



# PAN-ASIAN STUDY ON EMS PERFORMANCE INDICATORS

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# OUTLINE OF PROPOSAL



- ▶ Introduction
- ▶ Methods
- ▶ Significance

# INTRODUCTION: TEMPORAL COMPONENT



The components of EMS episode, based on timing, consist of the following:

- call processing time,
- control allocation time,
- crew mobilization time,
- traveling time to the scene,
- time spent at the scene,
- traveling time back to the ED or hospital, and
- time spent at ED or hospital

(Guppy & Wollard, 1999)



# INTRODUCTION: PUBLIC PERCEPTION

- ❑ The use of satisfaction as a key performance indicator for ambulance services is well accepted throughout the world.
- ❑ The expectations of patients and families being met by the services provided.
- ❑ People seldom ask or express their opinion regarding this specific aspect of health care services delivering systems received.
- ❑ This phenomenon is most probably due to the fact that:
  - I. Communities themselves have no idea of the level of care provided to them.
  - ii. No specific parameter or benchmark to compare the services received by them.



# AIMS

## General

To create a set of standardized and sustainable performance indicators for Emergency Medical Services (EMS) across Asian countries

# AIMS



## Specific

1. To measure the ambulance response time (ART) in each study center
2. To identify factors associated with ART
3. To measure the association of ART with mortality & morbidity for medical/surgical & trauma cases
4. To measure the client satisfaction with EMS provision
5. To assess the factors associated with client satisfaction
6. To measure the association of ART with client satisfaction

## Null Hypothesis

The client satisfaction and ambulance response time are similar throughout Asian countries, regardless of EMS system and client features

# METHODOLOGY



The proposed study is an explorative study using a quantitative design

Two sets of questionnaires:

1. **Set A** (Ambulance Response Time Questionnaire); and
2. **Set B** [Questionnaire to Assess Perception of Ambulance Services by Patient (or Accompanying Relative), Ambulance Crew and Other Health-Care Provider]

Domain	Item	Score*
<b>Vehicle</b>	1. General appearance of the ambulance	1 2 3 4 5 6 7 8 9 10
	2. Cleanliness of the ambulance	1 2 3 4 5 6 7 8 9 10
	3. Comfort of ride in the ambulance	1 2 3 4 5 6 7 8 9 10
	4. Feeling of security in the ambulance	1 2 3 4 5 6 7 8 9 10
	5. Adequacy of ambulance equipment	1 2 3 4 5 6 7 8 9 10
<b>Staff attitude</b>	6. Helpfulness of staff	1 2 3 4 5 6 7 8 9 10
	7. Attentiveness of staff	1 2 3 4 5 6 7 8 9 10
	8. Empathic nature of staff	1 2 3 4 5 6 7 8 9 10
	9. Friendliness of staff	1 2 3 4 5 6 7 8 9 10
	10. Gentleness of staff	1 2 3 4 5 6 7 8 9 10
<b>Staff performance</b>	11. Ensuring of patient's comfort	1 2 3 4 5 6 7 8 9 10
	12. Calmness of staff	1 2 3 4 5 6 7 8 9 10
	13. Adequacy of explanation by staff of their actions	1 2 3 4 5 6 7 8 9 10
	14. Efficiency of staff	1 2 3 4 5 6 7 8 9 10
	15. Feeling of safety when staff arrive	1 2 3 4 5 6 7 8 9 10
<b>Professionalism</b>	16. Perceived level of training of staff	1 2 3 4 5 6 7 8 9 10
	17. Professional look of staff	1 2 3 4 5 6 7 8 9 10
	18. Level of trust in staff	1 2 3 4 5 6 7 8 9 10
	19. Level of competency of staff	1 2 3 4 5 6 7 8 9 10
	20. Confidence of staff to keep me alive until reaching the hospital	1 2 3 4 5 6 7 8 9 10
<b>Efficiency of service</b>	21. Availability of staff at all times	1 2 3 4 5 6 7 8 9 10
	22. Response time of ambulance to an emergency	1 2 3 4 5 6 7 8 9 10
	23. Speed of admittance to hospital	1 2 3 4 5 6 7 8 9 10
<b>Image</b>	24. What do you think is the public perception of our ambulance service?	1 2 3 4 5 6 7 8 9 10



Country \_\_\_\_\_ Site Number

City/EMS District \_\_\_\_\_ Trial number

(For official use only)

Patient brought in by Government ambulance<sub>1</sub>

Private ambulance<sub>2</sub>

Date of response (dd/mm/yyyy):  /  /

Location type: (please tick only one box)

- <sub>1</sub>Home residence
- <sub>2</sub>Public/Commercial building
- <sub>3</sub>Healthcare facility
- <sub>4</sub>Residential institution
- <sub>5</sub>Industrial place
- <sub>6</sub>Place of recreation
- <sub>7</sub>Street/Highway
- <sub>8</sub>Other, specify \_\_\_\_\_

A) Time call received (phone picked up) (24-hour format): <sub>1</sub>

B) Time ambulance left the call center/awaiting area: <sub>2</sub>

C) Time arrived at the scene: <sub>3</sub>

D) Time arrived at the patient side: <sub>4</sub>

E) Time left the scene: <sub>5</sub>

F) Time arrived at health center: <sub>6</sub>

"A till D" = Ambulance response time (in minutes): <sub>7</sub>

"A till F" = EMS episode time (in minutes): <sub>8</sub>





***Sample calculation:***

1) Based on the study:

**Ambulance Response Time And Emergency Medical Dispatcher Program: A Pilot Study In Malaysia**

**Southeast Asian J Trop Med Public Health. Vol 39 No. 6 November 2008: 1150-53**

Ambulance response time (ART): 15.2 ± 4.6 minutes (mean ± SD)

Single mean formula:

$$n = \left[ \frac{1.96 \times 4.6}{0.25} \right]^2$$

= 1298

1.96 (5% error), 4.6 (S.D from previous study), 0.25 (Precision of study)

Considering 20% drop out: **1947 cases of ambulance call required to estimate the mean ambulance response time with the precision of 0.25 minutes per call including consideration of 20% drop out from the study**



## ***Inclusion criteria***

1. All ambulance call events

## ***Exclusion criteria***

1. Unable to answer the questionnaire
2. No accompanying relatives/friends
3. Missing time data

## ***Independent variables***

Personnel training level, Age, Sex, Region, Presence of structured EMS training, AVL/GPS use, Availability of EMD/Call Center, Clients' age, sex, educational/social background

## ***Dependent factors***

Client Satisfaction Score, ART/EMS episode, mortality at 30-days, morbidity



## ***Statistical analysis***

Uni-variate analyses such as Independent t-test & One-way ANOVA for each independent variable. Multi-variate analysis such as Multiple Linear/Logistic Regression & ANOVA/ANCOVA test using the Statistical Package for Social Sciences (SPSS).



# SIGNIFICANCE

- ▶ EMS performance monitoring
- ▶ Basis for service improvement
- ▶ Patient outcome