The NHS Ambulance Process

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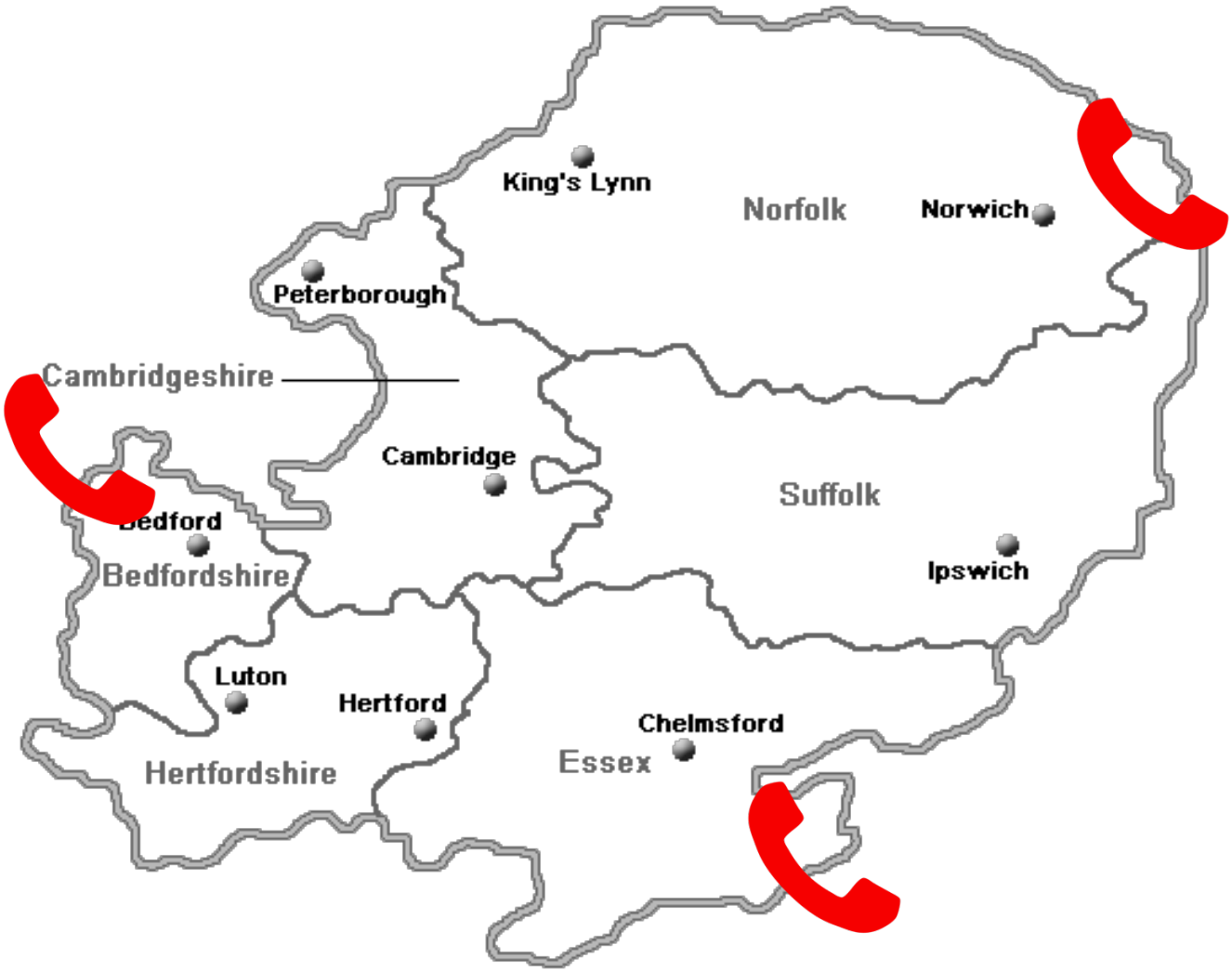
- England's population of 53 million is split into 10 ambulance trusts
- Approximately 30,000 calls to 999 a day
- Medical Priority Dispatch System Used
- Need to prioritise calls and triage patients in order to provide the best care

You ‘get the call’

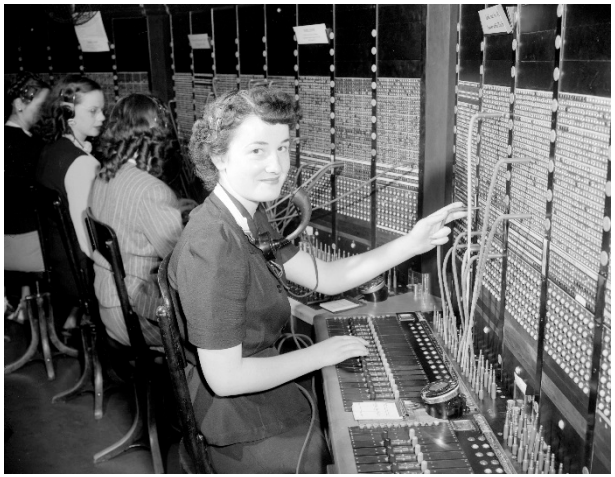
- 13.30hrs
- Chest Pain
- Post Prandial
- Had for 15 minutes and not easing
- Looks jolly awful.

Do you want any other information?

Emergency Operations Centre



BT Operator

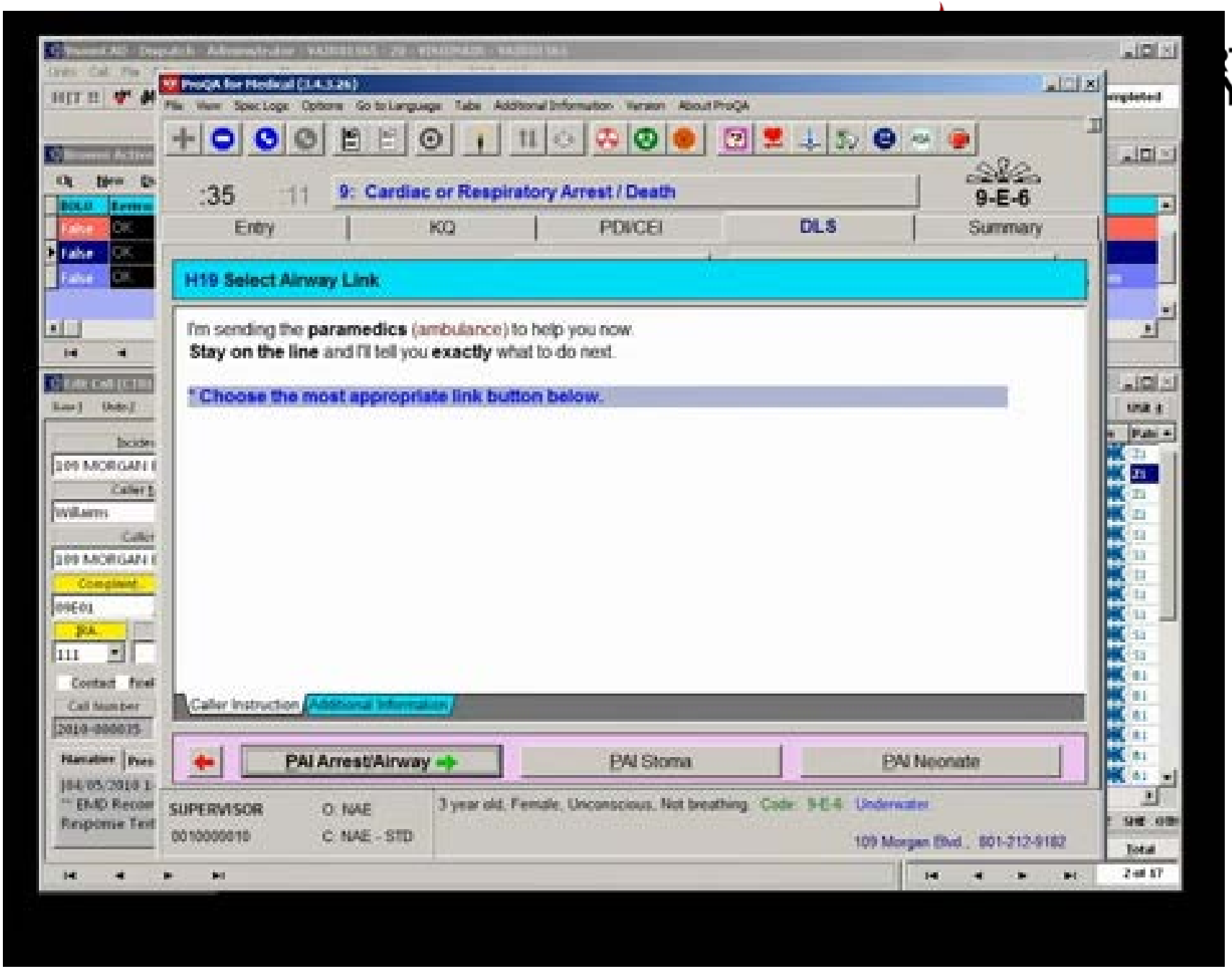


Call Taker

AMPDS Codes

- Code 1 – Abdominal Pains
- Code 2 – Assault
- Code 6 – Shortness of Breath
- Code 9 – Cardiac Arrest
- Code 17 – Fall
- Code 21 – Overdose (including alcohol)
- Code 26 - Specific Illness
- Code 29 – Road Traffic Collision

- 1- Abdominal Pain/Problems
- 2- Allergies (Reactions)/ Envenomations (Bites/Stings)
- 3- Animal Bites/Attacks
- 4- Assault/Sexual Assault
- 5- Back Pain (Non-Traumatic/Non-Recent)
- 6- Breathing Problems
- 7- Burns (Scalds) /Explosions
- 8- Carbon Monoxide/Inhalation/HAZMAT/CBRN
- 9- Cardiac or Respiratory Arrest/Death
- 10- Chest Pain (Non-traumatic)
- 11- Choking
- 12- Convulsions/Fitting/Seizures
- 13- Diabetic Problems
- 14- Drowning/Diving/SCUBA Accident
- 15- Electrocution/Lightning
- 16- Eye Problems/Injuries
- 17- Falls
- 18- Headache
- 19- Heart Problems/A.I.C.D.
- 20- Heat/Cold Exposure
- 21- Haemorrhage/Lacerations
- 22- Inaccessible Incident/Entrapments
- 23- Overdose/Poisoning (Ingestion)
- 24- Pregnancy/Childbirth/Miscarriage
- 25- Psychiatric/Abnormal behaviour/Suicide Attempt
- 26- Sick Person (Specific Diagnosis)
- 27- Stab/Gunshot/Penetrating Trauma
- 28- Stroke (CVA)/Transient Ischemic Attack (TIA)
- 29- Traffic/Transportation Incidents
- 30- Traumatic Injuries
- 31- Unconscious/Fainting(Near)
- 32- Unknown Problem (3rd Party Collapse)
- 34- Automatic Crash Notification (A.C.N.)
- 35- HCP Admissions
- 37- Hospital transfers
- 136- Active Attacker (Shooter)


ProQA for Medical
:35
11
9: Cardiac or Respiratory Arrest / Death
9-E-6
Entry
KQ
PDI/CEI
DLS
Summary
H19 Select Airway Link
I'm sending the paramedics (ambulance) to help you now.
Stay on the line and I'll tell you exactly what to do next.
* Choose the most appropriate link button below.
Caller Instruction
Additional Information
PAI Arrest/Airway
PAI Stoma
PAI Neonate
SUPERVISOR
O: NAE
C: NAE - STD
3 year old, Female, Unconscious, Not breathing
109 Morgan Blvd , 801-212-9182

Ambulance Dispatcher

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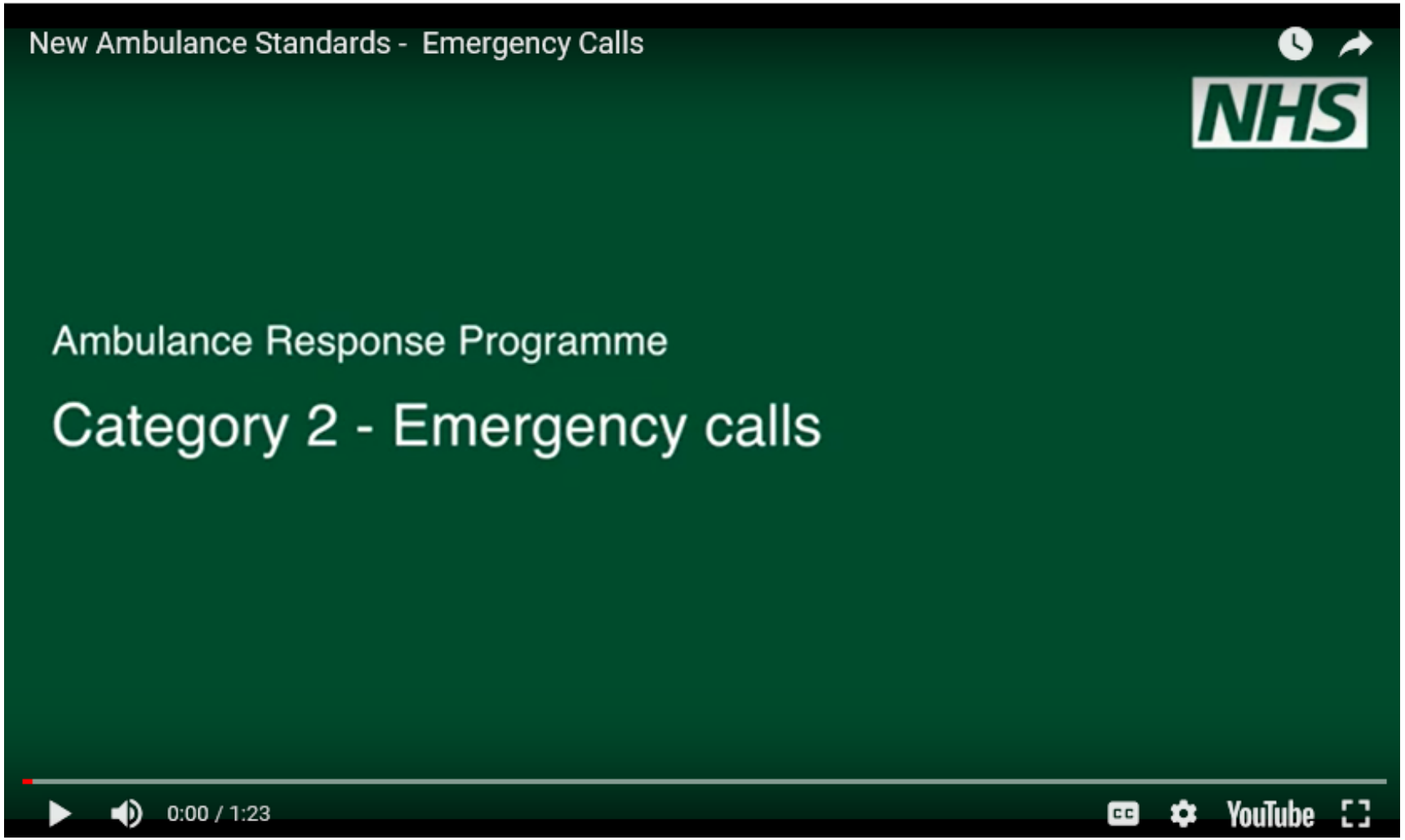
New Ambulance Standards - Life Threatening Calls
NHS
Mute
1:09 / 1:09
YouTube

Ambulance Response Programme

These codes are then allocated response levels-

Categories	Severity	Performance aims
Category 1 (Purple)	Life Threatening	Mean 7 mins 90th percentile 15 mins


New Ambulance Standards - Emergency Calls
NHS
Ambulance Response Programme
Category 2 - Emergency calls
0:00 / 1:23
YouTube

Ambulance Response Programme

These codes are then allocated response levels-

Categories	Severity	Performance aims
Category 1 (Purple)	Life Threatening	Mean 7 mins 90th percentile 15 mins
Category 2 (Amber)	Emergency	Mean 18 mins 90th percentile 40 mins


New Ambulance Standards – Urgent Calls
NHS
Ambulance Response Programme
Category 3 - Urgent calls
0:00 / 1:02
YouTube

Ambulance Response Programme

These codes are then allocated response levels-

Categories	Severity	Performance aims
Category 1 (Purple)	Life Threatening	Mean 7 mins 90th percentile 15 mins
Category 2 (Amber)	Emergency	Mean 18 mins 90th percentile 40 mins
Category 3 (Yellow)	Urgent	90th percentile 120 mins

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Ambulance Response Programme

These codes are then allocated response levels-

Categories	Severity	Performance aims
Category 1 (Purple)	Life Threatening	Mean 7 mins 90th percentile 15 mins
Category 2 (Amber)	Emergency	Mean 18 mins 90th percentile 40 mins
Category 3 (Yellow)	Urgent	90th percentile 120 mins
Category 4 (Green)	Less Urgent	90th percentile 180 mins

Community First Responders (CFR's)

Double Staffed Ambulance (DSA)

Rapid Response Vehicle (RRV)

CFR
↓
Intermediate Ambulance Practitioner (IAP)
↓
Associate Ambulance Practitioner (AAP)
↓
Student Paramedic
↓
Paramedic
↓
Specialist Paramedic
↓
Advanced Paramedic
↓
Consultant Paramedic

Duty Locality Officer / Supervisor

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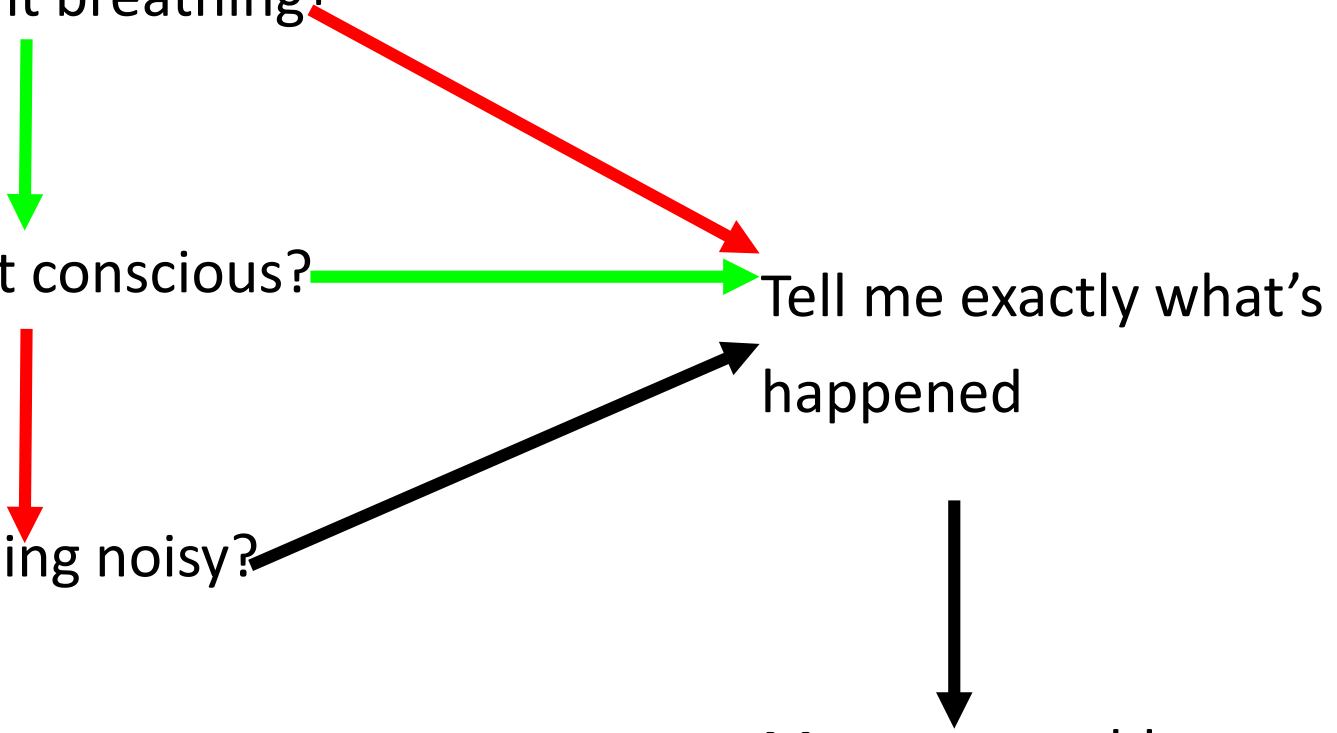
Hazardous Area Response Team (HART)

Medical Team

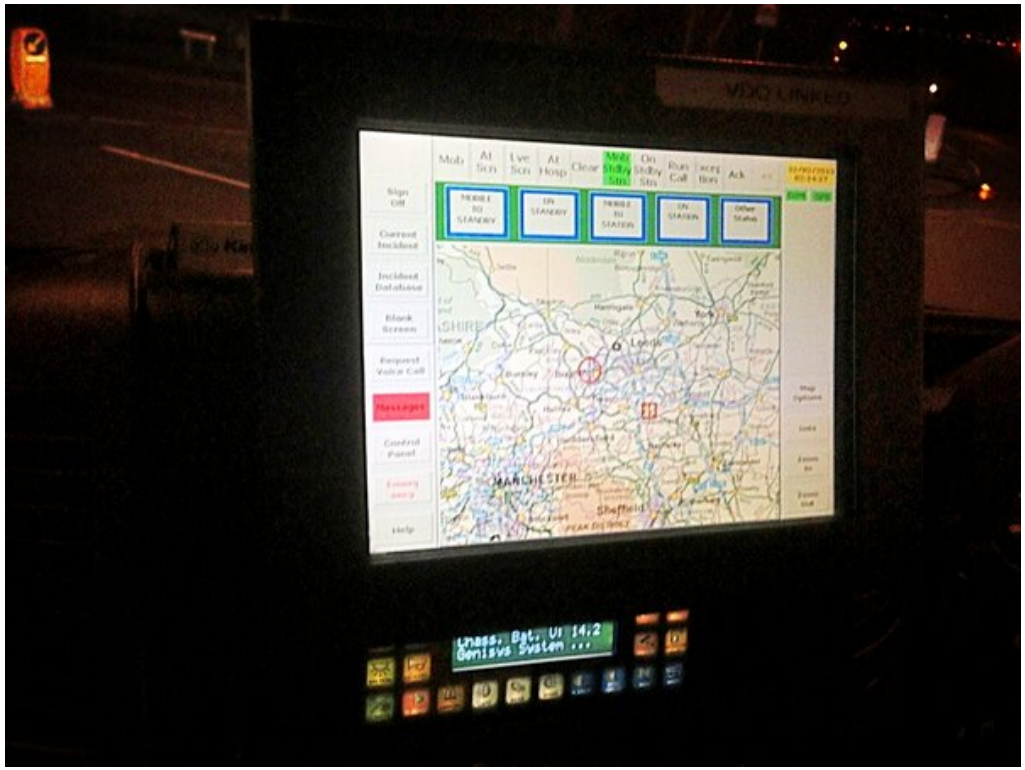
Pre alert…

- Is the patient breathing?
- Is the patient conscious?
- Is the breathing noisy?



Address…

- Street names and postcodes are good
- Full address and verification



Key questions

- Focused exam on specific chief complaint
- Common questions-
  - Are they completely alert?
  - Are they breathing normally?
  - Are they changing colour?
  - Is there any serious bleeding?
  - When did this happen?
- They allow to pick up key clinical signs of life threatening problems

What to do…

- Know exactly where you are
- Give us the problem succinctly
- Answer exactly the question asked (most are yes/no)
- If you don’t know just say so
- Appreciate it is the system

What to NOT do…

- Rush the CT …things are happening in the background.
- When asked what happened - chuck a load of observations at the CT.
- Expect our triage to be any different cause you're a FA.
- Ask how long the ambulance will be/is it on its way
- Hang up until the CT is finished

Handover

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S

Situation:
I am (name), (X) nurse on ward (X)
I am calling about (patient X)
I am calling because I am concerned that…
(e.g. BP is low/high, pulse is XX temperature is XX, Early Warning Score is XX)

B

Background:
Patient (X) was admitted on (XX date) with
(e.g. MI/chest infection)
They have had (X operation/procedure/investigation)
Patient (X)'s condition has changed in the last (XX mins)
Their last set of obs were (XX)
Patient (X)'s normal condition is…
(e.g. alert/drowsy/confused, pain free)

A

Assessment:
I think the problem is (XXX)
And I have…
(e.g. given O_2/analgesia, stopped the infusion)
OR
I am not sure what the problem is but patient (X) is deteriorating
OR
I don't know what's wrong but I am really worried

R

Recommendation:
I need you to…
Come to see the patient in the next (XX mins)
AND
Is there anything I need to do in the mean time?
(e.g. stop the fluid/repeat the obs)

Ask receiver to repeat key information to ensure understanding

The SBAR tool originated from the US Navy and was adapted for use in healthcare by Dr M Leonard and colleagues from Kaiser Permanente, Colorado, USA

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ANY QUESTIONS?