

Clinical Services Strategy 2017-2020

الإسعاف الوطني National Ambulance



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2. National Ambulance

2.1. VISION

To be the paramount Pre-Hospital Care Provider in the Middle East.

2.2. MISSION

Our mission at National Ambulance is to deliver top quality pre-hospital services to customers in the UAE to improve patients' outcomes.

2.3. PURPOSE

To deliver quality pre-hospital services to customers in the UAE, ensuring excellence and continuous improvement in patient outcomes by working collaboratively with partners and stakeholders by providing:

- Pre-hospital care solutions and consultancy
- First Aid and Continuous Medical Education
- Ambulance and air medical services for government, public events, and oil and gas industries

2.4. VALUES

- Respect for People
- Search for Excellence
- Integrity

2.5. STRATEGIC PRIORITIES

- Priority 1** - Best Practice Clinical Care
- Priority 2** - Governance & Continuous Improvement
- Priority 3** - A Safe Working Environment
- Priority 4** - Workforce Planning & Sustainment
- Priority 5** - Infrastructure Development
- Priority 6** - Develop New Business
- Priority 7** - Maximise Technology
- Priority 8** - Sustainable Funding

3. Clinical Services Strategic Priorities

The purpose of this document is support the National Ambulance Strategic and Business Plan 2017-2020 in demonstrating the centrality of the patient and to address key strategic components to improve patient outcomes.

Clinical Services supports the staff in the field to be effective clinicians and improve the patient's experience. It aims to deliver high quality, safe clinical services in accordance with international evidence based practice, local and national regulation ensuring that National Ambulances commitment that fosters a culture of excellence and consistency in caring for our patients

It is important that NA clinicians and non-clinicians alike ask the same question when they go about the course of their normal work, "Am I improving patient care and thus their outcomes?"

In essence this simply means we acknowledge – **'Patient Lives are in Our Hands'**.



3.1. PRIORITY 1 - BEST PRACTICE CLINICAL CARE

Corporate Objectives

- Deliver best emergency pre hospital clinical care to patients.
- Maintain innovative models of service delivery and clinical care that best meets the needs of our patients.
- Determine and set appropriate standards of care such as registration / accreditation

Departmental Objectives and KPI's

- 1. Provide simplified clinical services protocols, policies and procedures framework**
 - a. $\geq 70\%$ Internal Staff Satisfaction Rating on Clinical Policies and Protocols
 - b. Learning Management System demonstrates that there is 80% staff awareness of all clinical policies
 - c. $\geq 80\%$ compliance to Policies and Protocol determined via Clinical Audit
- 2. Effective medication management**
 - a. 100% Access to required quantities of medication
 - b. 0% of expired medication in circulation
 - c. Annual Medication Formulary Review
 - d. $\geq 95\%$ of medications compliant to Health Authority Abu Dhabi (HAAD) storage requirements
 - e. 100% of all High Alert Medications are correctly identified.
 - f. 100% of all ADR's and medications errors are reviewed
 - g. 100% of all HAAD circulars to be dealt with within 48 hours of receiving email alerts
- 3. Provide the required clinical education, training and mentorship**
 - a. $\geq 90\%$ of staff complete all required Continuous Medical Education (CME)
 - b. $\geq 65\%$ of staff receive mentorship guidance during the year
 - c. 100% of HAAD Accredited Courses delivered as required
 - d. Maintaining American Heart Association (AHA) Accreditation
 - e. Maintain National Association of EMT's (NAEMT) Accreditation
 - f. Maintaining Abu Dhabi Centre for Technical and Vocational Education and Training (ACTVET)
 - g. Achieve HAAD Education Facility Accreditation

3.2. PRIORITY 2 - CLINICAL GOVERNANCE & CONTINUOUS IMPROVEMENT

Corporate Objectives

- Regularly review organizational governance requirements
- Engage in the consultation and enhancement of relevant legislation and maintain legal framework which meets current and emerging community needs
- Ensure our governance framework supports our organization organization to remain patient focused and to meet evolving community needs

Departmental Objectives and KPI's

- 1. Manage the relationship with our regulators and accreditation agencies**
 - a. Number of meetings held with Regulators and documented outcomes
 - b. ≥90% compliance to HAAD and Ministry of Health (MoH) circulars, standards and policies
- 2. Ensure correct facility, professional and ambulance licensing**
 - a. ≥80% of all facilities licenses
 - b. ≥90% of all ambulances licensed
 - c. ≥70% of all staff appropriately licensed
- 3. Ensure appropriate clinical metric capture, feedback and reporting**
 - a. Quarterly Clinical Services Report Generated
 - b. 10% of all Patient Care Records undergo Clinical Audit
 - c. Patient Care Records audited give feedback to Clinicians in a timely manner
 - d. Annual Review of Clinical Audit Metrics
- 4. Identify, review and manage clinical risks within the organization**
 - a. Monitor number of Clinical Investigation per quarter

3.3. PRIORITY 3 - A SAFE WORKING ENVIRONMENT

Corporate Objectives

1. Develop a best practice workplace health and safety programme
2. Foster a culture of mutual obligation for workplace health, safety and wellbeing
3. Develop and support the workforce in risk identification and mitigation
4. Ensure our systems and workplace culture empower individuals to positively influence health and safety outcomes

Departmental Objectives and KPI's

1. *To clinically safeguard and support our staff*

- a. 80% Compliance to Infection Control Dashboard
- b. ≥50% of all clinical staff appropriately immunised
- c. ≥90% of all clinical staff are vaccinated for seasonal influenza
- d. ≤5% Staff injuries (physical/exposure to communicable disease)
- e. Monitoring of sickness absence trends and issues
- f. Quarterly reporting of numbers of peer supporters and numbers of staff accessing service
- g. Staff satisfaction survey and satisfaction of those accessing the peer support system



4. The Clinical Services Department

National Ambulance (NA) strives to deliver safe and quality services in accordance with international evidence-based best practices adopted or adapted for use with other clinical policies, procedures and guidelines approved and/or published by NA and to comply with all relevant Laws and Regulations. National Ambulance is committed to fostering a culture of excellence and continuous improvement and has therefore developed capacity and capability to provide best standards for all stakeholders.

NA clinical staff must act in the best interests of the patient, any relatives or guardians accompanying the patients and within their specified scope of practice and must use relevant qualifications, training, skills and experience to provide optimal clinical care.

Clinical Services strategic priorities are delivered via five teams:

- Clinical Governance
- Clinical Education
- Medication Management
- Occupational Health
- Compliance and Accreditation



4.1. CLINICAL GOVERNANCE STRATEGY

Clinical Governance is a quality improvement framework and process that seeks to continuously improve patient care and outcomes through a systematic review of care against explicit criteria and the implementation of change. This is achieved by auditing against key performance indicators and measuring against international evidence based benchmarks.

Encompassed within the National Ambulance Clinical Governance Continuous Improvement Model

1. Quality and Patient Safety
2. Clinical Standards and Policies
3. Clinical Audit
4. Clinical Incidents and Risk Management
5. Clinical Effectiveness and Excellence





4.1.1. QUALITY AND PATIENT SAFETY

a) Quality

The six elements of Quality in Healthcare

- Safety - patients should not be harmed by care that's intended to help
- Patient centered - care should be based on individual needs
- Timely – treatment starts promptly and is maintained until release
- Effective - care should be evidence-based
- Efficient - optimise the use of resources
- Equitable - fair delivery to all contract

b) Patient Safety

Patient safety is of paramount importance to National Ambulance thus processes are created and reviewed to, reduce avoidable harm, ensure clean environments, develop exemplary techniques to reduce infections, ensure safe administration of medicines, protecting the welfare of the patient therefore providing optimum care.

c) Patient Rights

Quality of care includes the development, implementation and monitoring the Patients' Rights and Responsibilities Policy and Charter to ensure that consistently high services are delivered. It also includes a system and process for patient and customer feedback and for management of clinical complaints including compliance with the relevant regulatory requirements.

d) Infection Prevention and Control

National Ambulance is committed to protecting its patients, staff, clients and the public from potentially harmful pathogenic microorganisms. The NA Infection Control Programme, patient care policies and learning packages provide clear and comprehensive direction to ensure infection control throughout sites, ambulances, and patient facing employees, patients and the public. It also includes metrics to monitor and the subsequent development of any necessary improvement plan to ensure continuous improvement.

e) Information Management

Information Management ensures that the organisation meets its responsibilities in relation to the protection of patient identifiable information. This includes policies and procedures for patient related information including, management of patient care records and documentation, confidentiality policy and document retention and storage policy.





4.1.2. CLINICAL STANDARDS AND POLICY

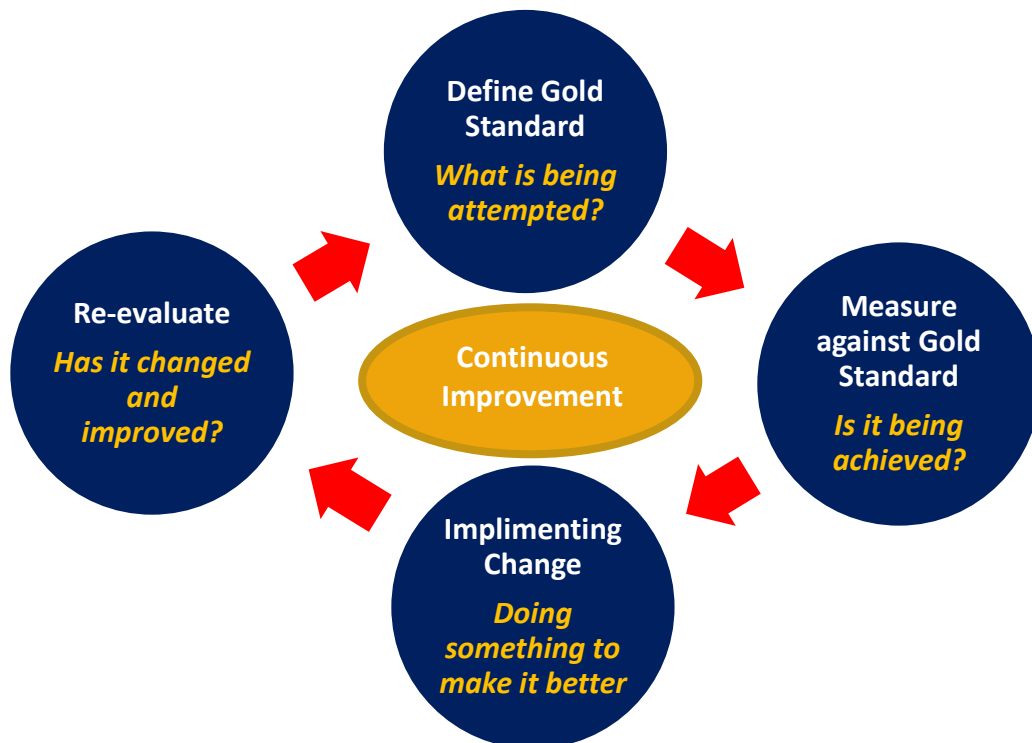
Standards, policies, guidelines, protocols, and procedures are crucial control documents which form the infrastructure by which evidenced-based practices are mapped out. They permit consistency thus leading to best clinical outcomes for a patient. Clinical processes are reviewed regularly, are in concordance to the regulating authority and are fit for purpose. They are adapted in light of newly emerging data and findings from internal and external audits thus continuously leading to best patient outcomes.



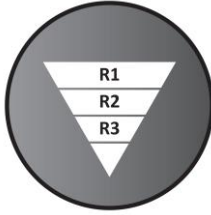
4.1.3. CLINICAL AUDIT

As part of the commitment to continuous quality enhancements, clinical audit is used as a tool to obtain data to establish the effectiveness of the clinical care. The audits are regular, and structured with clearly defined measures, standards and outcomes. Where areas for improvement are identified, training packages are developed and delivered. Upon their delivery a repeat audit is undertaken to determine the effectiveness of the training and more importantly the enhanced outcomes for patients.

Clinical Audit Cycle



4.1.4. CLINICAL INCIDENTS AND RISK MANAGEMENT



Clinical Incident reporting and investigation is proven to contribute to clinical improvements and helps to prevent recurrence of adverse incidents. It includes a system and process for Incident and Near Miss Reporting, reporting and investigation of clinical Sentinel Events using Root Cause Analysis techniques and including compliance with any regulatory requirements. Staff are continuously assessed and competencies reviewed as well as equipment being regularly calibrated and updated. Clinical Services is determined to ensure learning takes place such that mechanisms are adopted to prevent a similar incident. Clinical incident databases have been created to monitor and act as an identification tool for any trends as a further safeguard.

Clinical risk management is an approach to improving quality and safe delivery of healthcare by placing emphasis on identifying circumstances that put patients at risk of harm. Risk management will also be achieved through compliance with relevant policies including but not limited to Infection Control, Information Management, Patient Rights and Responsibilities and Patient Consent.

4.1.5. CLINICAL EFFECTIVENESS AND EXCELLENCE



Clinical effectiveness is identifying whether NA inventions and initiatives are successful in medical and healthcare settings. It is the demonstration of good outcomes from different treatment/interventions for different conditions, examples include novel interventions for conditions such as heart attack, stroke, paediatrics cases, trauma and measurement of consequent outcomes. It also includes measurement against the evidence based patient care practices used for all clinical operations and using appropriate clinical resources with Key Performance Indicators that provide the international benchmarks to indicate the standards achieved and surpassed.

When NA clinicians achieve a level of mastery in treating patients using the correct techniques and tools, with effective communication and interpersonal skills, professionalism and humanism, there are benefits to, not only the individual patients but to communities. Ideally, best practice for pre-hospital care would see the interface of Emergency Medical Services and the hospital system as the highest and most effective route for integration and therefore best outcomes.

Excellence seen in NA is marketed through the Routine Information Bulletin, as contributions to local and federal initiatives, poster presentations in conferences and ultimately as published articles in prestigious, peer reviewed clinical journals.



4.2. COMPLIANCE AND ACCREDITATION STRATEGY

4.2.1. REGULATION

Mandated by the healthcare regulators, regulations are informed by Federal and Emirate law and are published in the form of Policies and Standards by MOH and HAAD. Compliance with the policies and standards is necessary for facility and professional licensure. The regulator publishes circulars at intervals to ensure currency and give information on patient safety related issues and new laws or regulations that will apply to healthcare providers in the UAE. In addition NA will strive to influence laws, regulations and healthcare regulatory activity where possible to ensure quality and safe patient care going forward.

4.2.2. LICENSING

The department provides the company's main efforts in licensure, starting with credentialing, securing correct documentation, liaising with procurement for certifications and PRO's for governmental ministry tasks

- **Professional Licenses:** Clinical healthcare licenses for EMT-B, EMT-I, EMT-A, Pharmacists and Physicians
- **Facility Licenses:** Provisional and permanent licenses for Office of Healthcare Provision, First Aid Posts, Medication Storeroom or as required
- **Ambulance Licenses:** equipped with appropriate equipment and medication all of which must be fit for purpose and have assigned qualified personnel

The team works closely with the regulators and by invitation to provide comprehensive and robust evidence based input to influence licensing strategies, policies and standards (facilities and professional).



4.2.3. ACCREDITATION

The organization demonstrates its achievement of high quality in all areas of company functions with accreditation achieved with:

1. **Joint Commission International (JCI) – Medical Transport Organisations (second edition)**
 - International Patient Safety Goals
 - Quality Improvement and Patient Safety
 - Prevention and Control of Infections
 - Facility Management and Safety
 - Management of Information
 - Access to Care and Continuity of Care
 - Patient and Family Rights
 - Assessment and Care of Patients
2. **International Organization for Standardization (ISO)**
 - Quality Management System 9001:2015
 - Environment Management System 14001:2015
 - Occupational Health and Safety Management 18001:2015
3. **American Heart Association (AHA)** – for internationally accredited CME
4. **National Association of EMT's (NAEMT)**
5. **Abu Dhabi Centre for Technical and Vocational Education and Training (ACTVET)**
6. **National Emergency Crisis and Disaster Management Authority:** Business Continuity

4.3. EDUCATION STRATEGY



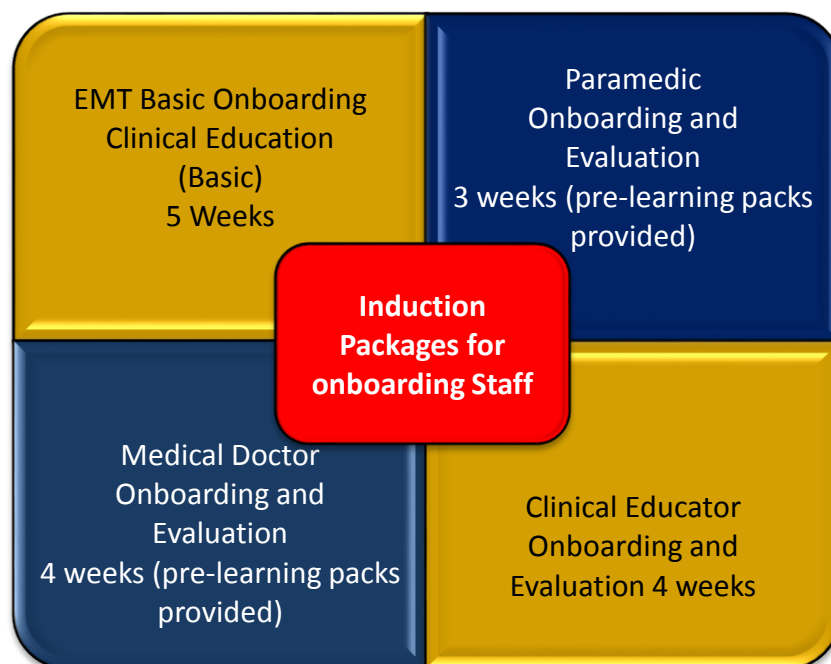
All clinical staff are provided with high quality clinical education which exceeds the HAAD and MoH requirements. The Clinical Education Department has and will continue to transition from traditional classroom based learning to scenario and simulation based learning, blended learning, field-based mentorship and online eLearning modules to deliver high quality clinical education to all National Ambulance staff. To further enhance staff development, National Ambulance also provides access to international conferences and workshops relevant to staff's practice areas.

The Clinical Education Department has four main components to ensure that all National Ambulance staff and our external clients continue to receive high quality education:

1. Induction, Training & Evaluation
2. Continuous Medical Education
3. Field Mentorship & Evaluation
4. External Education

4.3.1. CLINICAL INDUCTION, TRAINING AND ASSESSMENT

All clinical staff joining National Ambulance are required to undergo a formal period of clinical induction, training and assessment. Education deemed necessary for the individual's specific clinical level and required for their professional license application is included in their induction. Assessment of competencies is carried out to establish a baseline against the agreed competencies, scopes of practice and license category as well as plans to manage any deficient in competencies. The clinical induction also includes all policies, procedures and guidelines relevant to the specific scope of practice of each professional. The induction ensures homogeneity of staff competencies irrespective of their country of origin, i.e. All staff will adhere to a common NA professional clinical standard.



4.3.2. CONTINUING MEDICAL EDUCATION (CME) AND COMPETENCY ASSURANCE

CME is education deemed necessary for medical professionals to maintain their clinical licenses and ensure that they continuing to work to best international practices. National Ambulance partners with external organisation such as the HAAD, the AHA and the NAEMT's to ensure that the CME courses provided are to the highest International standards.

4.3.3. FIELD MENTORSHIP AND EVALUATION

To ensure all National Ambulance healthcare professionals are performing at the required clinical standard, a continuous field mentorship and evaluation process is been introduced. Field mentorship and evaluation can be performed by trained clinical mentors using Daily Observation Reports (DORs). Minor corrections and mentorship is completed in the field while more extensive remediation is conducted by clinical educators.

Field Mentorship is provided by:

- Line Managers
- Clinical Educators
- Trained Mentor

4.3.4. EXTERNAL EDUCATION PROGRAMS

The Clinical Education Department has the ability to deliver training courses that Clinical Educators are qualified to deliver for National Ambulance staff or external clients as value added benefits to NA contracts. We will continue to provide education courses to our contract partners as required and make ourselves available to support local and national government programs.



4.4. MEDICATION MANAGEMENT



Medication Management covers a broad range of professional activities and covers the whole lifecycle of any medication in the organisation; from the clinical selection of the medication, to its procurement, storage, dispensing, administration and subsequent monitoring of its effectiveness. Integrated within the lifecycle is also the education and training for the staff, audit, documentation and importantly compliance to regulations.

The Medication Management Team consists of all members of Pharmacy Staff. Medication Management has five main components that will generate an accountable, patient-focused system of services:

1. Regulation, Licensing & Accreditation
2. Formulary Management
3. Medication Management Manual
4. Medication Safety & Audit

4.4.1. PHARMACY REGULATION, LICENSING AND ACCREDITATION

Medication Management is dedicated to adhere to all UAE regulatory body policies and standards to ensure safe control and management of medications used by the organisation as well as the delivery of high standard medication services to patients. All medication rooms abide by up-to-date regulations issued by the appropriate authorities.

Medication Management will ensure regular review of circulars and policies relating to the requirements for medications rooms on an annual basis. HAAD also organises yearly spot audits to ensure all medication rooms abide by current laws and regulations set by the government.



4.4.2. FORMULARY MANAGEMENT

Formation of a Medication Advisory Committee will supplement the current services provided. This Committee will oversee all aspects of drug therapy within the organisation. Creation of a committee by end of 2017 will improve clinical practice as well as promote opportunities for cross-divisional and department collaboration through regular team meetings. The committee's main functions will include: deciding what medications are to be included on the medication formulary using evidence based practice, determining availability of drugs, quality assurance activities (e.g., drug utilisation review/evaluation and updating drug monographs), adverse drug reactions/medication errors, dealing with drug shortages and recommending alternatives, and education in drug use.

4.4.3. MEDICATION MANAGEMENT MANUAL

The Medication Management Manual consolidate all of pharmacy's requirements into a single documentation. It incorporates the internal and external rules and regulations, including elements such as procurement, dispensing, and supply of medications. A separate section of the manual will incorporate all guidelines for clinical staff to abide by. These policies and procedures will be strictly adhered to and compliance will be monitored by regular clinical audits. The manual will be reviewed every two years to increase the effectiveness and scope of medication services across organisation.

4.4.4. MEDICATION SAFETY AND AUDIT

In order to deliver top quality pre-hospital services to all customers in the UAE, Medication Management must place large emphasis on patient safety. The USA Institute of Safe Medication Practices (ISMP), UK National Patient Safety Agency (NPSA), and UAE government bodies such as HAAD guide this department to reduce the risk of medication related errors. In combination, these agencies/authorities provide a variety of tools and up-to-date safety alerts to improve practice in an emergency/ambulatory healthcare setting.



Real time clinical audit utilising ePCR and Operative IQ integration will be key to ensuring patient medication safety. Not only does it measure the effectiveness and performance of healthcare against an agreed standard, but it also provides assurance of quality to service users, clinicians and the Pharmacists.

4.5. OCCUPATIONAL HEALTH



The Occupational Health Policy's overall aim is to have a healthy workforce able to carry out their duties to the best of their ability.

The advantages of our Occupational Health Policy:

- Pre-employment screening;
- Investigations and specified vaccinations
- Ongoing health monitoring and screening;
- Sickness monitoring, sickness absence management, assessment of fitness to return to work and/or rehabilitation of individuals;
- Providing internal counselling support for staff to complement other welfare services;
- Assessment of occupational health hazards and management of any identified work related risks, such as Body Fluid Exposure (BFE) and/or Needle Stick Injuries in accordance with National Ambulance QHSE Policies and Procedures and QHSE Reporting; and
- Specific requirements for Employees who are pregnant.

Within the current Occupational Health provision there is a Peer Support Wellness project with the specific aim of ensuring that the general psychological well-being of the staff is taken care of with a robust referral pathway.

5. DOCUMENT CONTROL

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:

- Clinical Governance Manager

Change Brief

Version No.	Date	Changes
1	21 May 2017	New Document

Review and Approved

Chief Executive Officer