

OPP133

RESPONSE TIME POLICY, PROCESSES AND PROCEDURES

Table of Contents

1. POLICY INTRODUCTION	3
2. SCOPE	3
3. ROLES AND RESPONSIBILITIES	3
4. POLICY STATEMENT	3
5. RELEVANT LEGISLATION	3
7. RELATED POLICIES & PROCEDURES	4
8. FEEDBACK	5
9. DOCUMENT CONTROL AND OWNERSHIP	6

1. POLICY INTRODUCTION

As National Ambulance (NA) provides emergency service provision to its customers we need to ensure that we can provide 24/7 coverage or the necessary staffing profile to meet the requirements of the contract. Rostering is a key component of ensuring this capability and thus meeting the requirements of the contracts NA holds.

This policy outlines the general expectations of the company in respect to working within a rostered system and how an employee and manager can interact to ensure compliance.

2. SCOPE

The scope of this policy applies to all operational staff working in contracts controlled by NA.

3. ROLES AND RESPONSIBILITIES

MEDICAL DIRECTOR has responsibility for oversight of elements of this Policy and Procedure to ensure all operational contracts are meeting contractual obligations and meeting policy content.

DIRECTORS are responsible for the overall investigation, review, sanction and action plan of the breached responses

MANAGERS are responsible for carrying out the investigation and reporting of breach analysis where escalated by the Team Leader.

TEAM LEADERS are responsible for carrying out the initial investigation and reporting of breach analysis and escalating those outside of parameters to the Manager.

EMPLOYEES are responsible for ensuring the correct processes are followed in order to ensure accurate record keeping and reflection of response time.

4. POLICY STATEMENT

National Ambulance has the responsibility for delivering pre-hospital emergency ambulance care to the public. It currently serves the 5 Emirates that make up the Northern Emirates. In order to provide the best clinical outcomes, it is vital that National Ambulance respond with an appropriately trained clinician within a timescale relevant to the clinical presentation of the patient.

4.1. PERFORMANCE TARGETS

National Ambulance has, in collaboration with NE Steering group/MOH/MOI agreed the following Key Performance Indicators (KPI) in relation to response times.

1. Category 1 calls indicate a response time between 00:00:00 mins to 08:00:00 mins
2. Category 2 calls indicate a response time between 08:00:01 mins to 18:00:00 mins
3. Category 3 calls indicate a response time between 18:00:01 mins to 28:00:00 mins
4. Category 4 calls indicate a response time between 28:00:01 mins and onward

Each month more than 80% of Emergency Calls must fall into Category 1 and Category 2 calls.

Each month less than 20% of Emergency Calls must fall into the Category 3 and Category 4 calls.

This KPI requires understanding of some key definitions.

Emergency Call – Deemed to be so by the use of King County Criteria Based Dispatch and National Ambulance Triage categories. These are considered Red (Red 1 and Red 2) and Amber (Amber 1 & Amber 2) calls in accordance with international standards.

Ambulance response – deemed to be the provision of a National Ambulance resource trained in the delivery of pre-hospital emergency care at a minimum of a Department of Health licensed Emergency Medical Technician-Basic (EMT-B).

4.2. VALIDATION AND MEASUREMENT

This Response Time is measured using the time stamps obtained from the Computer Aided Dispatch (CAD) system. The timestamps are generated by the Emergency Medical Dispatchers (EMD) or Mobile Incident App.

National Ambulance electronically records the following information for every call

- a) Date of Call
- b) Time of all Call Events
- c) Call Location
- d) Call back number
- e) Reporting Party
- f) Chief Complaint
- g) Ambulance call signs sent either as primary response or back up– indicating skill level.
- h) Transport Destination

In order to measure response and transportation times the following time intervals are recorded and measured

- 1) Call Taking Screen opened to Dispatched
- 2) Dispatched to On Route
- 3) Dispatched to On Scene
- 4) On scene to Arrival at Patient
- 5) Departure from scene (Transporting) to Arrival at Receiving Hospital.

All reporting processes (CAD, Avaya, or any other resource used to reflect times recorded during the emergency call process) will have the date and time synchronized to an atomic clock in a routine manner to ensure reporting accuracy by the Information Technology (IT) department.

An atomic clock shall be displayed when possible in the ACC to ensure all times are synchronized. Should any discrepancy occur it must be reported to Quality, Health, Safety, and Environment (QHSE) and the IT department immediately.

Crews must use the times provided to them by the ACC for all documentation purposes. Should a crew be unable to contact dispatch and need to have times they must utilize an atomic clock (such as time.is). As soon as possible they must contact the ACC and provide all times in an hh:mm:ss format as given by the atomic clock.

Only data obtained from the CAD system should be used to assess the KPI.

This data is for internal release only unless authorized by the Chief Executive Officer.

The response times are measured using these parameters and audited by the Ambulance Communication Centre Team Leader and Manager.

4.3. DEFINITION

The definition of response time is from Dispatch (Time Stamp of "Dispatched") of NA Ambulance to Arrival of first NA Emergency Response Resource to the scene (Time Stamp of "On Scene").

No other definition shall be used to report on these KPIs.

Breach Code Reasons;

Distance – Where the distance from nearest resource to location would be unachievable under safe emergency road conditions.

Timing Error – Where there is a difference in the CAD time stamps caused by human error

Mobilization – Where a crew do not mobilize to respond to the call within 60 seconds – this breach is passed to area managers for investigation

Location Problem – Caller cannot provide a location or does not know where they are, this includes circumstances where the address details are constantly changing or conflict from the reporting party

Crew Route – whereby a crew do not use the most direct route that can be determined from the CAD, there may be mitigation for this and so it is passed to the Area Manager for investigation

Rendezvous Point (RVP) or Staging Location – Crew safety is paramount and where a crew is asked to wait at an RVP for certain jobs this will cause a breach.

4.4. MANUAL PROCESS

In the event of the ACC moving to the manual process as described in the ambulance communications centre policy and procedure (OPP113), the call taker should continue to process the call as per the outlined steps. Utilizing the Manual Call Taking form (OPF195) and passed to dispatch without delay.

During the manual process, a CAD number is not generated therefore the Date and Time of the call should be entered into the CAD number box, and used as a reference using the format ddmmyy hh:mm.

Once the manual process event has concluded all data must be entered in to the cad with the correct timing. Note that all times entered during the manual process should be based on the atomic clock as

described in the validation and measurement section of this policy. This will ensure there is continuity of all data and reporting.

4.5. RESPONSE TARGET BREACHES

Where a response time breach has occurred the call is routinely audited by the ACC TL. Daily Audit Reports generated by the CAD system highlight any responses over 18 minutes. The night shift Team Leader will investigate these delayed responses utilizing vehicle tracking, location accuracy, mobilization time and distance travelled. Reasons for the breach are recorded in an Excel Spreadsheet. If the Team Leader is unable to conduct the audit due to operational pressure, then the ACC Manager will be informed and will conduct the Audit on the next working day.

All breaches will have an investigation outcome with 24 – 48 hours depending on the operational demand.

A routine review will be undertaken on a monthly basis at the end of the month for all calls exceeding a 28-minute response time. These are assessed and a reason for the extended response is recorded. Where this extended response is within accepted reasons which are:

1. No operational Resource available
2. Excessive distance travelled providing the closest resource was dispatched
3. Unable to obtain accurate location from caller
4. Unable to access call location (such as terrain that prohibits an ambulance to be driven)
5. Incorrect location given by caller

Breaches which fall outside of the accepted reasons will be passed to the relevant Operations Manager and an investigation will be undertaken to understand the reason for the extended response. In the event of actions of an individual being the root cause then disciplinary action may follow as approved and sanctioned by the Chief Operations Officer.

4.6. REPORTING

The Breach Report will be circulated on a monthly basis to: CEO, COO, ACC Manager, and Northern Emirates Operations Managers.

5. RELEVANT LEGISLATION

International, federal or local legislation and circulars relevant to this Policy. Full detail on this legislation can be found in QHP109 Legal Register.

Code, Name of Legislation	Jurisdiction
Code, Name of Legislation, Year here	Jurisdiction here

6. RELATED POLICIES AND FORMS

List related policies and procedures to the created/updated policy.

Policy & Procedure /Form
Ambulance Communications Center Policy and Procedure OPP113
Manual Call Taking Form OPF195

7. FEEDBACK

Any feedback or suggestions for improvement to this Policy, Processes or Procedures can be submitted to qhse@nationalambulance.ae

8. DOCUMENT CONTROL AND OWNERSHIP

A review and update of this document will take place as necessary, when changes occur that identify the need to revise this Policy such as changes in roles and responsibilities, release of new legislative or technical guidance, or identification of a new policy area.

This document ownership for editing is identified as:

- Chief Operations Officer

This controlled document is managed / overseen by [Procurement and Tendering Committee and/or Audit and Risk Management Committee and/or HR and Compensation Committee].

Change Brief

Version No.	Date	Change
1	September 2016	Creation of Document.
2	April 2019	Change of Area Managers to Operations Managers. Change of Director of Operations to Chief Operations Officer.

CEO Approval

Board Member Verification