



Lay Guide to Ambulance Service clinical quality indicators

One of the most common reactions we hear from patients is that in an emergency they want the ambulance to arrive quickly. Delays (perceived or otherwise) in receiving the care they need may also seem worse by the anxiety and stress of the situation. Ambulance trusts recognise this and understand that response time is important, but faster responses to patients are only one part of a process to deliver improved outcomes for patients. Ambulance trusts therefore need to focus on providing the best care at the most appropriate time and, where possible, to resolve issues on the first occasion. We appreciate that sometimes ambulance staff have to focus on the most critically ill patients (i.e. those with life-threatening conditions) but it is important that there are effective systems and the right level of resource to cope with all patients who call 999.

We are publishing a new set of ambulance clinical quality indicators that aim to provide patients with the information they need to be able to see the quality of care being delivered by ambulance services. These indicators will be published regularly and will be made available by each individual ambulance trust. This will mean that there will be information available to allow comparisons between one ambulance service and another. The set of indicators is designed to give a comprehensive picture of the quality of care but importantly also includes the views of service users on the care the ambulance trust has provided. Patient and public feedback is key to facilitating continuous improvement; and trusts will need to take account of this when looking to learn lessons and improve the service they offer. A first-class ambulance service is always keen to hear about suggestions for improvements in care.

The ambulance clinical quality indicators are not just about providing information, they also aim to encourage discussion and debate amongst ambulance staff, NHS managers, commissioners, and the general public about how good the care being provided locally is and how it can be improved.

Eleven clinical quality indicators will be measured from April 2011, and the remainder of this where this document sets out how these specific indicators will improve care.

Service Experience Indicator – most, if not all, ambulance trusts already undertake patient satisfaction surveys. We are now asking them to go beyond simply reporting the results of such surveys, and ambulance trusts will be required to demonstrate and publish how they find out what people think of the service they offer (including the results of focus groups, interviews and patient forums, rather than simply patient surveys) and how they are acting on that information to continuously improve patient care.

Outcome from acute ST-elevation myocardial infarction (STEMI) indicator - STEMI is an acronym meaning "ST segment elevation myocardial infarction," which is a type of heart attack. This is determined by an electrocardiogram (ECG) test. We know that, for many conditions, your recovery will be more likely and quicker if you receive early treatment. Early access to reperfusion (i.e. where blocked arteries are opened to re-establish blood flow) and other assessment and care interventions are associated with reductions in STEMI mortality and morbidity. Measuring patient outcomes in this way will allow services to place performance in context and stimulate discussion on how to continually improve.



Outcome from cardiac arrest: return of spontaneous circulation indicator – This indicator will measure how many patients who are in cardiac arrest (i.e. no pulse and not breathing) but following resuscitation have a pulse/ heartbeat on arrival at hospital. We recognise that providing resuscitation as early as possible to those in cardiac arrest is likely to improve the chances of recovery. Clearly, the higher the survival rate the better.

Outcome from cardiac arrest to discharge indicator – We know that the ambulance service play a vital role in saving patient's lives, but it is important to understand the effectiveness of the whole system in managing those patients who are in cardiac arrest. We will know from the indicator above how effective the ambulance service was in responding to and treating patients in cardiac arrest when the ambulance arrives at the hospital – but what about after the patient is in the care of the hospital? That is why this indicator measures the rate of those who recover from cardiac arrest and are subsequently discharged from hospital as a patient outcome.

Outcome following stroke for ambulance patients indicator – The Stroke: Act F.A.S.T campaign has been very successful in raising awareness to the public on the signs of a stroke (as well as TIA's, Transient Ischaemic Attacks (or "mini-strokes")), and we know that prompt emergency treatment can reduce the risk of death and disability. The campaign promotes that when a stroke strikes act F.A.S.T:

- Facial weakness - can the person smile? Has their mouth or eye drooped?
- Arm weakness - can the person raise both arms?
- Speech problems - can the person speak clearly and understand what you say?
- Time to call 999 for an ambulance if you spot any one of these signs.

This indicator will require ambulance services to measure the time it takes from that all important 999 call to the time it takes those F.A.S.T-positive stroke patients to arrive at a specialist stroke centre. We know that patients should be arriving at specialist stroke centres as soon as possible so that they can be rapidly assessed for thrombolysis, delivered following a CT scan in a short but safe time frame; this has been demonstrated to reduce mortality and improve patient recovery.

Proportion of calls closed with telephone advice or managed without transport to A&E indicator - Ambulance trusts are exceptionally good at handling and responding to 999 calls. But calling 999 does not necessarily mean that a 'blue light' emergency response is the best one. Similarly, with ambulance staff becoming increasingly skilled in treating patients at the scene even if an ambulance is sent, the front-line crew may be able to treat the patient then and there without the need to take them to an A&E department. On the other hand, alternative healthcare options, other than A&E, may be more appropriate for the patient.

This indicator should reflect how the whole urgent care system is operating, rather than simply the ambulance service or A&E, because it would reflect the availability and provision of alternative urgent care destinations and treatment of patients in the home. Knowing this will help improve urgent and emergency care services so that they offer the right treatment to patients in the right location at the right time.

Re-contact rate following discharge of care Indicator – if patients have to go back and call 999 a second time it is usually because they are anxious about receiving an ambulance response or have not got better as expected. Occasionally it may be due to an unexpected or a new problem. To ensure that ambulance trusts are providing safe and effective care the first time, every time this indicator will measure how many callers or patients call the ambulance service back with 24 hours of the initial call being made.



Call abandonment rate – the vast majority of people who phone 999 do so because they need to access emergency healthcare. If people do not get to speak to the ambulance service quickly they may hang up or try to receive the care they need elsewhere, for example turning up at A&E. This indicator will ensure that ambulance trusts are not having problems with people phoning 999 and not being able to get through so that 999.

Time to answer calls – It is equally important that if people/patients dial 999 that they get call answered quickly. This indicator will therefore measure how quickly all 999 calls that are received by the ambulance service get answered. The quicker the ambulance service answer the call, the quicker they can establish what is wrong with the patient so that the best type of response can be given. Answering the call quickly also provides reassurance to often very anxious and scared callers, who have called 999 because it is a real emergency.

Time to treatment by an ambulance-dispatched health professional – it is important that if patients need an emergency ambulance response that the wait from when the 999 call is made to when an ambulance-trained healthcare professional arrives is as short as possible, because urgent treatment may be needed.

Category A, 8-minute response time – In truly life-threatening situations, the speed of an ambulance arriving could help to make the difference between life and death. This indicator measures the speed of all ambulance responses to the scene of potentially life-threatening incidents and importantly measures that those patients who are most in need of an emergency ambulance gets one quickly.

Each ambulance service will be publishing their results against each of these indicators from April 2011, along with an explanation of their local circumstances to place these results in context. This will help to explain any local reasons as to why the results may be different from other ambulance services, but it should also explain how they are working to continuously improve the quality of care they deliver to patients.