

NATIONAL AMBULANCE SERVICE

PERFORMANCE IMPROVEMENT ACTION PLAN - NATIONAL

The challenges posed by the HIQA Response Times Standards are considerable and will require significant service redesign to achieve. As a complex and major piece of work this has required some very detailed planning and will require substantial management capacity to deliver across the coming 18 - 36 months. The NAS has therefore broken down the Performance Improvement Plan (PIP) into specific work-streams. The programme will involve significant re-design of many of our Control Centre processes including a review of call taking rosters and the introduction of specific dispatch desks. This new operational model will assist the NAS to reach the new performance targets. The current HSE financial position is of considerable cause for concern. The savings required by the HSE this financial year are challenging and it is vital that the HSE understand that we do need to make progress in terms of improving performance if we are to achieve HIQA Response Times Standards. Our improvement plans are being shared in detail with the HSE to facilitate this understanding and ensure HSE support. To enable the new operational model to work there will need to be investment in both training and technology

The management capacity to undertake these changes cannot be underestimated. The ability to deliver all of the changes, and most importantly to embed the benefits at local level, will prove highly challenging. Local managers have been engaged early and have been supportive of the objectives set out. Staff and Union engagement is also key to this process. The PIP constitutes one of the most radical and far reaching pieces of redesign yet to be undertaken within NAS. The need to change many work practices will prove challenging, particularly because it will involve detailed roster negotiations across most of our Stations. The Trade Unions will be engaged and many issues will need to be worked through.

In closing, the NAS is engaged on a wide-ranging piece of service re-design which will need to deliver the new performance targets. It is very challenging and will require absolute focus internally coupled with ongoing external support from the HSE.

Task							
Number	Description of Task	Due Date	Planned outcome	Date Achieved	Actual Outcome	Status	Progress
1 Ownership of Performance by Key Managers							
1.1	Daily briefings between Operations Resource Managers to discuss issues requiring corrective action	28th February 2011	Immediate action on issues requiring managerial attention				
1.2	Weekly briefings led by the Operations Managers, with key managers, which are decision oriented and based on corrective action required	28th February 2011	Performance management of key managers				

1.3 Live Performance information available to managers by remote web access	31st December 2011	Managers aware of the impact of actions and decisions
1.4 Messages generated automatically by the CAD system, at least four times a day to a pager or mobile phone (by SMS)	31st December 2011	Managers regularly reminded of demand and performance trends
1.5 Deploy Operations Resource Managers to EDs based on set thresholds, e.g. number ambulances at hospital for more than 20 minutes	31st March 2011	Reduce job cycle times and increase resource availability
1.6 Ensure regular liaison between the Control Managers and acute hospitals regarding turnaround delays	31st March 2011	Reduce job cycle times and increase resource availability
1.7 Individual Call Taker and Dispatcher Performance Information available to Control Managers	31st December 2011	Initiate staff feedback to achieve performance improvement

2 Improving Call Taking and Dispatch

2.1 Configure all CAD Systems to HIQA Time Definitions	31st January 2011	National consistency for performance reporting
2.2 Ensure Short Notice Absence Contingency Procedures are in place in the Control Centre	28th February 2011	Ensure all critical desks are staffed to achieve performance standards
2.3 Ensure all new rosters contribute to at least a 1 hour overlap at shift changeover times	31st October 2011	Reduce risk of reduced performance at shift changeover

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| 2.4 Upload latest version of PHECC Dispatch Cross Review (DCR) Table | 28th February 2011 | Ensure correct allocation for Delta and Echo calls |
| 2.5 Ensure live Performance Data is displayed in the Control Centre | 31st December 2011 | Create awareness of response performance |
| 2.6 Ensure 999 Call Pickup performance is displayed in the Control Centre | 31st December 2011 | Create awareness of response performance |
| 2.7 Ensure all First Responder resources are uploaded on CAD system and geofenced to specific radius | 28th February 2011 | Create awareness of resource availability |
| 2.8 Implement technological solution to capture First Responder At Scene (T14) time | 31st December 2011 | Improve HIQA Response Time performance for Echo/Delta calls |
| 2.9 Ensure skill levels of staff are correctly entered into Vehicle Details screen | 28th February 2011 | Ensure Paramedic/Advanced Paramedic resources clearly identified |
| 2.10 Differentiate between Call Taking and Dispatch roles | 31st March 2011 | Clear focus on improving Call Connect Time |
| 2.11 Implement Horizontal Dispatch work practice model | 31st March 2011 | Reduce time to Call Allocation |
| 2.12 Implement resource allocation on Address Verification (T5) work practice model | 28th February 2011 | Reduce time to Call Allocation |

- 2.13** Implement automatic notification of First Responder resources 28th February 2011 Reduce time to Resource Activation
- 2.14** Implement AQUA Audit for Centre and Individual Performance 31st March 2011 Improve accuracy and efficiency of emergency dispatch
- 2.15** Set 30 second warning on CAD System to prompt Call Taker that "out of standard" is approaching 28th February 2011 Achieve Address Verification (T5) performance standard
- 2.16** Set 30 second warning on CAD System to prompt Dispatcher that "out of standard" is approaching 28th February 2011 Achieve Resource Mobile (T13) performance standard
- 2.17** Eliminate telephone handshake on Station where crews are not mobilised by more efficient means 31st December 2011 Reduce time to Resource Activation
- 2.18** Control Supervisor to monitor call taking and dispatch performance against time standards 28th February 2011 Reduce time to Resource Activation
- 2.19** Establish a system to effectively task managers to calls 31st March 2011 To utilise clinically qualified managers effectively to improve performance
- 2.20** Eliminate unnecessary multiple tasking by implementing automatic paging systems 31st December 2011 Reduce time to Resource Activation
- 2.21** Implement integrated Mobile Data Solution 31st December 2011 Reduce time to Resource Mobilisation

2.22	Dispatcher to follow up with crews slow to mobilise	28th February 2011	Reduce time to Resource Mobilisation
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3 Increasing Resource Availability

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| 3.1 | Engage with Staff and Unions to secure support for performance improvement | 31st
2011 | March | Staff Support to
achieve improvement
trajectory in
performance |
| 3.2 | Examine all options to reduce involvement of EMS resources in PTS work | 31st
December
2011 | | Increase resource
availability |
| 3.3 | Ensure all staff employed as Paramedics or Supervisors are assigned to cover emergency response duties | 31st
January
2011 | | Ensure all rostered
shifts are covered
within available
resources |
| 3.4 | Expand Community, PAD or Co Responder Schemes where response times are under performing | 31st
December
2011 | | Reduce response
time to Delta/Echo
Calls |
| 3.5 | Engage with Fire & Rescue Services who are interested in participating in Co-Responder Schemes | 31st
2011 | March | Reduce response
time to Delta/Echo
Calls |
| 3.6 | Implement NAS Off Duty Responder Schemes where staff volunteer in appropriate locations | 31st
2011 | March | Reduce response
time to Delta/Echo
Calls |
| 3.7 | Install an inbound patient CAD Screen in EDs to provide advanced notice of patient arrival and accurately record patient handover times | 31st
December
2011 | | Reduce job cycle
times and increase
resource availability |

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| 3.8 Introduce a warning on the CAD to notify Dispatcher when crew has been At Hospital for more than 15 minutes | 28th February
2011 | Reduce job cycle times and increase resource availability |
| 3.9 Control Supervisors to follow up with Nurse Manager in Emergency Dept.s when Turnaround Times exceed 15 minutes | 28th February
2011 | Reduce job cycle times and increase resource availability |
| 3.10 Consider use of Automatic Vehicle Location System to record Clear at hospital times | 31st
December
2011 | Reduce job cycle times and increase resource availability |
| 3.11 Ensure all new rosters contribute to at least a 1 hour overlap at shift changeover times | 31st
December
2011 | Reduce risk of reduced resource availability at shift changeover |
| 3.12 Implement Individual performance measures - to ensure that staff with outlying clinical or operational performance are robustly challenged | 28th February
2011 | Address under performance affecting response times |
| 3.13 Ensure all future job descriptions contain requirement to respond where trained to do so | 31st
January
2011 | Increase resource availability |
| 3.14 Engage with key stakeholders to identify potential alternative referral pathways for Omega calls | 31st
2011 | March
Maximise the number of patients who do not require a mobile response |
| 3.15 Implement Treat and Refer and Treat and Discharge CPGs as soon as approved | 31st
December
2011 | Reduce the number of patients transported to EDs |
| 3.16 Reduce On Scene times when exceptional | 31st
December
2011 | Circulate staff (privately) each month with their on scene times |

3.17 Reduce On Scene times when exceptional	31st December 2011	Introduce an on scene time standard for different call types
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4 Improving Response Times Performance

4.1 Implement integrated Satellite Navigation Solution	31st December 2011	Reduce time to Resource At Scene
4.2 Engage with Fire and Rescue Services with a view to using Fire Stations as Emergency Dispatch Points	31st 2011	March Facilitate implementation of Tactical Deployment Plans
4.3 Identify other locations as appropriate for use as Emergency Dispatch Points	30th 2011	June Facilitate implementation of Tactical Deployment Plans
4.4 Identify barriers on Station to rapid mobilisation, e.g., location of parked vehicle, proximity of rest room, etc.	28th February 2011	Reduce time to Resource Mobilisation
4.5 Review crew activation times during night time hours and refer any trends to relevant Supervisors for follow up with crews	28th February 2011	Reduce time to Resource Mobilisation
4.6 Implement Tactical Deployment Plans to dynamically deploy all resources based on historical activity to ensure the right resources are in the right place at the right time to meet the needs of all our patients	31st 2012	March Reduce time to Resource At Scene
4.7 Consider use of Automatic Vehicle Location System to record At Scene times	31st December 2011	Reduce time to Resource At Scene

- 4.8 Consider move towards a model where solo responders with enhanced assessment skills are the primary response to most Alpha/Omega calls. 31st March 2011 Reduce Resource and transports to EDs time to At Scene
- 4.9 Continue to dispatch to low priority calls when resources are available and divert mobile resources onto high priority calls when necessary 28th February 2011 Reduce Resource time to At Scene
- 4.10 Operations Resource Managers to follow up with crews persistently slow to mobilise 28th February 2011 Reduce Resource time to At Scene
- 4.11 Keep all Staff, Supervisors and Managers informed about challenges to achieving performance 28th February 2011 Create Performance culture of achievement

