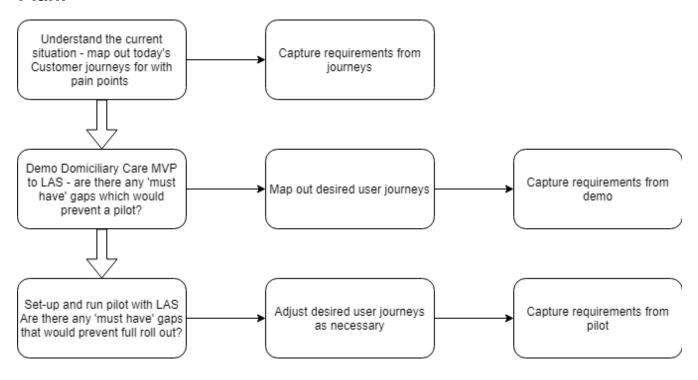
# **Ambulance Pilot 'Deep Dive'**

### Plan:

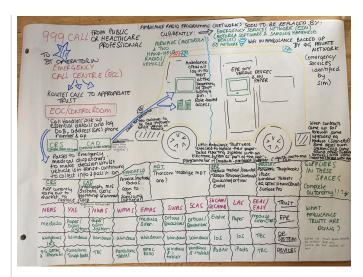




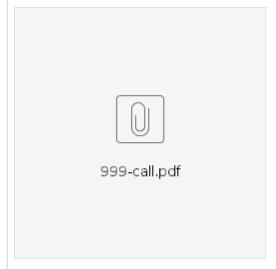
#### **Deliverables:**

#	Description	Owner	Attachments / Links	Status
1	Domiciliary Care MVP Scope	Simeon Smith	a) RBAC codes and Roles b) End to End flow, requirements, questions and issues c) Domicillary MVP Use Case Diagram  Domicillary CareVP Use Cases.pdf	N/A
2	Ambulance 'Deep Dive' User Research	Suzann e		In Progress

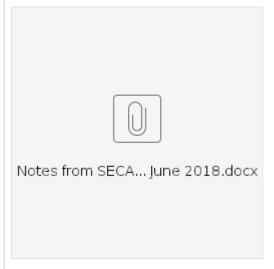
Hamlin



Spoken to all the Ambulance Trusts and researched all the different bits of kit and suppliers



Created into an infographic by Dan Johnston



Attending the Quarterly IM&T meeting led to the LAS pilot.

			Notes from SECA June 2018.docx  Interview with Phil Smith SECAMB to understand Admin use This is of interest, however, and helps us to piece things tog	
3	Ambulance User Journeys	Helen Walker	Ambulance / Paramedic Journey (Mural) DRAFT Password LondonAmbulance	In Progress v0.2 of journey map out for review at LAS Meeting with LAS in July '18
4	LAS Quantitative Analysis	Simeon Smith	LAS SCRa Activity May18.xlsx	Ready for review

## **Supporting Information:**

Auth Options for Pilot - option 3 agreed



### London Ambulance Journey Map (PDF)

- Identify PatientHear and Treat
- See and Treat
- Convey patient to the correct location



5225e583-9a8e-47cc-b8ce-43a10f43e7e6.pdf

Version 0.2. with LAS for review.

Information about Co ordinate my Care-Plans (CMC)

http://coordinatemycare.co.uk/about-us/

and Patient Specific Protocols (PSP)

https://www.londonambulance.nhs.uk/document-search/procedure-for-patient-specific-plans-op028-17-12-10/

...Both of which LAS have access to:

# **User Research Analysis:**

#### Use of existing features

Feature	Detail	Clinical Hub
Access SCRA		Yes
Search		Yes
View Demographic Info	Name /Address/NHS no	Yes
	GP Info	Yes
Edit Demographic info		No
Print		No
Record Consent to view		Yes
View Clinical Data	SCR	Yes
	Enhanced SCR	Anecdotally "never seen one"
Flags	FGM	Unclear

CP-IS	Believe Adastra used and this information relevant
View Overseas Visitors	No

#### Opportunities:

No	Idea	Questions	I n S CR	In Enha nced SCR?	Notes on any interactions with work already in progress (NRLS, Flags going into existing SCRA)	Commen ts	Jira link
1	As a paramedic I can find identity my patient and locate the record patient's details within <x> seconds so that I can access data to improve the treatment of my patients without calling in to the clinical hub.  Advanced search (Common mis-pellings etc)  Postcode</x>	Assume that advanced search features - Already in Jira	N /A	N/A			SCRA-77 - Make UX of finding a patient more efficient (current capabilities) BACKLOG  SCRA-2 - Make UX of viewing patient information more efficient (current capabilities) BA CKLOG  SCRA-75 - New Search Capabilities BAC KLOG
2	As a paramedic I can find identity my patient and locate the record patient's details within <x> seconds so that I can access data to improve the treatment of my patients without calling in to the Clinical Hub.  (New search features - ie mobile phone number)</x>	Visit to LAS to see first hand the info available on a call out.	N /A	N/A		On hold due to lack of authenticati on solution. can't progress further.	SCRA-77 - Make UX of finding a patient more efficient (current capabilities) BACKLOG  SCRA-2 - Make UX of viewing patient information more efficient (current capabilities) BA CKLOG  SCRA-75 - New Search Capabilities BAC KLOG
3	As a clinical hub user I can have multiple patient details available on SCRa when I am treating an incident involving more than one person.	Visit to LAS. Assume could pilot without this but would need to be on the roadmap.	N /A	N/A			SCRA-85 - Have multiple patient records open at once BACKLOG
4	As an paramedic I can see the clinical history for each patient:  The treatment (previous care episodes) a patient has received and from who. (ie Social Care Records, Mental Health Records, Previous Ambulance trips)  The baseline of what is normal for each condition they present with.  In order to support a timely clinical diagnosis and reduce unnecessary A&E admissions	Discuss with Marta how far she wants this researched. Could get the priorities researched by understanding in detail diagnosis flow or which scenarios are a priority to prevent admission to A&E	No	Partial when updated back into GP systems but lag	Interacts with NRLS scope		SCRA-2 - Make UX of viewing patient information more efficient (current capabilities) BA CKLOG  SCRA-4 - Provid e more broad & complete patient clinical information sourced from GP records BACKLOG
5	As a paramedic I can see information (test output or pictures) to support the clinical history to establish the baseline of normal to support a clinical diagnosis and reduce unnecessary A&E admissions  1. ECGs (heart patients) 2. Pictures of wounds	There could be a whole list of these.  Discuss with Marta how much she wants us to research this.  Clinicial imaging service already provided by PACS	No	No	Interacts with NRLS scope		

6	As a paramedic I can see the patients end of life care wishes (and Advanced care decisions) so that I can ensure their care is delivered according to their wishes.  NB: This includes instructions on whether or not to resuscitate a patient.	NB: They have a partial source of this tied to the postcode.  Discuss with lan as this overlaps with flagging work and potential NRLS			Flagging interaction - future flags		SCRA-34 - Make clinician aware of the patient's preferences for their palliative care BACK LOG  SCRA-69 - Clinic ians to be made aware of the opinion of other Care professional on the patient's palliative care BACKLOG  SCRA-72 - Make clinicians aware of other care organisations which hold records on patient BACKLOG  SCRA-55 - Highli ght records available from other sources (i.e. NRLS) BACKLOG
7	As a paramedic I can see the can see when a patient has a specific care plan associated with them (ie call a certain clinic and request support) in order to influence their treatment and the location they are conveyed to.	This exists partially already & we could make a very confusing picture for the paramedics	No	No	Future scope NRLS		SCRA-72 - Make clinicians aware of other care organisations which hold records on patient BACKLOG  SCRA-55 - Highli ght records available from other sources (i.e. NRLS) BACKLOG
8	As a paramedic I can see when a patient is vulnerable and has a legal power of attorney assigned so that I know who to talk to in order to discuss their care wishes	Discuss with lan - this overlaps with the flagging investigations work. / how does this interact with reasonable adjustments?  Unclear why power of attorney is of interest.			Overlap with Reasonable adjustments?		
9	As an ambulance pilot user I can record feedback from my usage of the tool in the trial to influence the development and role out of SCRa  Whether the patient was identified and if not why not  Whether each search provided useful insight  What else would be needed to make the tool useful?	Need to dig into what we'd like this to look like  Must not take long or it won't be done					SCRA-78 - Reco rd user feedback BACKL OG
10	As an ambulance pilot owner I can review the trial statistics on a daily/weekly /monthly basis so that I can take action to ensure the pilot provides the necessary feedback.						SCRA-25 - Be able to analyse usage and validate changes BA CKLOG  SCRA-26 - Reco rd session, impression and click events BACKLOG
11	As a Ambulance service investigator I can use SCRa as part of any post event investigation.	Raise this to Basil; there was an API requested to their tracking tool.  Parked until restart of LAS engagement				On hold until LAS engageme nt restarts	
12	As a paramedic I can see whether the patient is known to seek drugs so that I can treat the patient appropriately.	This came from NEAS not LAS			Overlap with Flagging work (future flag need)		SCRA-84 - Alert user if patient has risk of 'drug seeking behaviour' BACKLOG
13	As a paramedic I can see the risks associated with treating a patient (ie violence)	This came from NEAS not LAS			Overlap with flagging work (future flag need)		SCRA-30 - Make clinician aware of a patient at risk BACKLOG

#### **Overall Benefits to Ambulance Service/ Patients**

Improved patient care due to being able to see the drugs and allergies info easily

Improved efficiency (fewer calls to clinical hub) as information is in the hands of the user.

If there is enhanced clinical data (ie info on who else is treating the patient) reduced trips to A&E, shorter ops times & better care for the patient