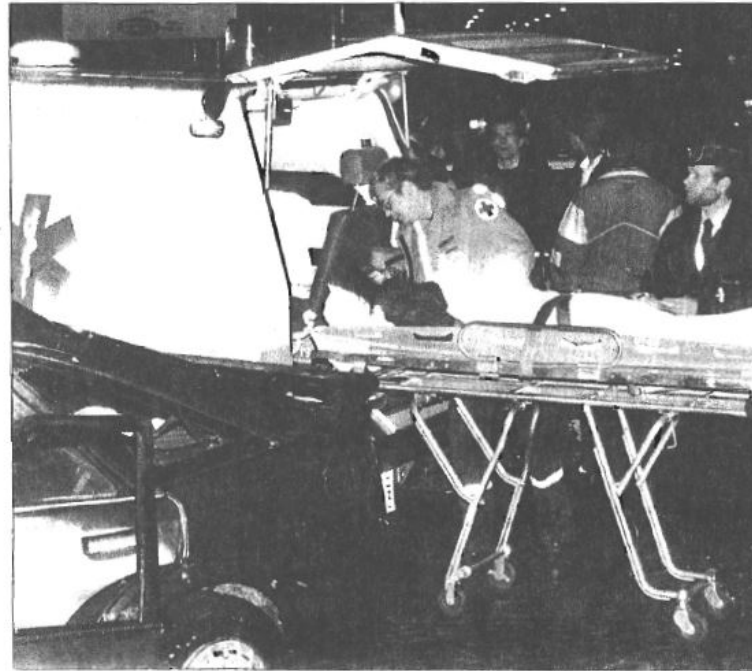


8 L'ESPRESSO

MÅNDAG 14 OKTOBER 1996

# Patienter dör i onödan?

**Kenneth  
slår larm om  
ambulans-  
personalen**



- “Empowerment in the prehospital environment – responsibility, scope, methods and monitoring”

## Sweden 1997 to 1998 – Nurse Anesthetist



- Nurse Anaesthetist –independently induces, maintains and concludes general anaesthesia, with some support from the anaesthesiologist.
- Nurse Anaesthetists work in several countries, including Sweden, Norway, Denmark, the United States and Switzerland
- Workplace for a Nurse Anaesthetist is usually a surgical ward, but also on pre- and post- surgical wards, wards for treatment of pain, accident and emergency departments, prehospital care, accident and disaster sites, international humanitarian aid organisations, United Nations projects, or elsewhere
- **50% in an operating theatre and 50% in RRV to support ambulances**
- **National Board of Health and Welfare put in time limitation to 2005 in delegating use of drugs to non-registered staff**
- **17% of all ambulance staff are registered Nurses**
- **First government approved education to become Specialist Nurse in Ambulance Care starts**



## Sweden 1999 to 2004 – RRVs with Nurse Anesthetist or Doctors



Volvo V70



Volvo XC70



Saab 9-5 Kombi



Audi A6 Avant 2,5 TDI Quattro

- RRV to support ambulances in the transition period for Nurses
- In 2001 32% of all ambulance staff are registered Nurses



# The future role of nurse anaesthetists in Swedish prehospital emergency care

Kenneth Kronohage<sup>1</sup>, Karin Linder<sup>2</sup>

*Scand J Trauma Resusc Emerg Med* 2005; **13**: 25-30

<sup>1</sup> Ulfabgruppen AB, Sweden

<sup>2</sup> Lund University, Faculty of Medicine, Department of Nursing, Sweden

**Correspondence**

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SE-532 25 Ulricehamn, Sweden

- 
- **RRV with Nurse Anaesthetists are replaced by Doctors or terminated**
  - **More than 50% of all ambulance staff are registered Nurses**

## Sweden 2008 – Doctors Cars terminated

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- Evaluation has shown that the decision base for the introduction of Prehospital Doctor's cars were shortcomings in the description of the quality-enhancing effects that could be expected.
- These shortcomings have both impeded communication regarding what benefits would come out of the service and additionally made it difficult to assess or measure whether the desired effects are actually achieved
- Bringing doctors' competences into the prehospital environment is not an automatic guarantee of increased quality
- If the doctors' resource is not used sufficiently, it is by definition not cost-effective; the reasons for this lack of use are various, generally it is an overestimation of the need in relation to the basic tasks defined or the inability or unwillingness to exploit the added resource properly
- A necessary step in the continuing work to develop the pre-hospital emergency care must be to conduct a medical evaluation with a focus on the benefits of pre-hospital doctor's assistance on site.
  - What measures are taken that would not have been taken unless these doctors assistance has been in place?
  - Will care and medical outcomes be better (higher survival rate, better quality of life) by doctors support at the incident site?
- This evaluation should be instituted, particularly from a credibility standpoint, but also in view of the massive criticisms from the ambulance service.
- ... but there was no further medical evaluations done since it was considered to be obvious to terminate existing Doctors Cars.



\* Evaluation made by Region Scania, June 2007



## Sweden 2013 – variations in competence\*

- **Eight Counties** require as a minimum one specialist nurse in each ambulance. Most of these eight Counties demand that specialist training should be focused on Ambulance or Emergency Care such as Anaesthesia and Intensive Care
- The remaining thirteen Counties think it is enough with the stated fundamental requirements of the National Board of Health and Welfare, namely that each ambulance must be staffed with at least a basic trained Registered Nurse
- In addition to the requirements of formal education setting, ten Counties require that all personnel in the ambulance should have previous experience in Emergency Care, while four Counties require that at least one staff in the ambulance has this experience
- The remaining seven Counties make no requirement that staff have previous experience in emergency care; however, it is seen as an advantage

\* *Central government activities in ambulance services, SWEDISH NATIONAL AUDIT OFFICE (RIR 2012:20)*



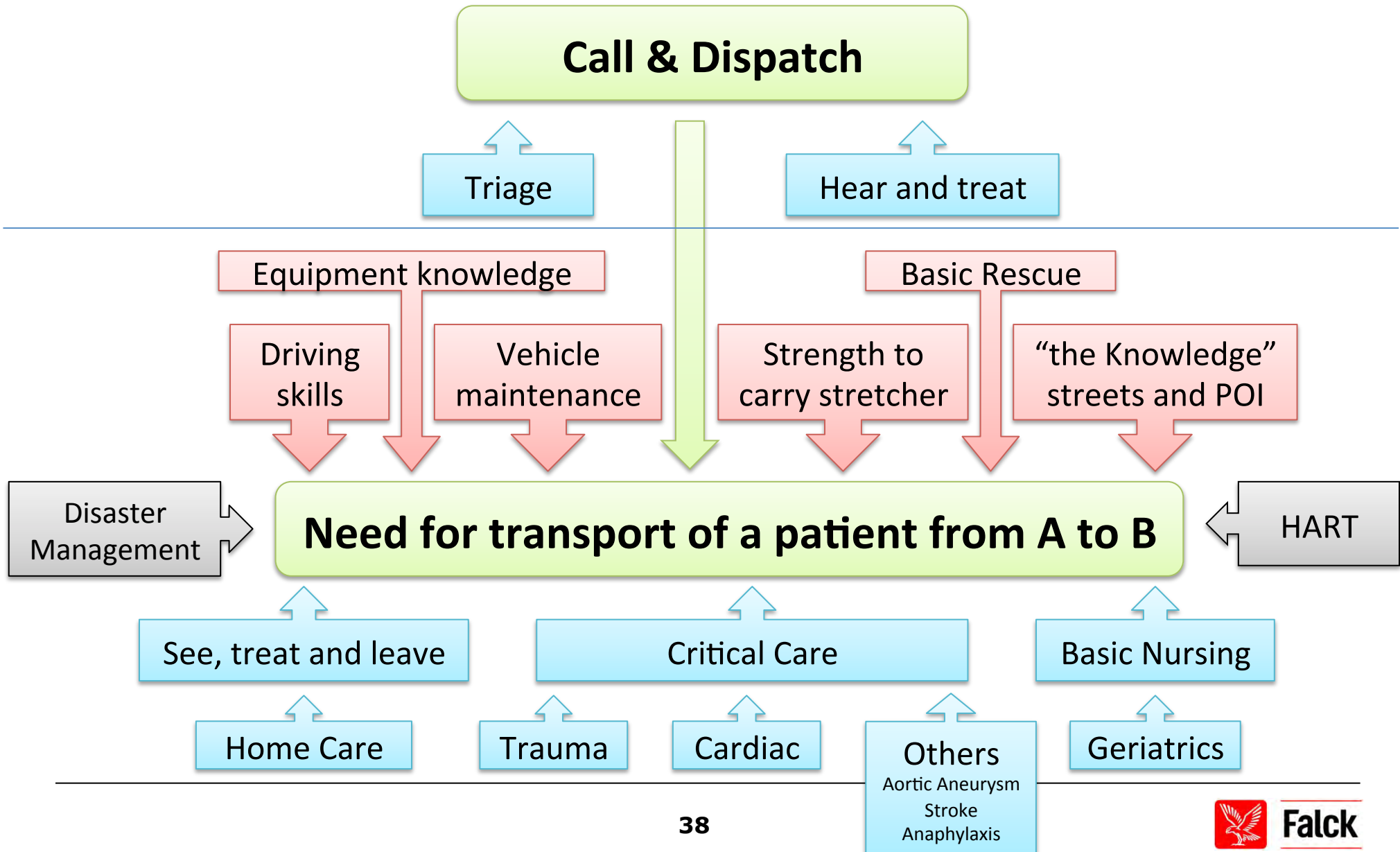
## Sweden 2013 – Fire Service act as RRV

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- **More than 70% of all ambulance staff are registered Nurses but nobody knows the proportion of Ambulance Specialist Nurses**
- **Back to where everything started. Nurses do all kind of call outs – from High Dependency to A&E and Fire-fighters act as First Responders due to heavy workload on ordinary ambulances**
- **Many ambulances are double-crewed with Nurses**
- **No regulation for education in Blue-light driving**
- **No regulation for Specialist Education in Ambulance Care for Nurses working in ambulances. Only recommendation.**

# Summary - Needs and expectations of modern Emergency Medical Service





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**Thank you for your attention!**



**Falck**

ANY QUESTIONS?