Preparing Your Agency For Winter Pressures

07 November 2018, Silverbirch Hotel, Omagh

Theresa Nixon
(Director of Assurance, RQIA)

The Regulation and Quality Improvement Authority

Background

- Every year we hear reports of 'winter pressures' on our health and social care services.
- Effective forward planning can benefit your service users, your service and help to reduce the pressures across the health and social care system.
- This is one of two workshops across Northern Ireland (the second took place yesterday in the Clayton Hotel, Belfast)

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Objectives of Workshop:

- To understand the current approach of domiciliary care agencies to the management of winter pressures
- To support you to develop your contingency plans
- Collate and curate available resources to support domiciliary care agencies in preparing and planning for winter pressures – contingency planning

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Range of Presentations for Agencies Workshops will be in 2 parts:

Part 1:

- Belfast Emergency Preparedness Group (Joan McCaffrey)
- Public Health Agency (PHA) (Alison Quinn)
- Regulation and Quality Improvement Authority (RQIA) – medicines management (Frances Gault)

Part 2:

- Northern Ireland Ambulance Service (NIAS) (Chris Clarke)

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DoH Statistical Information Report, September 2017

As well as our role in registering and inspecting services, RQIA is also charged with assuring the quality of services provided in the HSC at large.

DoH Community Information Branch – statistical information about how many people receive domiciliary care, the age range and range of needs

https://www.health-ni.gov.uk/sites/default/files/publications/health/dcs-adults-ni-17_0.pdf

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In a survey week in September 2017, 261,652 hours of Domiciliary Care were provided by Trusts in Northern Ireland

- 'The **statutory sector** provided 31% of domiciliary care contact hours, with 69% provided by the **independent sector**.
- During the survey week, there were 23,195 service users in receipt of domiciliary care.
- 78% of users elderly; 12% physical disability, 5% learning disability, 4% mental health needs; 1% 'other'
- Nearly nine-tenths (86%) of all clients receiving domiciliary care services received 6 or more visits (increase of 2% (327) since 2013).

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Any Questions?

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Emergency Preparedness Group

INTEGRATION – CO-OPERATION – DIRECTION

RQIA Workshop

Preparing for Winter Pressures

Be ready for emergencies

November 2018

Emergency Preparedness Group

INTEGRATION – CO-OPERATION – DIRECTION

What should we prepare for??

- Snow – January 2018

Widespread disruption caused after heavy snow fell overnight

Overnight, the Maritime and Coastguard Agency assisted the Southern Health Trust in using 4x4s to transport nurses to vulnerable people who were snow-bound in the Warrenpoint and Newry area.

About 23,000 customers had been without electricity at some stage on Tuesday.

- Travel disruption
- School closures
- 4x4 support requested by health to continue home services
- Early closure of some public services and businesses

- How would you continue to provide services in this weather? Would you need any assistance?

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What should we prepare for??

- Ex-hurricane Ophelia – October 2017

Storm weather warning issued for Northern Ireland

15 October 2017 | Northern Ireland

Share

Amber wind warning issued for Northern Ireland

- 250 roads closed/impacted
- 50,000+ homes lost electricity
- Schools closed for two days
- Early closure of public services and many businesses

- Should your staff go out in this?
- What do you do if roads are blocked?
- What if a client has no electricity?

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What should we prepare for??

- North West Flooding – August 2017

Northern Ireland floods: More than 100 people rescued

23 August 2017 | Northern Ireland

A flooded road between Strabane and Cladyin County Tyrone

JOHNNY GALLAGHER

More than 100 people had to be rescued in Northern Ireland after being trapped by overnight flooding.

The north west was worst affected, particularly Londonderry, as well as other parts of the county and Tyrone.

Firefighters rescued 93 people who were trapped by flood water in their cars or homes. At one point, the fire service got an emergency call every 45 seconds.

- Over 100 people rescued
- 400 houses flooded & businesses/farmland affected
- Significant infrastructure damage

- Are any of your calls in a flood risk area?
- What do you do if you can't get to a home?

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What should we prepare for??

- Think about potential causes, then consider what the impact might be e.g.
  - Loss of road access
  - Loss of utilities e.g. electricity, water, heating
  - Schools closing
  - Weather warning says people shouldn't travel unless they have to

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Some important questions

- Do you have a business continuity plan?
- Do you have an emergency plan?
- Have you tested either in the last year?
- Do you know what your internal and external escalation arrangements are if you need more help?
- Do you have a point of contact for your local Trust? What number would you call? Is it different during out of hours?

- **If you are not sure – it's a good time to check!**

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Definitions

- Business Continuity Plan: Documented procedures that guide organisations to respond, recover, resume and restore to a pre-defined level of operation following a disruption or incident

- Incident: Situation that might be, or could lead to, a disruption, loss, emergency or crisis

- Every business's plan is different because they all have different aims, objectives and cultures

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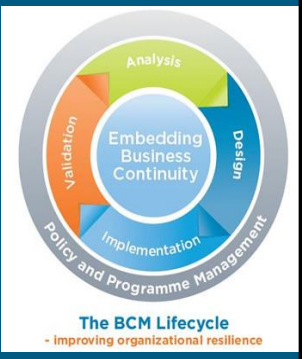
Business Continuity is part of your day to day work

- What could affect your key services?
  - A key member of staff is ill
  - A client is unwell and needs medical attention or has lost utilities in their home
  - A member of staff's car breaks down
  - A key supplier lets you down e.g. agency staff
  - Utilities are turned off at your offices for maintenance



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It can also escalate to deal with bigger issues:

- Several staff are ill
- There is an outbreak of an infectious disease amongst your clients
- Road access is affected across a wide area
- Loss of electricity/water/ phones in your area of operation
- Evacuation from your office or loss of your building

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Business Continuity Plan – Key Aspects

- What are your critical services?
- What do you need to deliver these?
- Will you try to prevent something happening to these services or do something now to reduce the potential impact?
- If not, you need a specific plan for an incident
- How will you manage an incident?
- Who is trained to manage and respond to an incident?
- Is the plan embedded for day to day incidents?

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Emergency Plan

- An incident occurs
- How do you respond/escalate internally?
- What are the triggers for calling external support?
- What support do you need?
- What will the emergency services/other agencies do to help you?
- What do they need you to do to assist them?

- Once the emergency is over – the business reverts to the Business Continuity Plan:
  - What are your priorities for getting back to normal and how will you do this?

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Hints & Tips

- You are best placed to write your plans as you know your organisation, your staff, your clients and your area of operation
- You must have a plan for day to day emergencies
- In some emergencies a risk assessment and plan may be needed for each individual client to determine what action is best for them – and this may need done quickly at the time
  - Do you know each clients needs, risks and vulnerabilities e.g. will access be more difficult, do they have any family support?

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Hints & Tips

- If your plan says you will do something – write down HOW it will be done and test this with a walkthrough
- Plans must be more robust for night time, weekends and holiday periods
- All plans must be used flexibly by staff who are trained well and know to adjust the plan if needed

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Hints & Tips

- Is there information you need from the external agencies to determine what to write in your plan?
- Don't include an external organisation in your plan without talking to them about it
- If the emergency services respond to your office they need a liaison officer to meet them and provide them with information

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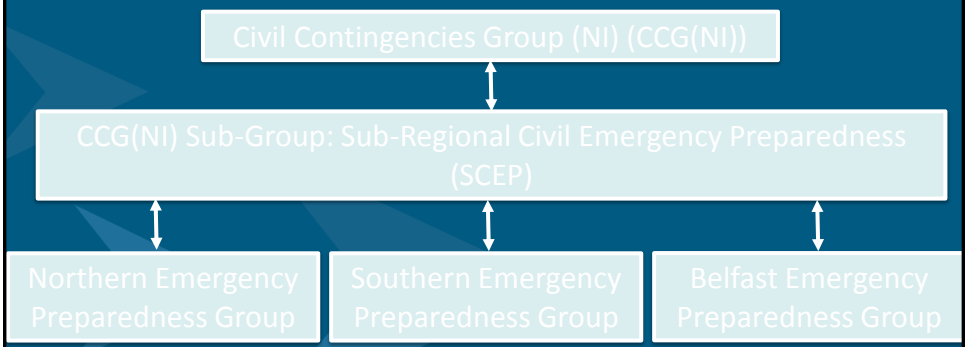
Civil Contingencies Planning Structures in NI



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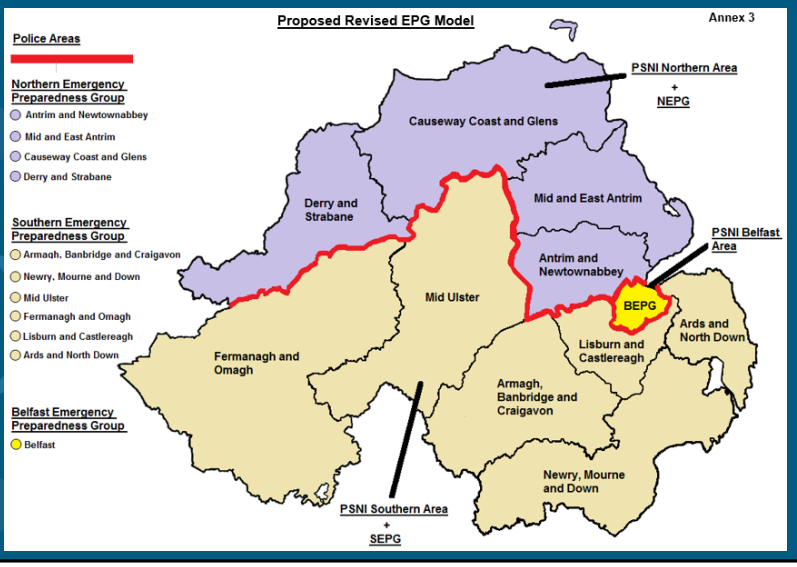
Civil Contingencies Structures in NI



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Emergency Preparedness Groups (EPGs)

- A multi-agency group to bring together those who can help the public before, during and after emergencies
- Takes an integrated emergency management approach covering all hazards e.g.
  - Severe weather
  - Human and animal health emergencies
  - Fires/industrial accidents/
  - Major transport accidents
  - Public disorder/strikes
  - Loss of critical infrastructure/utilities
- Over 80 organisations take part in the three EPGs

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What do EPGs do?

- Conduit to assist organisations to prepare to help each other and the public during incidents. This work includes:
  - Building relationships and contacts (including an emergency contacts directory)
  - Maintaining the local risk assessment
  - Producing multi-agency plans to address these risks
  - Addressing the practicalities of delivering the plans
  - Keeping an eye on what events are in their area
  - Keeping a list of multi-agency incidents and lessons learned
  - Arranging multi-agency training/exercises

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Multi-agency emergency plans

Northern Ireland Civil Contingencies Framework & NI Multi-Agency Plans e.g. local co-ordination, escalation, vulnerable people, fuel, epizootic disease, pandemic flu etc.

EPG Multi-Agency Plans	Generic	Emergency Contacts Directory	Multi-Agency Response Framework	Emergency Support Centres	Public Information & Media
		Mass Fatalities	Recovery	Telecommunications TBC	Voluntary and Business Capabilities Summaries
	Specific Hazard	Flooding	Coastal Flooding	Severe Weather TBC	Local Protocols for Specific Hazards TBC
	Site Specific	Airports/Ports	Offsite plans e.g. COMAH, reservoirs	Community Emergency Plans	Other key sites
Internal Organisational Plans		Major Incident Plans	Mutual Aid Plans	Operational and Service Plans	Business Continuity Plans

*Those listed as TBC do not currently exist in any format

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Response structures in NI

NIOBR

COBR

Civil Contingencies Group (NI)

Strategic Co-ordinating Group

Tactical Co-ordinating Group

Operational Co-ordinating Group

Media Strategic Communications Group

Recovery Co-ordinating Group

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How can you prepare your staff?

- Every week/month, pick a different scenario which might affect your organisation




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How can you prepare your staff?

- Spend five or ten minutes talking through:
  - How it could affect your normal services
  - What would you do to try to continue as normal
  - Would you need to seek outside help
  - Who could help with this
- Make sure you practice your response occasionally – it's the detail that will trip you up e.g. reliance on a key member of staff who isn't there, not being able to contact people as their phone number has changed

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Let's do a quick example….

- It's 2pm on a Tuesday in November
- It's cold and windy outside and snow starts to fall. Within an hour your nearest road looks like this…

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A quick example…..

- Spend ten minutes talking through:
  - Would you have known this was coming?
  - How would this affect your services?
  - What would you do to try to continue as normal?
  - Would you need to seek outside help and if so, what would be the trigger? Who would you call?
  - Would your answers change if the Met Office had issued an amber warning telling people only to travel where necessary?

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Hints & Tips

- You can register to receive weather alerts from Met Office and download their app for more information
- Staff need to know what a weather alert means to them and you need to know what it means for your services – or how to get more information/escalate if you can't deliver services as usual
- You can check if there is a risk of flooding in your operational areas at https://www.infrastructure-ni.gov.uk/articles/what-flood-maps-ni

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Hints & Tips

- It is essential that you have a grab bag with key information e.g. site layout, next of kin/staff contact information, service user medication/care needs in case you have to leave your offices and need this information
- All staff including bank and agency staff need to be trained in the organisation's emergency arrangements
- External agencies will not understand the intricate needs of your organisation and clients – you need to tell them

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Any questions??

Thank you for listening

If you need any further information please contact:

Joan McCaffrey mccaffreyj@belfastcity.gov.uk
Ray Hall Ray.Hall@fermanaghomagh.com

HSC Public Health Agency

Improving Your Health and Wellbeing

Seasonal Influenza 2018/19

Management of Flu-like Illness (FLI)

&

Seasonal Flu Vaccination

Public Health Agency

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Aims and Objectives

- Overview of role of Public Health
- Completion of risk assessment
- Review IPC advice

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Public Health Objectives

- Early recognition of FLI / Outbreak
- Early recognition of influenza through timely investigations
- Initiation of Prompt outbreak control measures to prevent further spread
- Early treatment / prophylaxis with antiviral medication if appropriate

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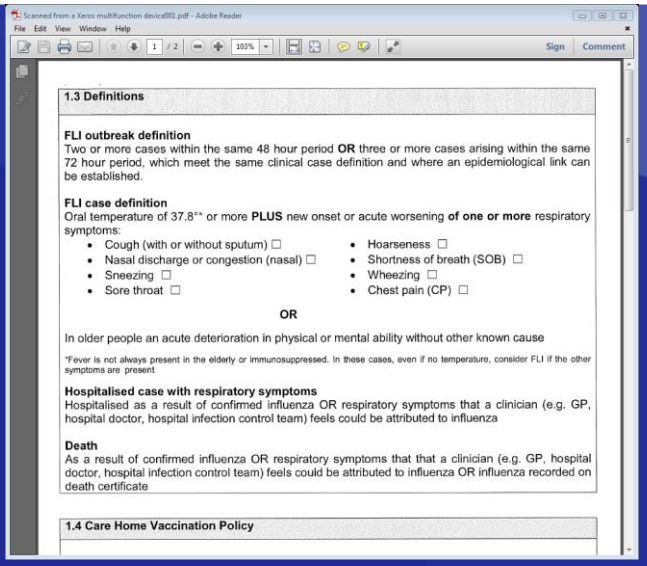

1.3 Definitions

FLI outbreak definition
Two or more cases within the same 48 hour period **OR** three or more cases arising within the same 72 hour period, which meet the same clinical case definition and where an epidemiological link can be established.

FLI case definition
Oral temperature of 37.8°* or more **PLUS** new onset or acute worsening **of one or more** respiratory symptoms:

- Cough (with or without sputum) ☐
- Nasal discharge or congestion (nasal) ☐
- Sneezing ☐
- Sore throat ☐
- Hoarseness ☐
- Shortness of breath (SOB) ☐
- Wheezing ☐
- Chest pain (CP) ☐

OR

In older people an acute deterioration in physical or mental ability without other known cause

*Fever is not always present in the elderly or immunosuppressed. In those cases, even if no temperature, consider FLI if the other symptoms are present

Hospitalised case with respiratory symptoms
Hospitalised as a result of confirmed influenza OR respiratory symptoms that a clinician (e.g. GP, hospital doctor, hospital infection control team) feels could be attributed to influenza

Death
As a result of confirmed influenza OR respiratory symptoms that that a clinician (e.g. GP, hospital doctor, hospital infection control team) feels could be attributed to influenza OR influenza recorded on death certificate

1.4 Care Home Vaccination Policy

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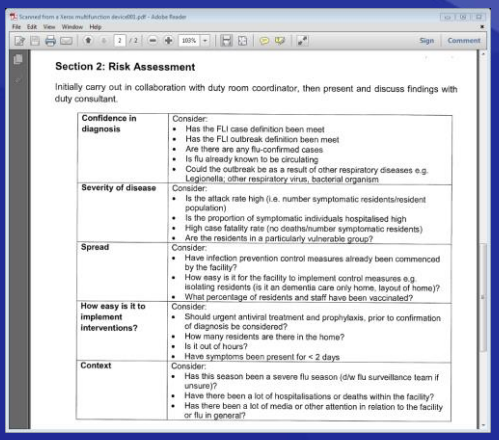

Section 2: Risk Assessment

Initially carry out in collaboration with duty room coordinator, then present and discuss findings with duty consultant.

Confidence in diagnosis	Consider: • Has the FLI case definition been meet • Has the FLI outbreak definition been meet • Are there are any flu-confirmed cases • Is flu already known to be circulating • Could the outbreak be as a result of other respiratory diseases e.g. Legionella, other respiratory virus, bacterial organism
Severity of disease	Consider: • Is the attack rate high (i.e. number symptomatic residents/resident population) • Is the proportion of symptomatic individuals hospitalised high • High case fatality rate (no deaths/number symptomatic residents) • Are the residents in a particularly vulnerable group?
Spread	Consider: • Have infection prevention control measures already been commenced by the facility? • How easy is it for the facility to implement control measures e.g. isolating residents (is it an dementia care only home, layout of home)? • What percentage of residents and staff have been vaccinated?
How easy is it to implement interventions?	Consider: • Should urgent antiviral treatment and prophylaxis, prior to confirmation of diagnosis be considered? • How many residents are there in the home? • Is it out of hours? • Have symptoms been present for < 2 days
Context	Consider: • Has this season been a severe flu season (d/w flu surveillance team if unsure)? • Have there been a lot of hospitalisations or deaths within the facility? • Has there been a lot of media or other attention in relation to the facility or flu in general?

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Vaccination

- Consider vaccination policy
- Number of clients vaccinated
- Number of staff vaccinated

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PPE

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IPC Advice

Isolation
Hand hygiene
PPE
Environmental/equipment decontamination
Waste management
Laundry management

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Isolation/containment

- Isolate affected client within own home
- Risk assess
- Cohort staff to symptomatic/asymptomatic clients
- Restrict visiting – facilitate hand hygiene points

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IPC continued

- Environmental decontamination (twice daily)
- Equipment decontamination – (single use equipment, nebuliser mask etc)
- Use of chlorine releasing product
- Waste Management
- Laundry Management

https://www.niinfectioncontrolmanual.net/

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Personal Protective Equipment

- Gloves
- Aprons
- Appropriate use and removal
- Encourage residents to use disposable tissue (catch it, bin it, kill it)

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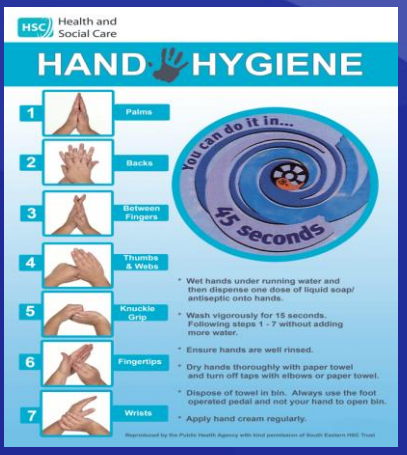

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Flu Vaccination

- One of the most effective interventions we can provide to reduce harm from flu & the pressures on health & social care service during winter

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Flu season 2017/18

39 confirmed flu outbreaks

119 cases confirmed flu (ICU/HDU)

- 22 cases died
- 60 eligible for flu vaccine
- Only 30 vaccinated

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Why should HCWs have their flu vaccine?

- Lower rates of staff vaccination → increased patient deaths
- Up to 50% flu infections= asymptomatic. Staff moving from patient to patient could be spreading flu
- Patients more likely to get vaccinated if HCWs have been vaccinated
- Reduced staff sickness

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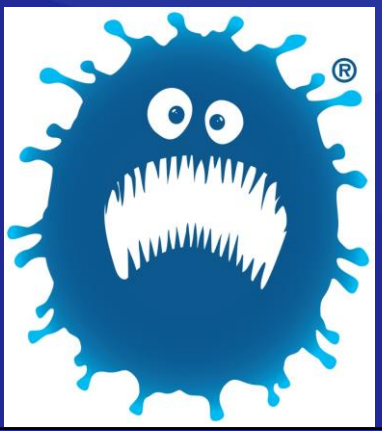
Flu vaccination uptake rates 2017/18



- >65 year olds = **71.8%**
- < 65 year olds= **56%** (Clinical risk groups)
- Frontline HCWs = **33.4%**

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Flu Vaccination is important

- People in clinical risk groups have an increased risk of developing complications
- Up to 50% HCWs / Carers could be asymptomatic carriers

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Reasons HCWS give for not getting vaccinated

"*I never get flu.*"

"*I had the flu vaccine before and it didn't work.*"

"*I had the flu vaccine before and it gave me the flu.*"

"*I'll get it later. I don't have time – I'm too busy.*"

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Reasons HCWS should be vaccinated

"*I picked up flu from a patient. I didn't have any symptoms. I passed it on to my patients*"

"*I got flu from someone who was caring for me in the community.*"

"*I didn't have my flu vaccine because I never get flu.*"

"*I transmitted flu to a HCW in ICU when they were looking after me.*"

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- Annual flu vaccination is important
- Protect yourselves, protect your family, protect your patients

From the Chief Medical Officer
Dr Michael McBride

Department of Health
An Roinn Sláinte
Mànrystrie O Poustie
www.health-ni.gov.uk

HSS(MD)26/2018

For Action:

Chief Executives of HSC Trusts
Chief Executive HSCB *(for onward distribution to all General Practitioners, including GP Locums and relevant practice staff, Practice Managers; Dental Practitioners and Community Pharmacies)*
GP Medical Advisers, Health and Social Care Board
All General Practitioners and GP Locums *(for onward distribution to practice staff)*
Director of Pharmacy and Medicines Management, Health and Social Care Board
Directors of Children's Services/Social Services

Castle Buildings
Stormont Estate
BELFAST
BT4 3SQ

Tel: 028 90 520559
Fax: 028 90 520573
Email: Michael.McBride@health-ni.gov.uk

Our Ref: HSS(MD)26/2018
Date: 17 October 2018

Dear Colleague

FLU VACCINATION FOR STAFF

Seasonal Influenza is a key factor in causing winter pressures in the health service. It impacts on those who fall ill, the health services that provide direct care, and on the wider health and social care system that supports people in at-risk groups.

The annual seasonal flu immunisation programme is a critical element of the system-wide approach for delivering robust and resilient health and social care services throughout the year, helping to reduce visits to GPs, unplanned hospital admissions and pressure on ED.

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CMO Letter details Seasonal Influenza Programme

From the Chief Medical Officer
Dr Michael McBride

Department of Health
An Roinn Sláinte
Mànrystrie O Poustie
www.health-ni.gov.uk

HSS(MD)11/2018

For Action:

Chief Executives, Public Health Agency/Health and Social Care Board/HSC Trusts/NIAS
GP Medical Advisers, Health and Social Care Board
All General Practitioners and GP Locums *(for onward distribution to practice staff)*

Castle Buildings
Stormont
BELFAST
BT4 3SQ

Tel: 028 9052 0563
Fax: 028 9052 0574
Email: michael.mcbride@health-ni.gov.uk
Your Ref:
Our Ref: HSS(MD)11/2018
Date: 14 June 2018

Dear Colleague

SEASONAL INFLUENZA VACCINATION PROGRAMME 2018/19

ACTION REQUIRED

Chief Executives must ensure that this information is drawn to the attention of all staff involved in the seasonal flu vaccination programme, particularly school health teams, district nurses, treatment room nurses, Paediatric Consultants, Midwives, Health Visitors and Community Children Nurses and occupational health departments.

The HSCB must ensure that this information is cascaded to all General Practitioners and Practice Managers for onward distribution to all primary care staff involved in the seasonal flu vaccination programme.

Introduction

1. The purpose of this letter is to provide information about the annual seasonal influenza vaccination programme for winter 2018/19, including influenza vaccination for frontline health and social care staff.

2. The vaccination programme will officially begin on 1 October 2018 and run until the 29 March 2019. However GPs can begin offering the vaccine once they have received their first delivery of vaccine, prioritising groups as set out in Annex 1.

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Improving Your Health and Wellbeing

FAO: Domiciliary Care Agencies

HSC Public Health Agency

Date: September 2018

To: Domiciliary Care Workers

Dear Colleague

Re: Clinic Times for Seasonal Influenza (Flu) Vaccine for Staff

I am writing to invite you to avail of the Seasonal Influenza (flu) vaccine for winter 2018/19. Details of flu clinics organised by occupational health in all five health and social care Trust areas have been attached to this email. In addition to this an information leaflet and posters designed to promote vaccine uptake in Healthcare workers has also been attached.

The vaccine is available free of charge to all staff who have direct contact with people in their own homes. The attached form can be

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Resources

- CMO letter details seasonal influenza vaccination programme for 2018/19
- The Green Book chapter 19
- Flu training (audio with slides & PDF version of slides with speaker notes) & flu factsheet
- SPC FLUAD ®
- SPC Sanofi Pasteur Quadrivalent Inactivated Vaccine ®

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Management of Medicines

Frances Gault
Senior Pharmacist Inspector

The Regulation and Quality Improvement Authority

RQIA Pharmacist Team

- One senior inspector
- Five pharmacist inspectors
- Inspect a range of different services including: nursing homes, residential homes, children's homes, hospitals, prisons

The Regulation and Quality Improvement Authority

Facts vs Fiction

The Regulation and Quality Improvement Authority

Points of Reference

- The Domiciliary Care Agencies Regulations (NI) 2007
- Domiciliary Care Agencies Minimum Standards 2011
- Managing medicines for adults receiving care in the community. NICE Guidance,

  30 March 2017
- Prompting, assisting and administration of medication in a care setting: guidance for professionals Care Inspectorate March 2015

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RQIA Guidance

- 2009: Guidance on medicines to help agencies develop their policies and procedures as part of the registration process
- 2010: Evaluation of the Management of Medicines in Domiciliary Care Agencies
- 2018: Sharing innovation and good practice

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What is a Medicine?

All prescription and non prescription healthcare treatments such as oral medicines, topical medicines, inhaled products, injections, wound care products, appliances and vaccines.

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Governance for Safe Practice

- Assessment of service users' needs and preferences
- Clear agreement between trust and providers about level of support to be provided
- Detailed medicine policy in place that reflects all aspects of how staff manage medicines

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Audit?

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Assessing Medicines Support Needs

- Are service users and their families (if appropriate) involved in the decisions about their care?
- What help/support is needed by the service user?
- Record the discussions and agreements
- Details should be in the care plan

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Record Keeping

- Accurate and up to date
- Systems in place for making changes if medicines change
- Record level of support provided
- Record if medicines not taken
- Agreement about process if both agency and family administer medicines e.g. pain relief

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Managing Concerns

- Medicines can be complex
- Service users may have several health conditions
- They may take multiple medicines
- Do you and staff know how and where to raise any concerns?
- Arrangements in place to report to trust and manager when medicines are administered incorrectly.

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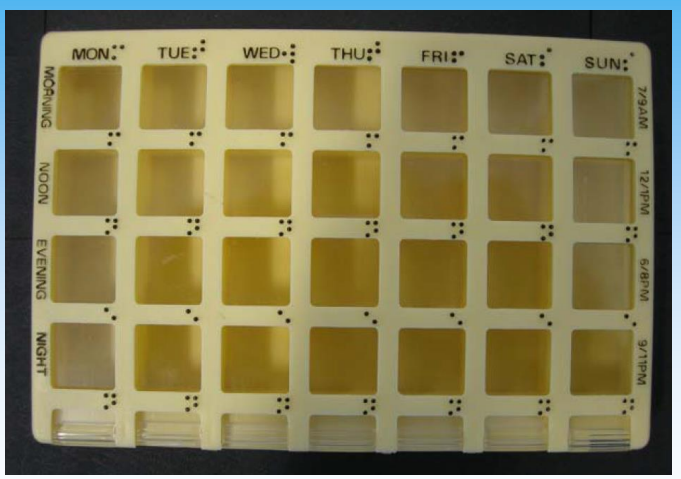
Compliance Aid



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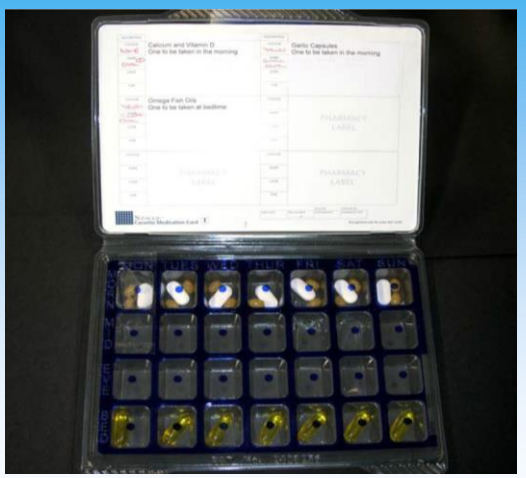
MDS Cassette



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Levels of Help and Support

Can vary over time depending on the service users health and capability.

May involve:

- Prompting
- Assisting
- Administration of medicines

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Prompting

The action of saying something to persuade, encourage or remind someone to do or say something.

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Assisting with Medicines

- Ordering and collecting repeat prescriptions
- Collecting dispensed medicines
- Bringing medicines to a person at their request so that they can take their medicine
- Opening bottles or packets including multi-compartmental compliance aids at the request and direction of the person
- Reading labels and checking time as requested by service user

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Administration of Medicines

Service user cannot take responsibility and care staff are involved to ensure that the service user gets:

- The correct medicine
- At the correct time
- In the correct way

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Roles not Usually Undertaken by Care Staff

- Rectal administration of suppositories
- Insulin given by pre filled PEN devices
- Administration through a PEG tube

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Covert Administration

- Giving medicines without the service users knowledge
- Consider Human Rights
- If necessary, clear discussion, agreement and care plan should be in place

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Ordering, Supplying, Storing and Disposal of Medicines

- Responsibility usually stays with service user and/or their family
- There should be clear agreement if other processes are in place

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Training and Competency

- Resources:
  - NICE
  - National Care Forum
- What do they have to do?
- Trained and competent for the tasks undertaken
- Is it detailed in the care plan?
- Know what to do if there is a problem

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Warfarin

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Controlled Drugs

- It is a prescribed medicine
- Is there a difference in what you do?
  - Paracetamol tablets vs MST tablets
  - Pain patch vs Butrans patch

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Common Issues

- Missed calls
- Social activities
- Storage

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Quality Improvements across Northern Ireland

Health and Wellbeing 2026:Delivering Together

Medicines Optimisation Quality Framework

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Medicines Optimisation

NICE definition

A person centred approach to safe and effective medicine use to ensure the best possible outcomes from their medicines.

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Medicines Optimisation Quality Framework

Medicines optimisation model

Describes what patients can expect when medicines are included in their care plan in each of four different settings. hospital, general practice, pharmacy, social care.

Quality standards

Describe the best practices that should be delivered in each setting, identifies the gaps in best practice and the actions needed to address them in order to deliver high quality outcomes when medicines are prescribed, dispensed or administered.

Implementation through integrated innovation and change programme

Which will identify test and scale up models of best practice.

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Summary

- Everyone is an individual
- One size does not fit all
- There are no black and white answers

REMEMBER…..

Trained competent staff

Risk assess the task

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What are your challenges?

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NIAS... A changing Ambulance Service

HSC Northern Ireland Ambulance Service Health and Social Care Trust

N.I.A.S.

NIAS - Who we are...

- Provides pre hospital care for a population of 1.8 million over an area of 5,450 square miles

- 59 ambulance stations / deployment points

- 2 Ambulance Control Centres (Emergency & Non-Emergency)

- 1 Regional Education & Training Centre

- 313 ambulance vehicles

- Employs in excess of 1200 staff

What We Do Emergency Service

In 2016-17 NIAS responded to **210,027** emergency calls

That's over **570** calls per day and **23** calls per hour

We have 60 A&E Ambulances & 20 Paramedic Rapid Response Vehicles (RRV's) on duty per day

Increasing demand 4.87% on previous year

What We Do Non Emergency Service

In 2016-17 NIAS made **210,027** patient transfers

An average of **545** patients transported per day

We have 65 Non Emergency Ambulances

Approx 38,000 transport requests from GPs

What does NIAS do?

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Health and Social Care Trust

Why are we changing?

- Demand for Ambulances
- Ageing population, chronic conditions
- Strategic Drivers
- Cultural expectations

Ambulance Service viewed as a first aid and transport service

Appropriate Referral to Specialist service

Appropriate Referral to Primary care

Referrals made following phone consultation

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NIAS Chief Complaints

1	HCP ADMISSION	68,543	31.78%
2	**FALLS**	23,121	10.72%
3	SICK PERSON (Specific Diagnosis)	14,292	6.63%
4	BREATHING PROBLEMS	12,804	5.94%
5	CHEST PAIN (Non-Traumatic)	12,789	5.93%
6	UNCONSCIOUS / FAINTING (Near)	10,193	4.73%
7	CONVULSIONS / FITTING	8,275	3.84%
8	OVERDOSE / POISONING (Ingestion)	6,552	3.04%
9	PSYCH / ABN BEHAVIOUR / SUICIDE AT	6,441	2.99%
10	ABDOMINAL PAIN/PROBLEMS	5,319	2.47%
11	AMPDS Manual Over-ride	5,215	2.42%
12	TRAFFIC / TRANSPORTATION INCIDENTS	5,025	2.33%
13	HAEMORRHAGE / LACERATIONS	4,751	2.20%
14	STROKE (CVA)	4,670	2.16%
15	**TRAUMATIC INJURIES (Specific)**	4,207	1.95%
16	ASSAULT / SEXUAL ASSAULT	3,944	1.83%
17	UNKNOWN	2,968	1.38%
18	CARDIAC / RESPIRATORY ARREST/DEATH	2,148	1.00%
19	Unknown - User Left Call	1,888	0.88%
20	DIABETIC PROBLEMS	1,837	0.85%

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Challenges

- 45% over 65
- 19,000 calls to care homes
- 24,000 falls related calls

- Average age of NIAS staff 54% over 45

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Challenges

- Devious / they lie
- Poor historian's
- Co-morbidities
- Socially isolated
- Polypharmacy
- Advanced care plans
- Paramedic education – tra
- ECR

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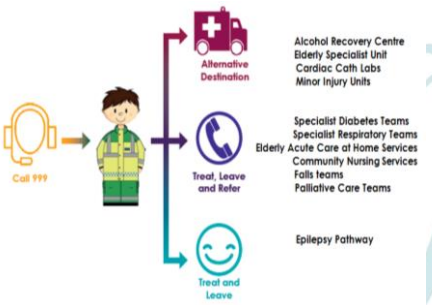
What we have done?

- Diabetes
- Cardiac
- Community Nursing Referrals*
- Falls*
- COPD
- Palliative Care
- Frail / elderly*

Designated units / A(E)CAH teams

- Frequent Callers
- Safeguarding
- Heart failure



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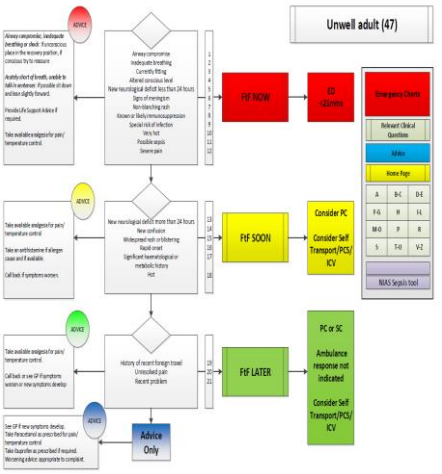
Clinical Support Desk

- 10 CSD paramedics
- Additional training
- Manchester Triage
- Provision of "hear and treat / refer"



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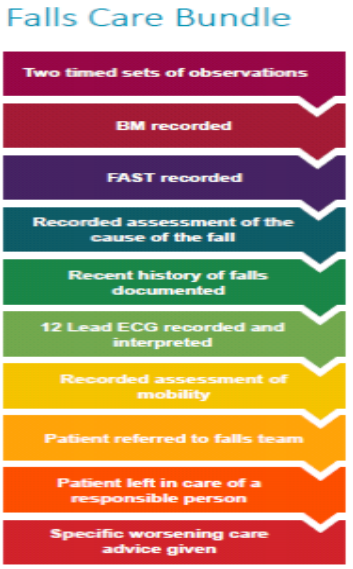
What we are doing

- PACR
- Frailty screening
- Delirium training
- Clinical Education Centre
- Joint training with consultant geriatrician
- Care bundles
- Social prescribing – community hubs
- University training



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Falls Response Team

- Pilot to See/Treat/Discharge at point of call for Fall calls
- Occupational Therapist and Paramedic
- Belfast Trust Area
- Funding 3/12 pilot

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New Clinical Response Model

- Based on AACE Ambulance Response Programme (ARP)
- Patient Based Outcomes not Time Focus Outcomes - Improves patient care & saves more lives
- Helps with the continuing increase in demand exceeding capacity of available resources;
- New Priority Call Categories: 1,2,3,4

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What Questions?

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General Discussion and Closing Remarks

Theresa Nixon
(Director of Assurance, RQIA)

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