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Developing ambulance service performance indicators

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Background

- 3 key ambulance commitments currently in the Operating Framework:
 - Respond to 75 per cent of Category A calls within eight minutes
 - Respond to 95 per cent of Category A calls within 19 minutes
 - Respond to 95 per cent of Category B calls within 19 minutes
- The 2005 ambulance review Taking Healthcare to the Patient made the recommendation that:
‘national performance requirements for Category B response times should be replaced by clinical and outcome indicators against which performance should be managed locally’.
- **Working towards replacing Cat B19 target with locally measured quality indicators by 1 April 2011**



Why Change the B19 target?

- Wide range of conditions within Cat B, many less serious
- Weak clinical evidence base for 19 minute response time
- Quality measures should mean better service for patients
- Removing B19 should mean more efficient targeting of vehicles towards Cat A life threatening calls
- Potential for wider benefits in integrating urgent and emergency care services



Objective of new performance indicators

- Greater focus on impact of ambulance service care
- Impact on patients – clinical care, processes
- Impact on service and system - effectiveness



Challenges

- Complex groups of patients – conditions and acuity
- Need to be flexible, practical, manageable but also meaningful
- Inclusive - avoid concentrating on high volume conditions at the expense of other less frequent problems



Call Characteristics

- 50% of category B call volume in 5 of the 32 dispatch categories.
- 18/32 categories account for 96% of calls
- Not all categories are good indicators of clinical problems (e.g. traffic accidents reflect a mechanism and “sick person” provides no specific information)
- Within dispatch categories wide range of clinical problems - for calls assigned to falls 90 different conditions or symptoms recorded by crews at scene
- Half of patients have some assessment and only about 10% some intervention



Initial approach

- Need framework to structure indicator development
- Considered using
 - Dispatch categories
 - Conditions – e.g. asthma, epilepsy, stroke
 - Symptoms – pain, bleeding, fits
 - Systems – Cardiovascular, neurological, skeletal



Dimensions

- Also needed to include different parts of the care management process
- Assessment – Scene & control
- Clinical management – Scene & control
- Dispatch
- Timings
- Disposal
- Patient reported outcomes – care, experience, satisfaction



Group	Assessment	Management	Dispatch	Time	Other
Dispatch category					



Current suggested groupings

- Falls – Highest volume dispatch category
- Injury – Includes a range of dispatch categories
- Neurological – Range of conditions and dispatch categories
- Respiratory problems - Range of conditions & high volume
- Other – because there is always more
- But some specific indicators for diabetes, cardiac, mental health problems, pregnancy



Perceived advantages

- All types of call can be included
- Not all dimensions can be measured for all types of call but at least one can
- For others potentially complex bundles of indicators



Workshop

- Steering group has made an initial attempt to identify some potential indicators for each of these groups
- Control and scene considered
- Any call not requiring an 8 minute response
- Use expertise and different perspectives



Workshop

- Broad range of participants
- Ambulance, commissioners, policy, academic, patients
- Scrutinise indicators
- Add new ideas
- Develop consensus



Next steps

- Project team will collate results of workshop
- Revised potential indicators will be circulated to participants for further comment and assessment
- Consider implementation options
- Final agreed list will then be field tested



Timetable

- September/October 2009 – Revise indicator list
- November 2009 – Consultation with workshop participants
- End January 2010 – Final report and list of agreed indicators for testing with options for implementation
- February/March 2010 – Recruit and plan for testing
- April 2010 – Begin testing in Ambulance Services



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