

**“Soft Day Thank  
God”**

**Is lá bog é**

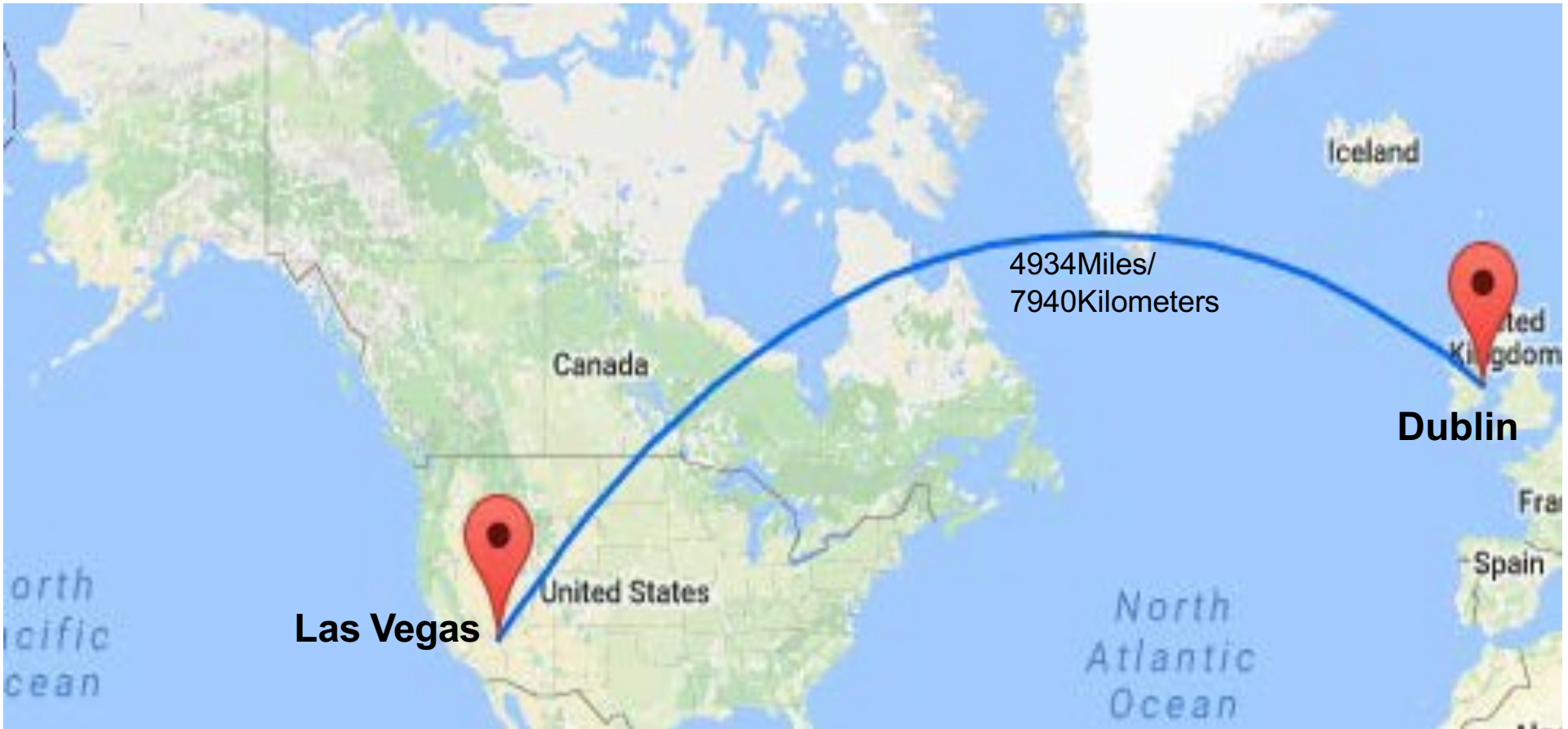
**National Ambulance Service of Ireland**

Martin Dunne  
Director NAS





NATIONAL  
AMBULANCE  
SERVICE





# Ireland



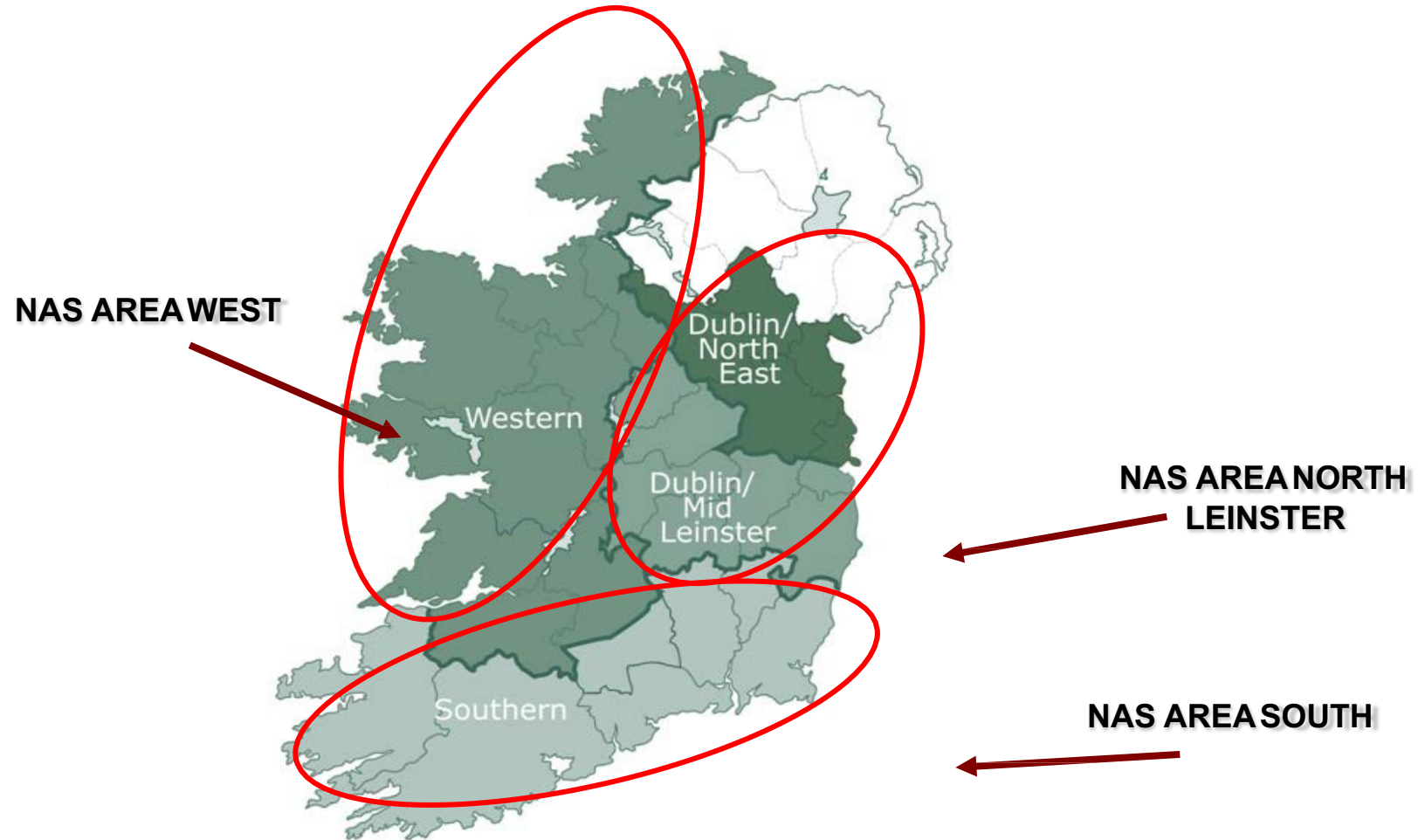
- Capital: Dublin
- Population: 4,761,865
- Currency: Euro
- Official Languages: Irish/ English
- Area: 26,592 square miles (68,890 square kilometers)
- The primary & secondary road network in Ireland is some 5,306km long & is made up of motorways, dual carriageways & single lane roads



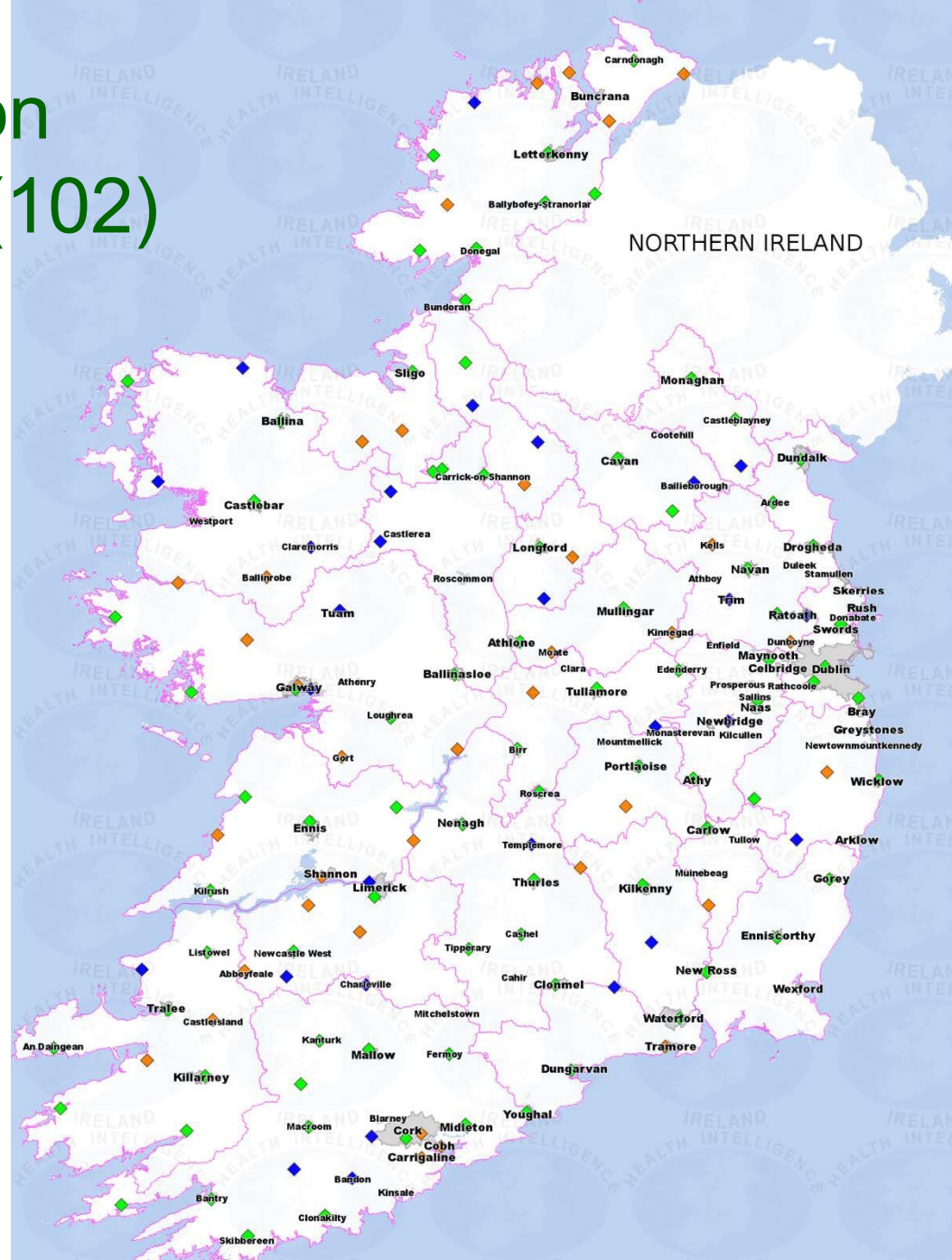
## **Vision of the National Ambulance Service (NAS)**

The health and wellbeing of our community is supported and preserved by the NAS providing clinical care and transport to our patients in a professional and compassionate manner in close partnership with the wider health and social care services.

# NAS Operational Area's



# NAS Station Locations (102)



# HISTORICAL PERSPECTIVE



Yesterday





1900 Horse Drawn Ambulance  
in Dublin



1950 Ambulance Midlands





1999 Ford Transit Lunar



# Evolution

“I am tomorrow, or some future day,  
what I establish today, I am today what  
I established yesterday or some  
previous day”

James Joyce





# Patient Centred Care



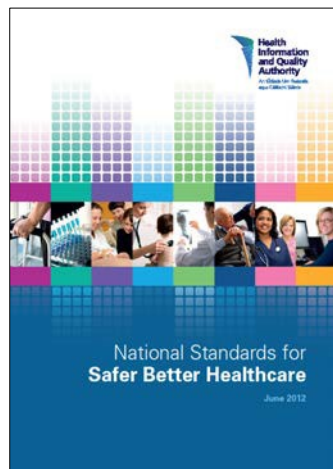
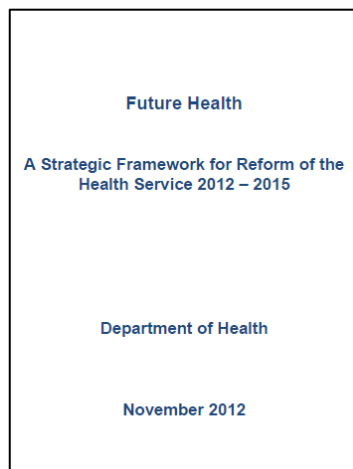


## Major Service Reviews

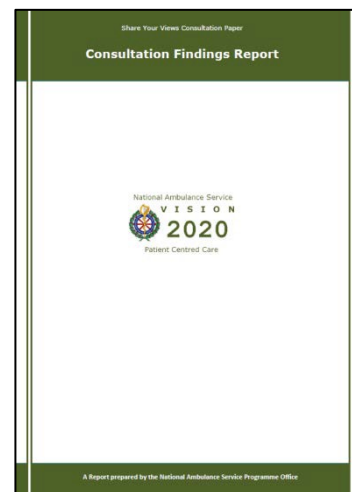
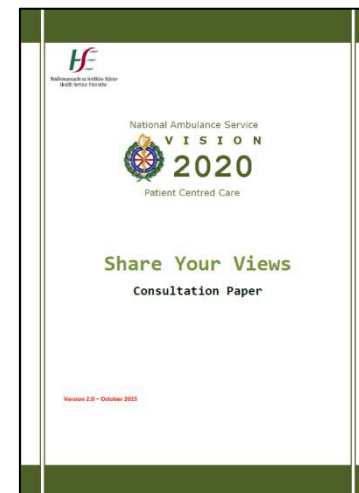


# Drivers for Improvement

## DoH Strategy HSE Corporate Plan HIQA National Standards

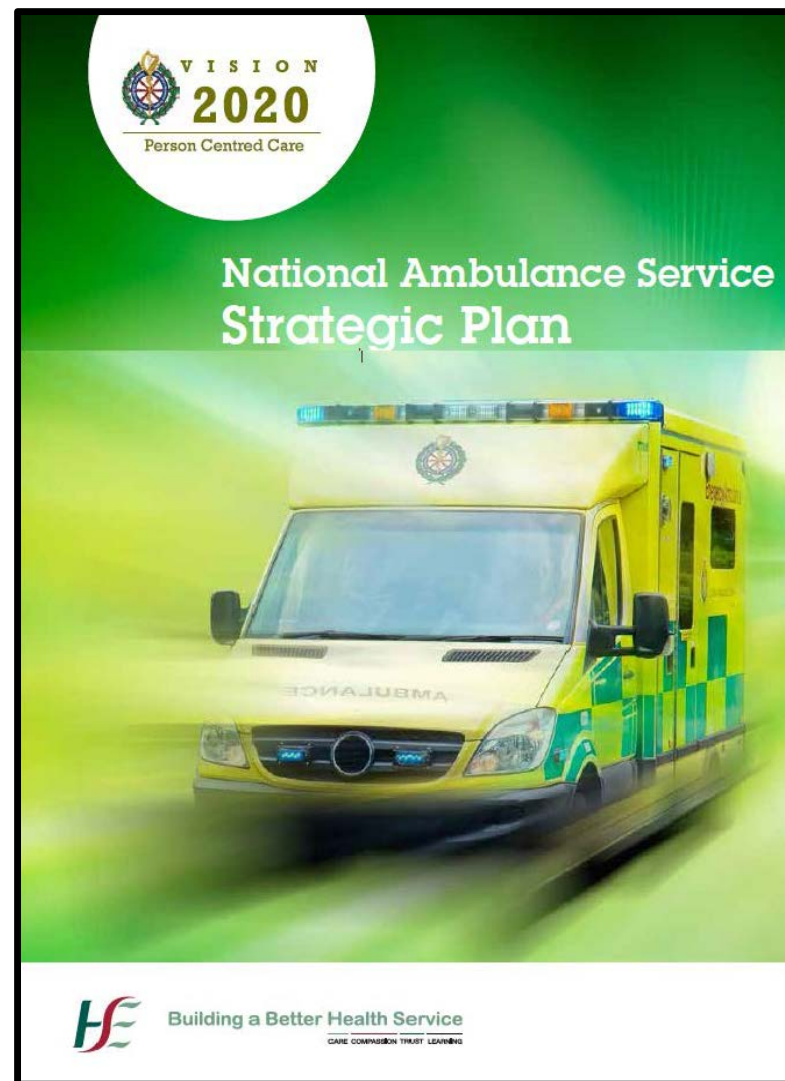


## Consultation Process



# Key Issues Identified

- Requirement to embed effective clinical and corporate risk management structures in the NAS
- Strengthen the leadership, workforce and governance structure of the NAS
- Lack of integration between DFB and NAS in Dublin impacting on the service to patients
- Increasing emergence ambulance capacity in order to meet HIQA standards
- Move to a new model of care
- Movement of paramedic training to an undergraduate programme
- HR practices and need to improve staff development
- Age and roadworthiness of the NAS Fleet and Equipment
- Lack of investment and integration of technology



*“The purpose of this strategy is to support our goal to be a high **quality clinically led** service”. Myhill & Giannasi (2015)*



**HE** Building a Better Health Service  
CARE COMMISSION TRUST LEARNING

## NAS has 2 Separate Statutory Regulators

### 1. Health Information and Quality Authority



Figure 1: Themes for Quality and Safety

HIQA is also responsible for:

- setting standards
- monitoring and inspecting services
- providing guidance on health information
- carrying out health technology assessments.

### 2. Pre Hospital Emergency Care Council



"The Pre-Hospital Emergency Care Council protects the public by independently specifying, reviewing, maintaining and monitoring standards of excellence for the safe provision of quality pre-hospital emergency care"

NAS Vision 2020 Document.





# **Vision 2020 Implementation Plan**

A single cohesive five year plan, based on all the recommendations of the various reviews, consideration of international best practice and the strategic plans of hospital groups.

# Step 1 - Patient Centred Reform

**“Consolidate 9 Call Taking and Dispatch Centres to operate as 1 Centre across 2 sites”.**



## Opportunities

**New National Emergency Operations Centre (purpose built)**

**National CAD system**

**National Unified I.C.C.S.**

**National Digital Communications Platform**

**National A.V.L.S.**

**Eircode enable, AML enable**

**National Digital Recording Solution**

**National Horizontal Dispatch**

## Challenges

**Funding (big bucks)**

**IR/ HR (Mistrust, job losses)**

**Political (Not in my local electoral area)**

**Media (State funded health services always wrong)**

## Business Continuity

- Switch from Analogue to Digital platform,
- Switch from MIS A2K CAD to C3, with all interfaces.
- Switch emergency call routing to new centre, as live calls were occurring
- Protect historical data gathered
- Training for all



# Migration Overview

2013

May 16<sup>th</sup>

Cork / Kerry Ambulance Controls to Townsend Street  
July 17<sup>th</sup>

North East Navan to Townsend Street  
October 23<sup>rd</sup>

MIS A2K installed in Townsend Street Control replacing 3tc



2014

October 14<sup>th</sup>

MIS A2K installed in Ballyshannon replacing Fortek CAD  
October 28<sup>th</sup>

Castlebar Control Migration to Ballyshannon  
November 18<sup>th</sup>

Limerick to Townsend Street



2015

January 28<sup>th</sup>

Townsend Street Control to Rivers Building- Tallaght

March 16<sup>th</sup>

National Ambulance Service College migrated to Rivers Building- Tallaght

April 2<sup>nd</sup>

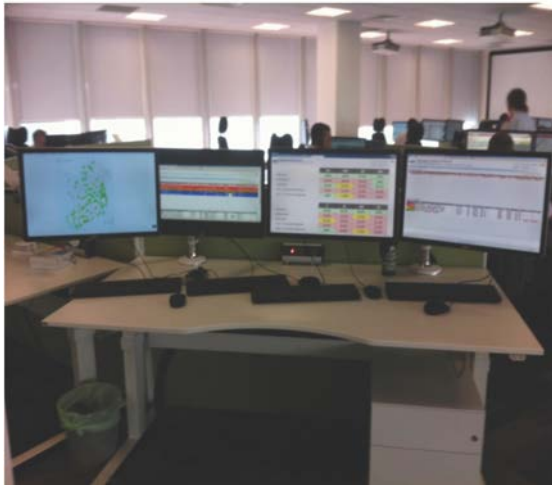
Tullamore and Aero-Medical Control migrated to National Emergency Operations Centre (NEOC)

September 2<sup>nd</sup>

Migration of Wexford Control Centre to NEOC

September 16<sup>th</sup>

Implementation of new CAD C3



## In Parallel – Step 2

### Introduced Intermediate Care Services



Targeted at low acuity inter-facility transfers

Specific build – two stretchers + 4 sitting

Allows EAs to focus on emergency response



## In Parallel – Step 2

### Develop Community First Responders schemes



## In Parallel – Step 2

# Introduction of Fleet Replacement Programme and enhanced Green Technology

### Example of Key Actions

- Replacement policy in place to address HSA requirements
- Multi-year capital funding planning in place
- Governance process in place
- Fleet and Equipment Team structure agreed and priority posts being filled



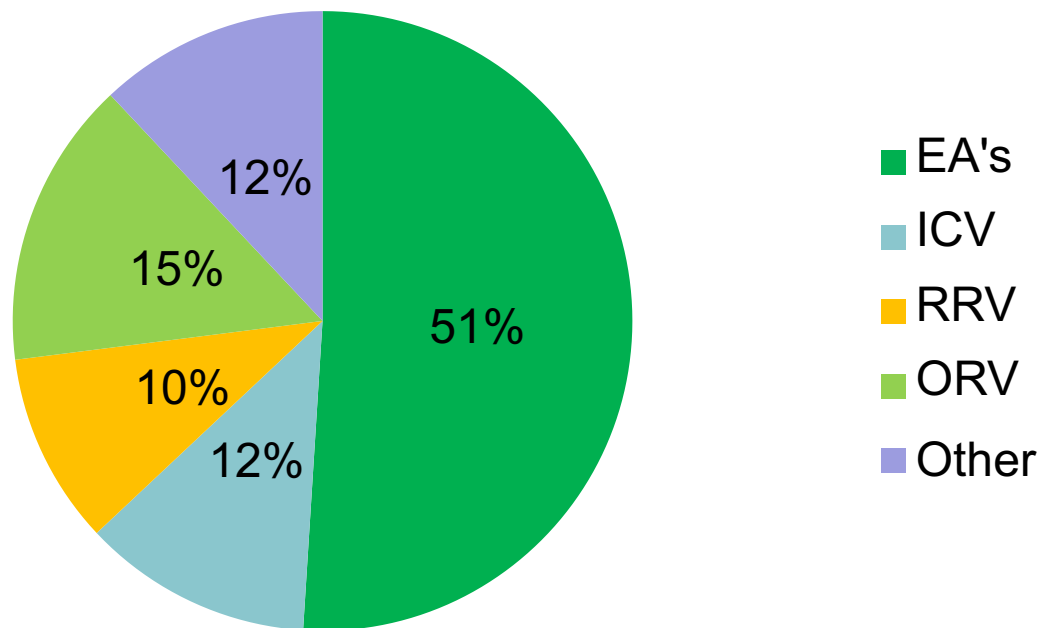
## Vehicle Replacement Policy

Vehicle Type	2012	2016
EA	7 yrs/ 500kms	5 yrs/ 350,000kms
ICV	7 yrs	7 yrs/ 400,000kms
ORV	6 yrs	5 yrs/ 150,000kms
RRV	5 yrs	5 yrs/ 150,000kms





## NAS Vehicle Profile





# National Singular Standard Specification for all Resources

## Development of Solar Powered EAs



- Eliminate Shoreline Charging
- Improve battery longevity
- Reduce fuel consumption

# National Singular Standard Specification for all Resources

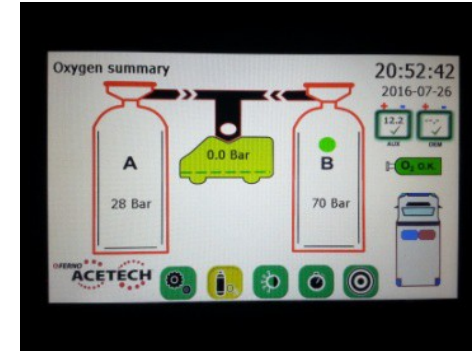
Touchscreens



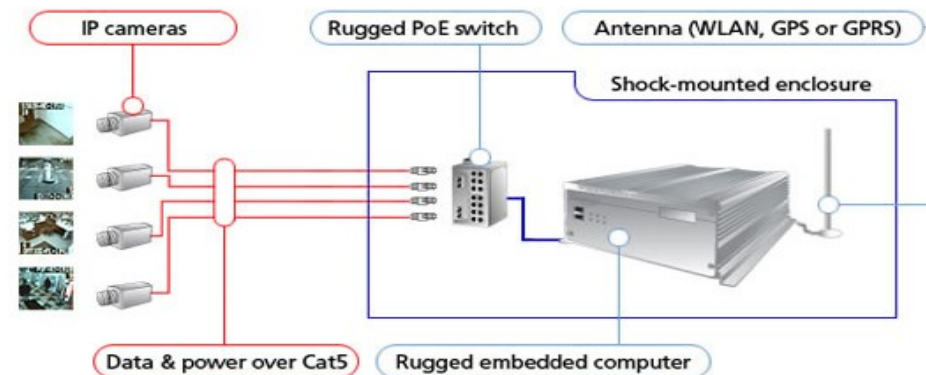
Driver ID

Wifi Hub

In Gas Monitoring



In Command



Intelligent Camera Monitoring



# In Parallel – Step 2 Education and Competency Assurance

Relocated NAS Training College to purpose built premises





# Low and Medium Fidelity Simulation Training



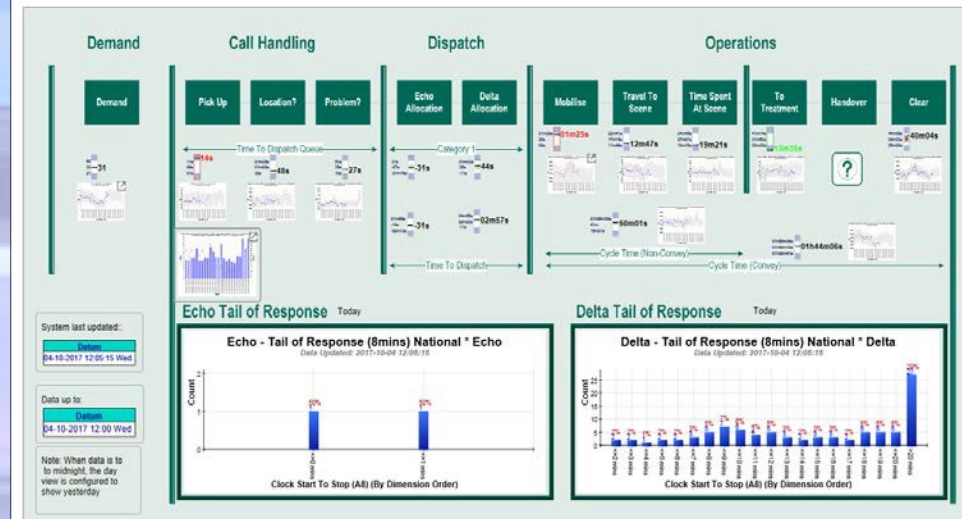


# Today

## A consolidated National Ambulance Service



## Live Performance Management (SFN) (One systems across Two sites)

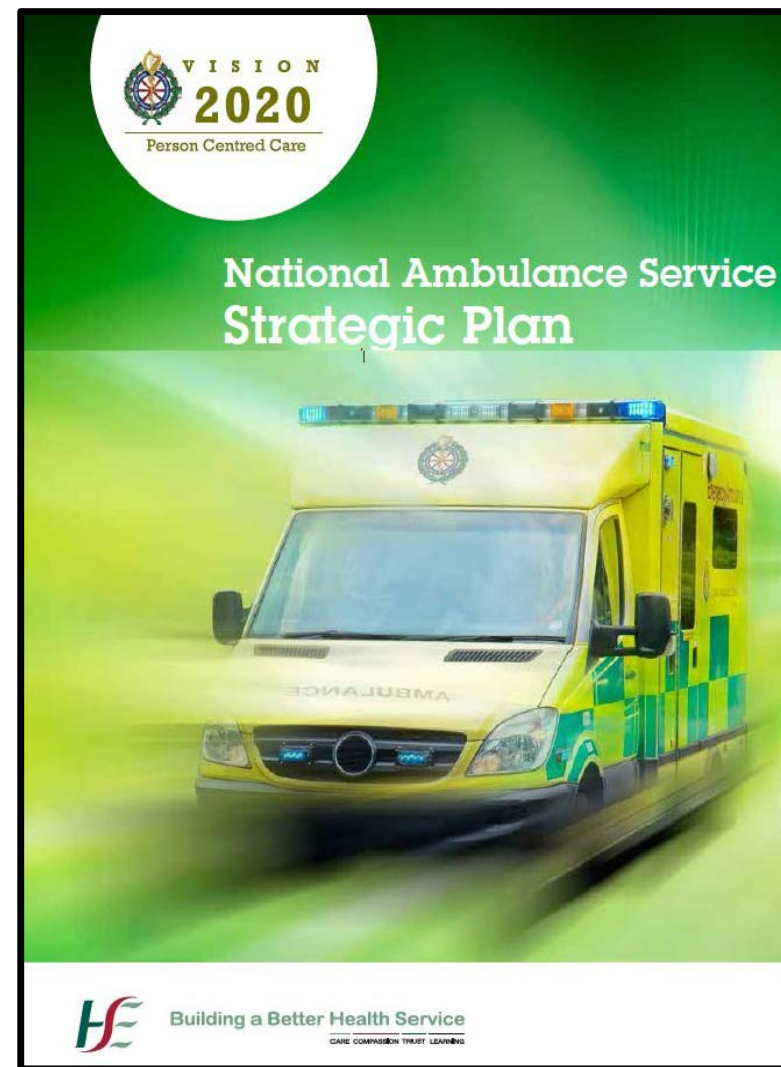




- Minor capital programme established to address immediate high risk H&S issues
- Station upgrade/replacement prioritisation completed
- Standard specification agreed for Primary Care Dynamic Deployment Point
- Standard Station Specification agreed for station types



NAS Digital Plan will ensure alignment with the Wider eHealth programme



- Replacement policy in place to address HSA requirements
- Multi-year capital funding planning in place
- Governance process in place
- Fleet and Equipment Team structure agreed and priority posts being filled



- 1700 Staff
- NAS Five Year Workforce Plan in place
- NAS Organisation Design Report
- HR Action plan drafted in line with HSE People Strategy





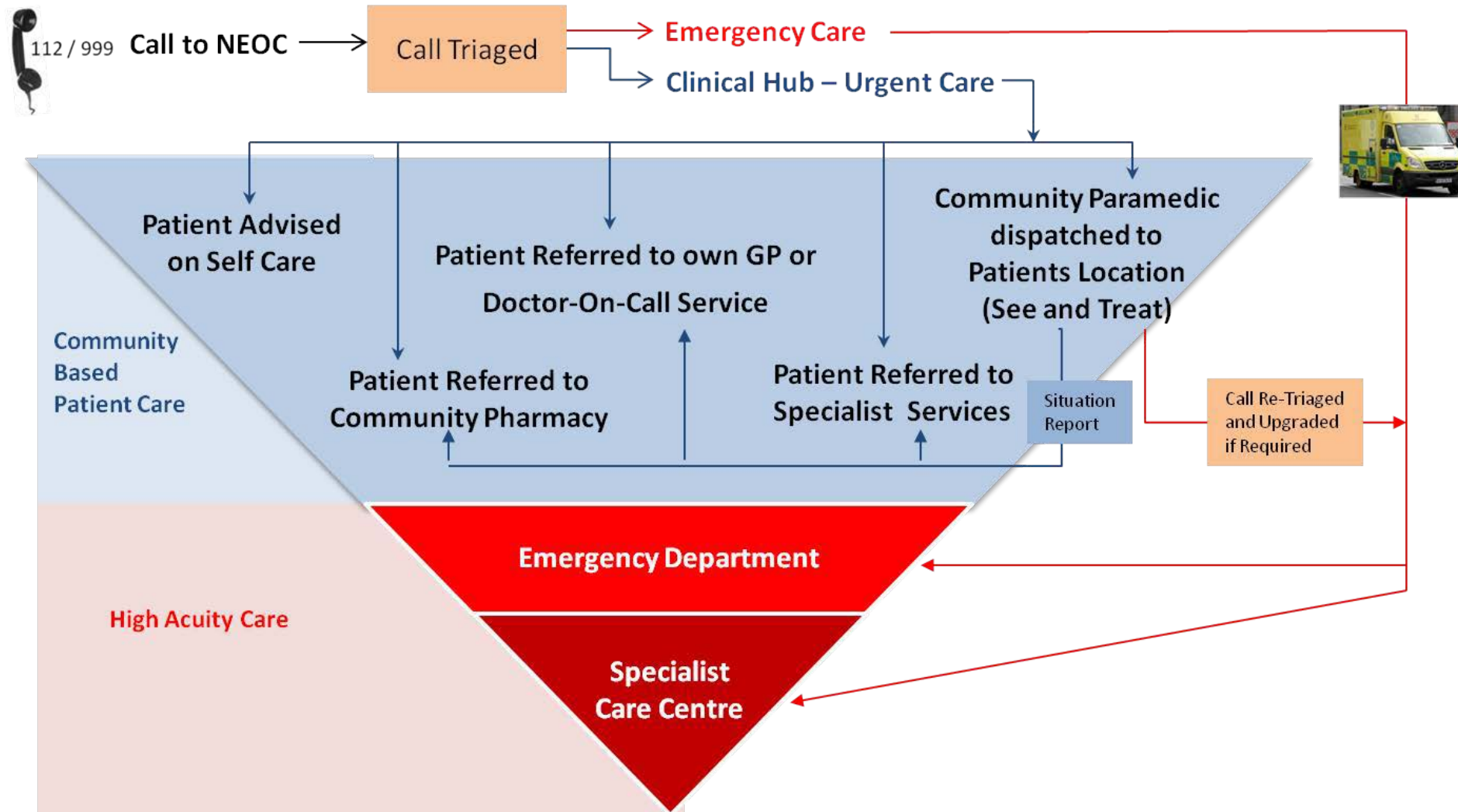
Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

# The future.....





# Future Model of Care





# Key Benefits of a New Model of Care

Non – Conveyance		
Key Benefits		
	Hear and Treat	See and Treat / Refer / Transfer
	Resolution of calls using telephone triage without the need to dispatch crews	Resolution of incident at scene without need to convey to another provider
Ambulance Service	<ul style="list-style-type: none"><li>• Reduction in dispatches</li><li>• Incidents dealt with more promptly</li></ul>	<ul style="list-style-type: none"><li>• Reduction in call cycle as no journey undertaken</li><li>• More effective use of crew clinical skills</li></ul>
Wider Health Service	<ul style="list-style-type: none"><li>• Most appropriate pathway chosen</li><li>• System capacity better utilised</li><li>• Reduction in ED attendances</li></ul>	<ul style="list-style-type: none"><li>• Reduction in ED attendances</li><li>• Reduction in hospital admissions</li></ul>
The Patient	<ul style="list-style-type: none"><li>• Appropriate and immediate resolution</li><li>• Care closer to home</li></ul>	<ul style="list-style-type: none"><li>• Immediate access to clinical treatment</li><li>• Directed to most appropriate setting</li><li>• Care closer to home</li></ul>

# Conclusion

**“People do not resist change per se.  
People resist Loss”**

Heifetz and Linsky 2002

**High Quality Safe Patient Centred Care**



**Different Viewpoint – One Team**

# Thank You



NATIONAL

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**Go Raibh Maith Agat**