

# “Haastige spoed is zelden goed”



Astrid Koek  
Mariska Visser  
Bert Dercksen

Nationale Spoedzorg Congres 6 oktober 2017



# 15 minuten inzetnorm



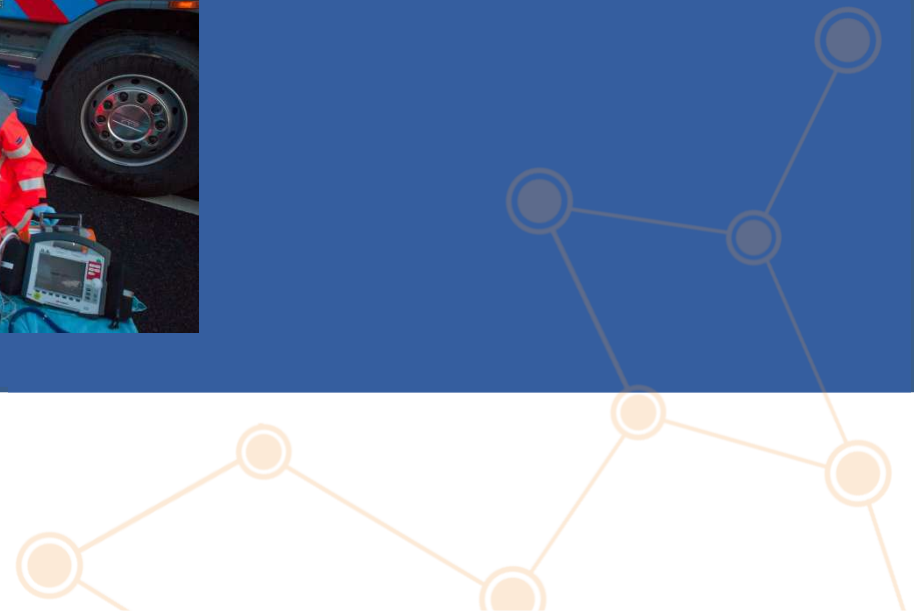
- In Nederland geldt de norm (geen wet) dat een ambulance in 95% van de “spoedeisende” gevallen (A1) binnen 15 minuten ter plaatse moet zijn.
- Spreiding van posten, grootte van posten en aantal ambulances en bemensing is op deze norm gebaseerd.
- Het blijft een uitdaging om aan deze norm te voldoen.
- Deze uitdaging zal alleen maar groter worden.



Inefficiënt, duur en niet de  
meest optimale kwaliteit van  
zorg!



# Afschaffen 15 minuten inzetnorm: JA OF NEE?



# Interactieve Brainstorm



# Oplossingen uit Wales



*NHS Wales Ambulance Service  
Emergency Ambulance Services Committee*  
Clinical Model Pilot Evaluation  
Final Report



January 2017





Traditionally, response time has been the main dimension of measurement when measuring ambulance performance.

In recent years there has been a move towards holistic evaluation based on systematic reviews of the relationship between response time and patient outcome.



These reviews showed that this dimension is only of crucial importance for patients experiencing a stroke, cardiac arrest, or similarly life-threatening incidents.

There is no direct relationship between ambulance response times and patient outcome in terms of mortality when it comes to other conditions, life-threatening or not.

This does not mean that time is not important.



Concurrently, the role of the ambulance service has changed from providing a mode of transport to delivering clinical assistance, in other words being 'at the frontline of pre-hospital emergency care'.

Treatment begins when the emergency vehicle arrives, and not when patients are conveyed to hospital.



### Nieuwe urgentie classificatie:

- Red, Amber, Green
- Red = 8 min
- Amber, Green: geen tijdlimiet...zo snel als mogelijk

### Nieuwe randvoorwaarden:

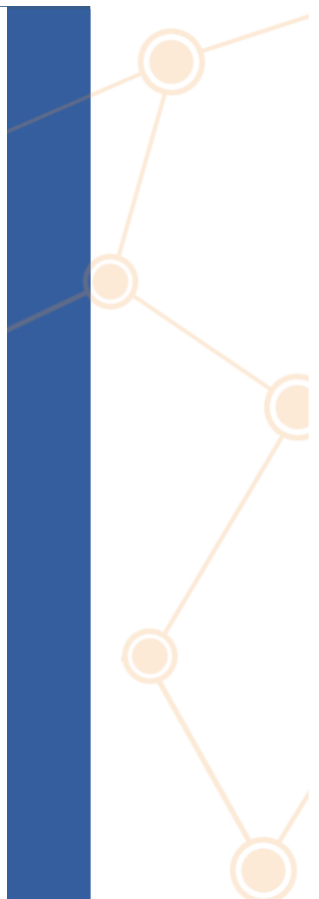
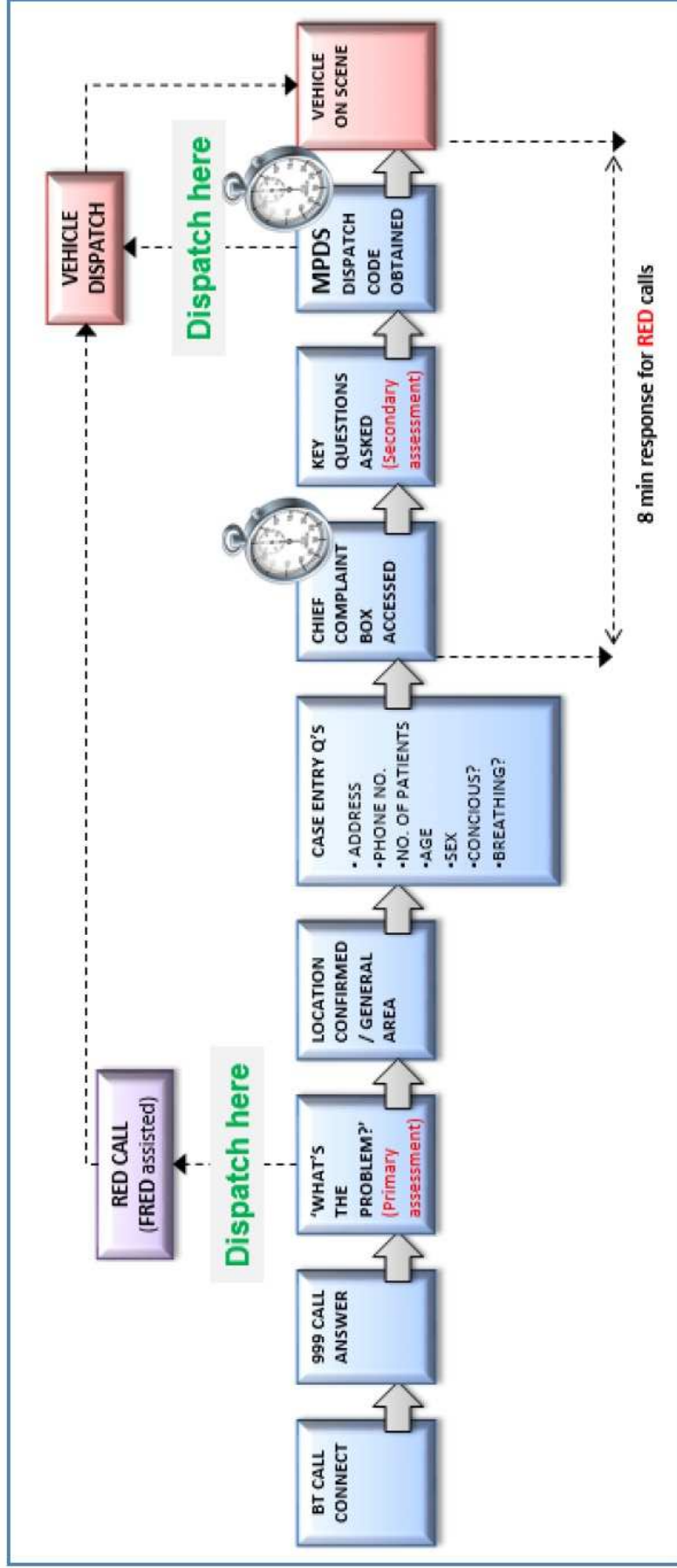
- Langere uitvaartijd voor de centralisten, behalve bij Red; dan direct inzetten.
- Groter zorgaanbod bieden, meer zorgaanbieders aansturen.



Binnen 8 minuten  
ter plaatse

Category	Overview
RED	Immediately life threatening calls such as cardiac arrest or choking. These calls will be subject to both clinical indicators such as Return of Spontaneous Circulation (ROSC) rates and a time based standard requiring a minimum attendance at 65% of these calls within 8 minutes.
AMBER	Serious but not life threatening. These calls will include most medical and trauma cases such as chest pain and fractures. Amber calls will receive an emergency response. A response matrix has been created to ensure that the most suitable clinical resource is dispatched to each amber call. This will include management via “hear & treat” services over the telephone. Patient experience and clinical indicator data will be used to evaluate the effectiveness of the ambulance response to amber calls.
GREEN	<p>999 calls received and categorised as green are neither serious or life threatening. Conditions such as ear ache or minor injuries are coded as green calls. Green calls are ideally suited to management via secondary telephone triage.</p> <p>Health Care Professionals (HCP) such as doctors, midwives or community hospitals often require an urgent transfer of a patient from low acuity care to a higher acuity facility. These transfers are coded as green calls and undertaken within a timeframe agreed with the requesting HCP.</p>





The results show that the clinical model pilot has improved ambulance service performance

- increasing response-time reliability for code RED emergencies
- allocating fewer vehicles per incident
- reducing the number of serious adverse incidents
- more cases resolved telephonically or on scene as opposed to conveyance





# Vragen ?

