Ambulance Control Policy

ProQA (AMPDS) Non-Compliance

National Ambulance Service (NAS)

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1.0 PURPOSE

1.1 Policy – NASCC033-Ambulance Control Quality Assurance System provides detailed information on the logic for implementing a Quality Assurance System and the methodology used to audit the compliance of those staff trained to use the MPDS/ProQa programme.

1.2 This SOP provides operational procedures for all relevant personnel on procedures that will be applied to address failing performance levels.

2.0 SCOPE

2.1 This SOP applies to all Supervisors and staff holding a current ProQa licence where monthly compliance is identified as "Non Compliance" (see Policy - NASCC033 - Ambulance Control Quality Assurance System, Section 7.5).

3.0 GLOSSARY OF TERMS AND DEFINITIONS

- **AQUA** - Advanced Quality Assurance
- **MPDS** - Medical Priority Dispatch System
- **ProQa** - Professional Quality Assurance
- **NEAMD** - National Academy of Emergency Dispatch
- **EMDQ** - Emergency Medical Dispatch - Quality Assurance Auditor

4.0 RESPONSIBILITIES

4.1 Control Supervisors are responsible for monitoring staff compliance with the SOP during their respective shift.

4.2 The Control Manager is responsible for ensuring appropriate systems are in place to monitor Supervisor and staff compliance with this SOP and for ensuring that the appropriate remedial action is taken where necessary.

4.3 The staff member trained and authorised to perform audit duties (EMDQ) is responsible for performing AQUA audit and providing reports to the relevant Control Manager.

4.4 The Training and Development Officers are responsible for managing/arranging remedial training where deemed necessary.

4.5 Each Control Supervisor and Staff member is responsible for individual compliance with MPDS protocols.

5.0 LEGISLATION / OTHER RELATED POLICIES

- NASCC033 – Ambulance Control Quality Assurance System
- NAED – Quality Improvement Programme
- PHECC – EMS Dispatch Standard

6.0 PROCEDURE

6.1 MONTHLY COMPLIANCE

6.1.1 Relevant personnel authorised to operate MPDS must achieve Compliance or High Compliancy on their monthly overall audit as stated by the International Academy of Emergency Medical Dispatch Accreditation compliance levels.

6.2 Failing monthly compliance

6.2.1 Where a performance falls in to the category "Non / Low / Partial" compliancy, a tutorial/case review will be held by MPDS Auditor/ EMDQ with the relevant staff member and a review meeting will be scheduled for the following month.

6.2.2 If, after the *second month review,* there has been no improvement, a second tutorial will be held between a suitable person designated by the Training and Development Dept., the MPDS Auditor/EMDQ and the staff member.

6.2.3 The relevant person will be advised that this situation will be highlighted to the Control Manager. The staff member will be advised that if no significant improvement is seen by the end of the second month then an Audit Review program may be implemented.

6.2.4 If, after *the third month review*, there has been no improvement a third tutorial will be held between a suitable person designated by

the Training and Development Dept., the MPDS Auditor/EMDQ and the relevant staff member.

6.2.5 The relevant staff member will be advised that an audit Review program will be enforced for a period of four weeks, at the end of the third month.

6.2.6 At the end of the three-month cycle, the four-week Audit Review program will commence. If no significant improvement in compliance has been seen following the four-week Audit Review period, then the relevant staff member may be considered for re-training. This will be discussed at the DRC meeting.

8.0 IMPLEMENTATION PLAN

8.1 This Procedure will be circulated electronically to all Managers, all Supervisors and Staff
8.2 This Procedure will be available in electronic format in each Ambulance Station and Ambulance Control for ease of retrieval and reference
8.3 Each Operational Support and Resilience Manager will ensure that the Manager/Supervisor responsible for updating Policies and Procedures will return the Confirmation Form to NAS Headquarters to confirm document circulation to all staff

9.0 REVISION AND AUDIT

9.1 This Procedure will remain under constant review and may be subject to change to facilitate any changes/developments in service requirements.
9.2 Control Managers have responsibility for ensuring the maintenance, regular review and updating of this Procedure.
9.3 Revisions, amendments or alterations to the Procedure can only be implemented after consultation with relevant stakeholders and approval by the relevant senior manager.

10.0 REFERENCES

Non Applicable

11.0 APPENDICES

- **Appendix I –** Procedure Acknowledgement Form