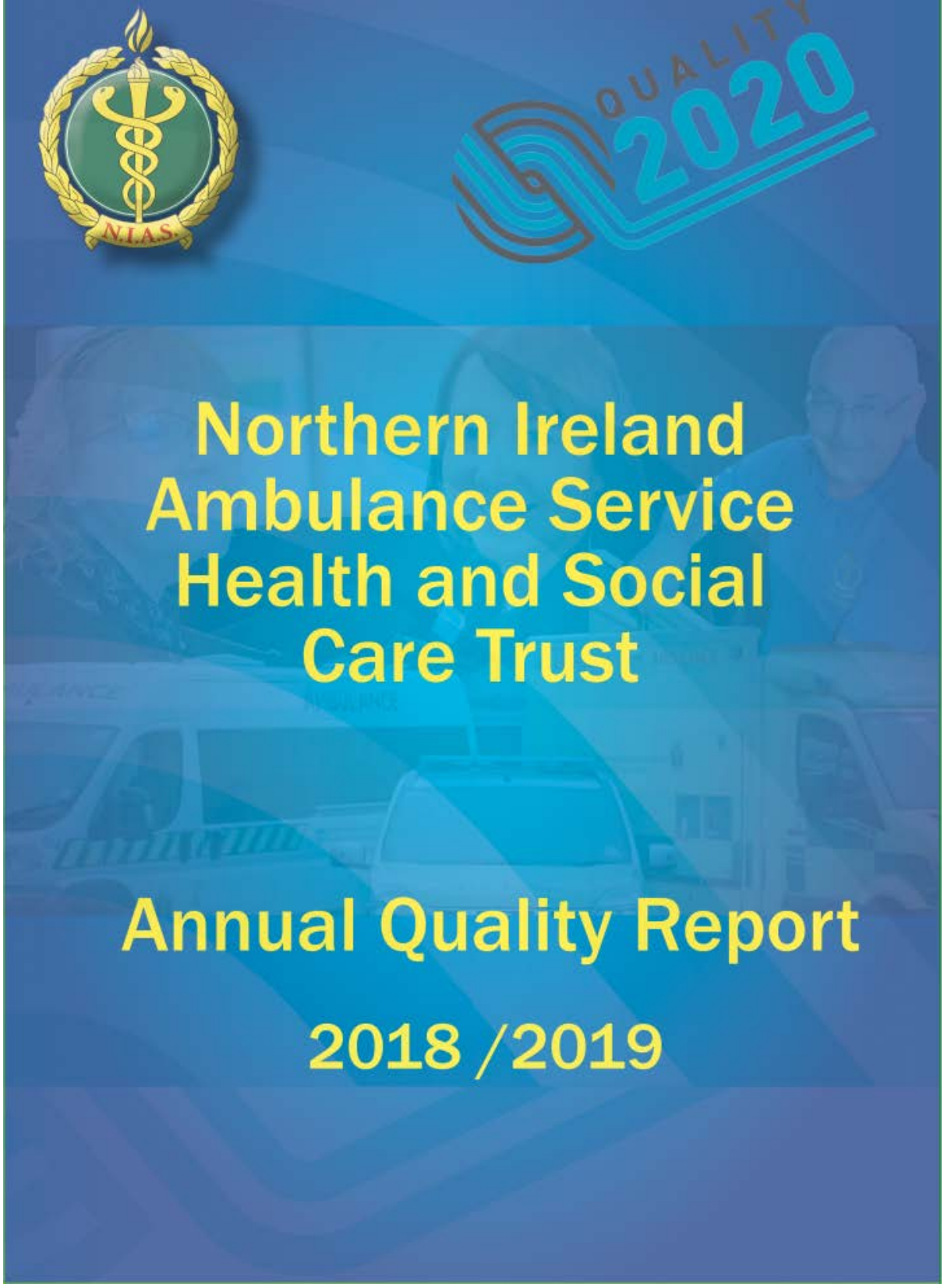


Northern Ireland Ambulance Service Health and Social Care Trust

Annual Quality Report

2018 /2019

Contents

Foreword

Constantly seeking to improve the safety, quality and patient experience of the services we provide is the most important thing we can do as a provider of healthcare. We can only do this through our staff who provide those services and I continue to be amazed by the level of dedication, professionalism, kindness and compassion shown by staff on a daily basis to patients and their families who rely on us at difficult and anxious times in their lives.

Sometimes these are the very complex, life-saving interventions that our highly skilled staff carry out that give patients the best possible chance of a good outcome. Very often it is the small things that can so easily go unnoticed but I know from the feedback I receive from patients and their families, make such a difference – the kind smile, the gentle touch, the thoughtful action, the reassuring word. Every day our staff demonstrate the wonderful sense of vocation which results in care delivered with compassion, going the extra mile to look after and treat patients in the way we would all want for ourselves and our family. I am very proud to lead a service where this culture exists at every level, and I look forward to continuing to support our staff to be able to do what they do best – provide high quality, compassionate care.

The increasing demand on our service does however present considerable challenges and our services and staff are under greater pressure than ever before. Redressing this position will not be easy but over time we are determined to make it better for those who use our services and those who work in the organisation. We can only do this by ongoing, meaningful engagement with our staff, service users and other partners in the design and delivery of our service, and we are committed to doing this. The Department of Health strategy 'Health & Wellbeing 2026 – Delivering Together' provides us with the roadmap for the transformation of health and social care services in Northern Ireland, and NIAS is committed to transforming our service and the

way we deliver care, in line with that strategy. We have ambitious aspirations which we believe are necessary if we are to ensure we can continue to provide high quality care in a progressive and sustainable way.

Everyone working in the organisation has a part to play in driving forward an agenda of quality and safety. Our vision is for a culture which values leaders, regardless of hierarchy or experience, location or discipline. It is one in which people strive for continuous improvement, are enabled to be innovative and take some risks along the way. We want to see staff flourish and take pride and joy in their work. We must continue to promote and support continuous quality improvement, investing in our staff capability and capacity to transform and improve our services. Together we can ensure that we create an open, transparent and supportive organisation that is continually learning and sharing, and where quality improvement is taking place consistently everywhere and every day. That includes learning from the occasions when we don't deliver care to the standards we want to, and implementing the necessary improvements. This will help to ensure that the care we deliver is always safe, effective and compassionate.

I am pleased to introduce our 2018/19 Annual Quality Report which gives NIAS the opportunity to provide those who use our services with assurance that we continue to deliver high standards of care, in a culture that fosters quality improvement.

Michael Bloomfield
Chief Executive

Transforming the culture

"NIAS has evolved far from the traditional transporting of patients to hospital, becoming a key player in providing unscheduled care to patients across Northern Ireland"

Driving Equality, Public Engagement and Patient Involvement

NIAS places a high priority on its obligations to better promote equality of opportunity and good relations, as well as public engagement and involvement through PPI and 10,000 More Voices. Despite NIAS's context as the smallest HSC Trust with the largest reach across all of Northern Ireland, during 2018/19 we consistently approached these interrelated obligations in an integrated fashion.

The primary example of this activity during 2018/19 related to public engagement and involvement around the consultation to introduce a new Clinical Response Model (CRM). This proposal would represent a significant and substantial change to the way that NIAS provides its services.

In accordance with its statutory equality and PPI obligations, and related duties around consideration of patient feedback, public consultation and impact assessment, NIAS undertook a public consultation on the CRM proposals, including a full Equality Impact Assessment (EQIA).

The consultation, incorporating EQIA, was launched on 27 September 2018. In advance, NIAS had conducted pre-consultation engagement that included political representatives, Trade Unions and our workforce. The consultation period was originally intended to close on 21 December 2018. Consultation was promoted by a range of actions, including: direct emails with over 450 stakeholders; the offer and uptake of individual meetings; attendance at Local Commissioning Group meetings; interaction with the Patient Client Council; and the use of mainstream and social media.

A specially commissioned animation promoting the key messages in the proposals was viewed across all NIAS social media platforms 10,589 times during the consultation period. Promotion of the CRM consultation had a reach of 40,613 on Facebook and 33,278 impressions on Twitter. The CRM consultation was downloaded 1,667 times from the NIAS website. NIAS adopted an approach of considering real-time feedback from stakeholders in order to enhance the consultation process. For example, this included improving the approach to informing the public about the ongoing consultation through more detailed social media. It also included publishing an easy-read version on request, although this took longer than anticipated to be published and this delay forms an important learning outcome for the Trust.

The easy-read version was downloaded 281 times. As a consequence of that delay, and as part of the Trust's broader effort to maximise the consultation process in response to stakeholder feedback, NIAS extended the consultation deadline until 18 January 2019 – a full 16 weeks. In total, NIAS received 45 written consultation responses from stakeholders, including replies using the consultation format and responses through direct contact (as well as individual service user responses), over the sixteen weeks of the consultation.

In advance of the finalisation of this document, NIAS offered a further opportunity for informal engagement to those stakeholders who responded directly to NIAS during the consultation. NIAS also met with the Equality Commission during the consultation process. As part of the consultation and EQIA assurance framework, NIAS senior management had continuous oversight of the consultation throughout its duration and Trust Board was kept apprised of key updates as appropriate during this process.

As a consequence of the consultation NIAS revised its original draft EQIA in relation to identifying a potential impact on some Section 75 groupings, and related considerations and mitigating measures have been proposed. These will now be included as part of the continuous future monitoring and evaluation of CRM in its future development and implementation, subject to departmental approval. Relevant available data and detailed impact assessment was included.

The final EQIA looked at the potential impact of the proposed changes in line with the Trust's responsibilities to ensure the involvement of service users. It also summarised the views of stakeholders who responded to the CRM consultation, including the NIAS responses to those issues that are directly relevant to the development of CRM. These stakeholder views were conscientiously considered and taken into account in formulating the final documents, both in a general and a specific fashion, before submission to the HSC Board and Department of Health (DoH).

NIAS is committed to an ongoing engagement process with stakeholders to continually monitor and update the impact assessments associated with this major programme for organisational improvement. Wider work to continue promoting PPI and 10,000 More Voices continued in the context of proposed NIAS internal restructuring during 2019/20, and an increasing approach to integrating objectives through the method of co-production. This work included regional involvement with PPI workstreams and the DoH programme board for developing online user feedback.

Staff Recognition Awards

NIAS hosted its first ever Staff Recognition Awards Ceremony on Thursday 28 March 2019 at the salubrious Hilton Hotel in Templepatrick. Attended by 150 people and guests, the event was an outstanding success as nominees joined with staff who were to receive their Long Service Medals for service of 20 years or more.

Thirty-two staff received the Queen's Long Service (Emergency Duties) and Good Conduct Medal and another six received their NIAS Long Service Medal. These staff have dedicated their lives to providing the highest standards of patient care to those who need our services. The Chief Medical Officer, Dr Michael McBride, praised their work and commitment to patient care. He assured them that their value and worth is recognised across the HSC family.

The Lord Lieutenant for Antrim, Mrs Joan Christie, was effusive in her praise for our crews and, as she made clear, she was doing so from the perspective of someone who has used our services.

The highlight of the night was without doubt the eagerly awaited Staff Recognition Awards.

Ambulance Care Attendant of the Year

Diane Moody (Coleraine), receiving the inaugural Paul Archer Award from retired NIAS Chair, Mr Paul Archer.

Emergency Medical Technician of the Year

Craig Wilson receives his award from Chief Medical Officer, Dr. Michael Mc Bride.

Control Person of The Year

Dr. Miriam McCarthy from the Health and Social Care Board presents the award for outstanding member of the control room team to Adrian Steele.

NIAS Paramedic of the Year

Community Paramedic Caroline French is presented with her award by Hazel Winning, Allied Healthcare Professional Lead for the Department of Health.

Support Person of the Year

The Chair of the NIAS Trust Board Nicole Lappin presents Clinical Support Officer Martin Mullan with his award.

Trainee of the Year

Melanie Brannen receiving her award from Michael Bloomfield, NIAS Chief Executive.

Strengthening the workforce

Clinical Education

Over the past year NIAS has been training more staff than ever before, with new influxes at the Ambulance Care Assistant, Associate Ambulance Practitioner and Paramedic Level. This has required significant additional funding with the Trust securing one of the highest allocations made available through Confidence and Supply funds as part of our work to transform our workforce. As well as addressing existing vacancies, we are working to strengthen tiers of staff who are being deployed into ever more diverse roles such as our Clinical Support Desk, the Helicopter Emergency Medical Service and our Hazardous Area Response Team.

Foundation Degree in Paramedic Science

Transformation of Health and Social Care and associated developments in pre-hospital and out-of-hospital emergency and non-emergency ambulance services require increasing standards of education and training. Across the United Kingdom, in tandem with this changing environment, there has been a move towards Higher Education qualifications for Paramedic Staff. In 2018 NIAS entered a partnership with Ulster University to develop a Foundation Degree in Paramedic Practice (FdSc). Following formal approval of the course by the Health and Care Professions Council (HCPC) in December 2018, the first cohort of student Paramedics commenced their studies on the foundation degree programme in January 2019.

Training Officers of our own Regional Education and Training Team deliver the majority of the course but are part of a joint faculty with University Lecturers. The programme adheres to normal University assessment and moderation type arrangements, including the use of external marking. A number of service user groups were involved with the curriculum design and content of the foundation degree, including Mencap, Inspire Mental Health, Autism NI and Diabetes UK.

To meet the needs of the more formal academic education approach, our training team's own skills as educators are being developed through programmes in education and teaching.

New Recruit Clinical Training

Our Training and Education Team also deliver clinical training courses to new recruits on both Ambulance Care Attendant (ACA), (non-emergency) and Associate Ambulance Practitioner (AAP), (emergency tier, Emergency Medical Technicians) programmes. The AAP programme is an accredited, level 4 diploma awarded by 'FutureQuals', for which NIAS is an approved centre and involves internal and external quality assurance processes. ACAs and AAPs also undertake accredited programmes in Ambulance Driving.

Service-wide Education

The frontline nature of ambulance service work means releasing staff to attend traditional classroom teaching is a significant challenge, particularly when spread across the entire region. Over the past year, operational pressures have made it difficult to release ambulance crews for "post-proficiency" training days to address key topics, and much of this training has instead been provided by Clinical Support Officers embedded with crews. These officers also observe practice and offer feedback to staff in real time.

Patient Assessment Module for all Paramedics

Following on from the Patient Assessment module offered to clinical leads in 2017-2018, NIAS completed a tender process and have secured a similar training module for all NIAS paramedics. Delivered by the University of Ulster, the Patient Assessment and Clinical Reasoning Module will be available for all NIAS paramedics who wish to avail of it and will provide enhanced clinical knowledge to support the use of the Appropriate Care Pathways.

Clinical Education Centre (CEC) Courses

During the past twelve months, NIAS has continued its partnership with the Health & Social Care Clinical Education Centre which has seen short continuous professional development courses being offered to all NIAS staff in a range of venues across Northern Ireland. Examples of some of the courses included Palliative and End of Life Care and Falls Prevention.

Peer Support

"Ambulance staff have a much higher risk of experiencing severe psychological distress, mental health issues and suicidal thoughts compared to the general population"

The peer support project has developed progressively during 2018/19. It emerged from structured staff engagement, wellbeing data analysis, and international benchmarking during 2017/18. This process has looked at best practice responses to critical incident trauma within ambulance services and emergency service partners – including detailed engagement with important UK colleagues (such as Greater Manchester Police regarding the Arena atrocity, and PSNI). Through the training of a first cohort of nine volunteer staff, the project moved into a pilot phase that provided support to over 5% of NIAS total staff during Q.3 and Q.4 2018/19 – including in the aftermath of significant incidents. Initial evaluation has been positive. Partnerships with emergency service colleagues, such as PSNI, are being firmly established, and the project will be further developed with two more cohorts of trained volunteers planned in 2019/20. A newly-appointed Health and Wellbeing Project Manager has also been appointed to oversee the initiative.

EAC Resilience & Training

Modern ambulance services are hugely reliant on advanced electronic communications and must have business continuity arrangements in place.

During 2019/20 NIAS is investing in increased resilience by enhancing its technical links and constructing a new facility within Northern Ireland in the event of evacuation from the main Control room.

During 2019/20 a new temporary Control Training facility will become available enabling specialist training to take place for all staff within EAC.

Meeting the Demand – Planning for the Future

NIAS operates two Control Centres – Emergency Ambulance Control (EAC) based at our Headquarters in Belfast and Non-Emergency Ambulance Control (NEAC) in Altnagelvin. We currently have a workforce of 132 staff (104 at EAC and 30 at NEAC).

The basic functions of the Ambulance Command & Control systems are to:

- Receive 999 Emergency calls, Healthcare Professional (HCP) calls and other routine health-related transport bookings.
- Provide on-line advice to callers as appropriate. Record information, prioritise work-load and plan Ambulance dispatch.
- Deploy Ambulance resources.

Telephone calls are received and passed to our dispatchers via Automatic Call Distribution (ACD) which is a call handling system that delivers calls automatically to the first available and suitable call-taker. Currently we aim to pick up 90% of emergency calls within 5 seconds.

During 2018-19 the EAC team handled more telephone calls than ever before, with demand in “999” call activity increasing year on year. It is projected the demand for ambulance services will increase 2.8% over the next four years until 2023.

All facets of the Health Service face a challenge from a growing population who with more complex health needs, and headlines about waiting times and busy hospital departments reflect the increasing demand on services.

In order to address current and future demand, NIAS commissioned a review of projected Demand and Capacity, and consulted on a new Clinical Response Model. This is aimed at ensuring that the sickest patients will received the quickest possible response, and is based on a model already operational in the rest of the UK. Whereas ambulance performance was traditionally measured against a very blunt standard of reaching a broad range of emergencies within eight minutes, we now have an established evidence base relating to the urgency of the full range of ambulance calls, and will be working to improve our response to the whole population. This will mean a difficult period where the prioritisation of training additional staff will increase the pressure on the service, but ultimately we aim to emerge with an expanded workforce who are better equipped to respond more flexibly to patients.

As the frontline workforce grows, we will also need to increase supporting structures such as the local management, governance teams and logistics teams as well as reviewing our existing estate and infrastructure.

In 2018/19 work continued within Emergency Ambulance Control to deliver on the investment of £1.1M in enhanced staffing and management structure. This development continues with increased recruitment of Emergency Medical Dispatchers and Control Officers and the required training.

The Management structure within Emergency Ambulance Control has been completed and both the EAC Continuous Development Manager and EAC Manager are now in post.

Recruitment for EMD Supervisors to provide support to our EMD 999 call-takers commenced in August 2019 and is expect to be complete with six new Supervisors in post by November 2019 in time for increased demand associated with winter.

The recruitment of a Rostering and Logistics Officer will be completed by the end of 2019 and will allow a more focused approach to staff planning within EAC, and our Clinical Support Desk will be expanding and moving towards 24-hour operation in early 2020.

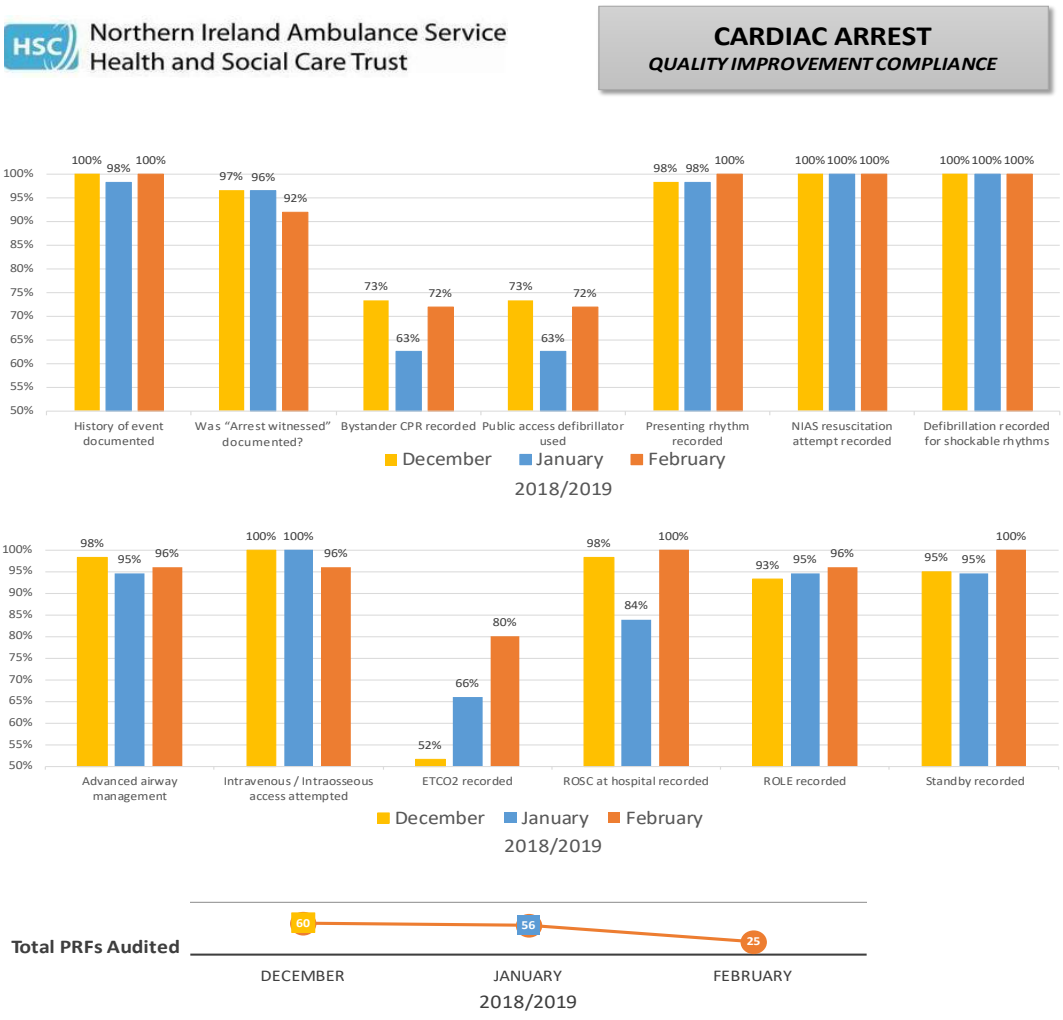
Opening of Enniskillen Ambulance Station

In October 2018 we held the official opening of a brand new Ambulance Station in Enniskillen during which the Permanent Secretary for Health praised the role that NIAS plays within the wider Health & Social Care System. In November 2018 the station won the Infrastructure Category in the Annual Royal Institute of Chartered Surveyors Awards

Measuring improvement

Clinical Performance Indicators

If we are truly to make a difference for patience then we have to focus on the quality of the care we provide rather than just the timeliness of an ambulance response. With this is mind we regular review how we manage a range of critical conditions such as acute stroke, chest pain, seizures and diabetic emergencies against agreed best practice. Areas for improvement are highlighted to our training team so that this can be focussed upon during training and feedback to crews. An example is seen below which highlighted that the frequency of monitoring of respiratory output (ETCO2) during cardiac arrest was below expected standards in December 2018. Following focus by the training team, performance increased significantly over subsequent months.



NIAS Safety Quality and Experience Programme

NIAS continues to partner with the South Eastern Health & Social Care Trust to participate in their Safety Quality and Experience Quality Improvement Level 2 Training Programme, during which NIAS staff learn about how to trial small step changes to improve an area of care for patients or support to colleagues and measure the results of this. Some of their work is highlighted over the following pages.

South Eastern Health and Social Care Trust

Any NEWS?

Northern Ireland Ambulance Service Health and Social Care Trust

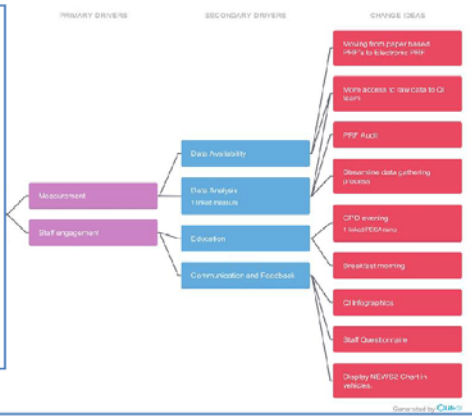
Claire Fitzsimons, Clinical Support Desk, NIAS

Background

- To facilitate a common language.
- To foster co-operation between hospital and pre-hospital care:
  - Traditionally a disconnect between prehospital and in-hospital professions. Early warning scores long established in hospital but are new to pre-hospital care.
- To promote education and professional development.
- To support clinical decision making.
- Ultimately to improve patient care and outcomes.

Aim

To improve completion of NEWS scores on Patient Report Forms from 16.7% median to 50%.



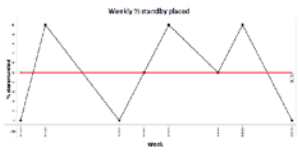
Improvement Methodology

Outcome Measures

Process Measures

1.

2.



*Whereby NEWS scores met the trigger threshold for escalation.

Challenges

- Data availability – as NIAS still using paper based reporting there are significant delays in collecting data.
  - *The knock-on effect of this is that providing feedback to staff is made more difficult and the delay can have an impact on staff engagement.*
- Staff engagement – peer led QI project; availability of staff due to operational demands; movement of staff between stations skewing data; multiple training courses meaning large turnover of staff.
- Working remote from the project, not able to enact everyday change.

Next Steps

- Analyse data for improvement as it becomes available.
- Repeat the PDSA cycle to try to encourage more staff engagement, perhaps change the time of day to enable more people to attend e.g. Breakfast morning.
- Look at change on a divisional rather than station level to allow for staff movement between stations i.e. more representative data.
- Include more people in the QI Team e.g. Clinical Support Officers as they already have staff education role and also perform monthly on station PRF auditing.
- Implement a NEWS2 calculator tool attached to PRF folder.
- Implementation of a Sepsis QI bundle with NEWS2 scoring as a parameter.
- REACH project – electronic reporting will automatically calculate NEWS but education is required to provide understanding of trigger thresholds and actions recommended.

Understanding the Impact of Community First Responders on Out of Hospital Cardiac Arrest (OHCA)

Stephanie Leckey
NIAS Community Resuscitation Lead

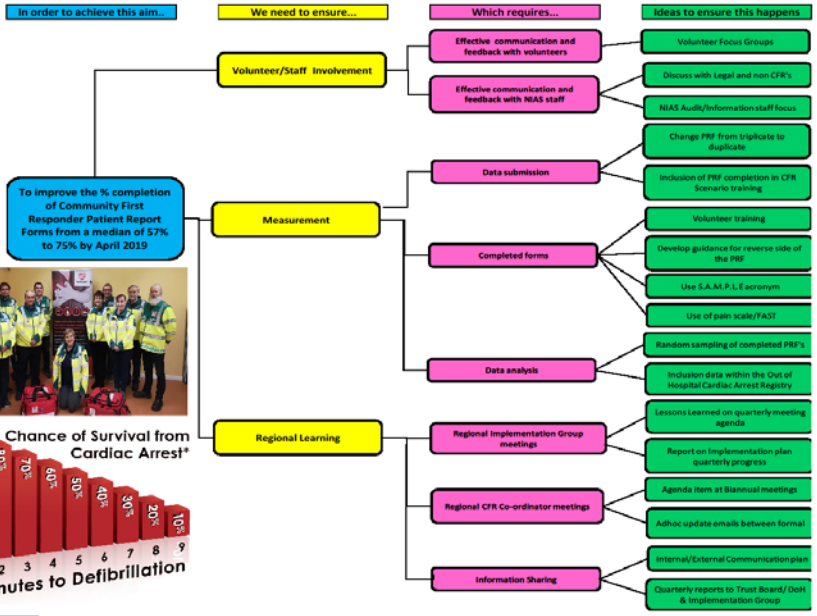
Northern Ireland Ambulance Service Health and Social Care Trust

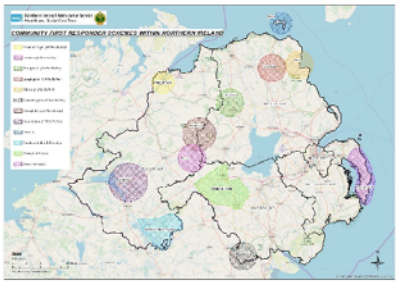
Community of Lifesavers
STRENGTHENING THE CHAIN OF SURVIVAL

Background

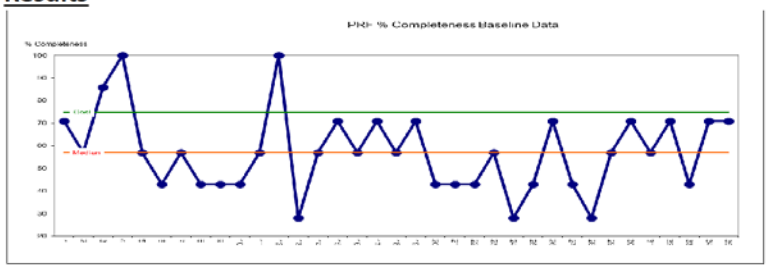
Annual OHCA in NI = **1500**

Survival =



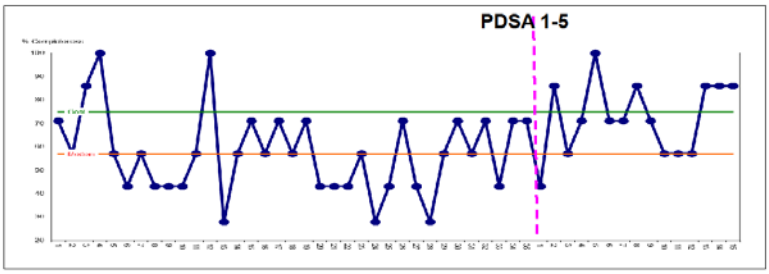


Results



Improvement Methodology

- CFR Co-ordinator feedback & recommendations
- OHCA registry data inclusion
- Legal perspective recommendations
- Non CFR recommendations
- Roll out of revised CFR Patient report forms



Outcome Measures

- ***Effectiveness*** – Median completion of PRF's increased from 57% to 71% in 1 month.
- ***Stakeholder satisfaction*** – easier to complete, quicker to complete, instructions provided if unsure.

Next Steps

- Formalised stakeholder satisfaction
- Further PDSA to include stakeholder feedback
- Scale and spread
- ePRF development.

Feedback to Incident Reporters

How can we Increase Feedback to Incident reporters?

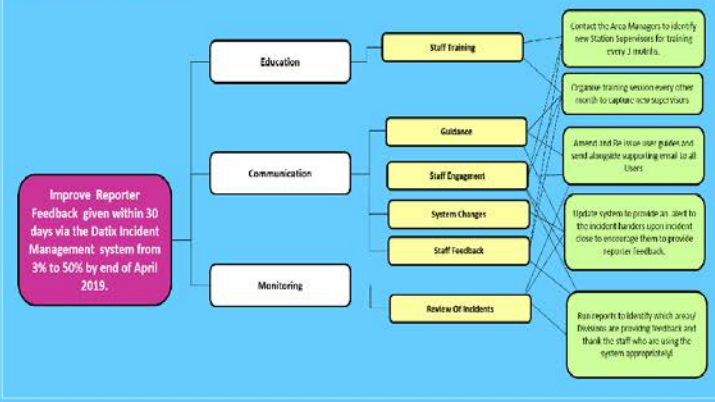
Laura Hill, Datix Administrator, Northern Ireland Ambulance Service

South Eastern Health and Social Care Trust

Background

- 90% increase in incident reporting since the introduction of Datix Web to NIAS in the first year.
- Feedback from within the system to incident reporters is low.
- Incident investigators can provide feedback by the click of a button.
- Often hear people asking 'what is the point of reporting if we don't get feedback?'

Driver Diagram:



IHI Framework for Improving Joy in Work

Aim

Improve Reporter Feedback given within 30 days via the Datix Incident Management system from 3% to 50% by end of April 2019.

Improvement Methodology

PDSA 1: Review of System
PDSA 2: Ongoing Staff Training
PDSA 3: User Guide
PDSA 4: Alert Button

Outcome Measures

% of incidents with feedback within 30 days of reported date

*Total number of incidents reported against incidents that have received feedback within 30 days - i.e., Week 1: 103 reported incidents and three feedback emails sent within 30 days = 3%

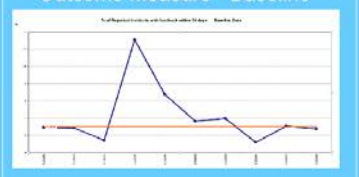
Process Measures

% feedback within 30 days

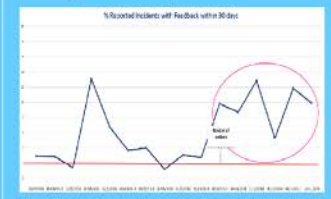
*Total number of feedback emails sent within the system against the number of feedback emails to incident reporters within 30 days - i.e., Week 1: Five reporter feedback emails sent and three sent for incidents that occurred within 30 days = 60%

Outcome Measure Results

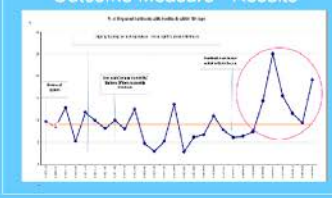
Outcome Measure - Baseline



Signal and replot of baseline

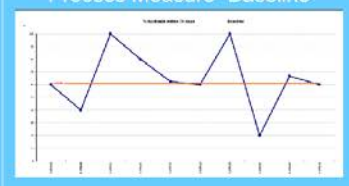


Outcome Measure - Results



Process Measure Results

Process Measure- Baseline



Signal and replot of baseline

Process Measure- Results

Next Steps:

Qualitative analysis with incident reporters to measure the benefits of feedback.

Improve Turnaround Times & End PJParalysis

It starts with us

Wayne Meehan
Paramedic
Northern Ireland Ambulance Service

South Eastern Health and Social Care Trust

Institute for Healthcare Improvement

Plan

Background

Patients are waiting on stretchers in the corridors in hospitals.

Crews are waiting to handover at hospitals, reducing the numbers of resources available to respond to ongoing emergencies.

Evidence of patient deconditioning when staying in bed and not mobilising daily.

Ambulance crews are the first point of contact.

Aim

To reduce the number of patients being taken into the Emergency Department on stretchers.

To encourage more patients to walk or be transferred by chair.

To improve turnaround times at South West Acute Hospital of <15 mins to 30%.

TURNAROUND TIMES

Date	< 15 mins	15 - 30 mins	30 - 45 mins	45 - 60 mins	1-2 hours	2-3 hours	Missing	Total
03 Dec 2018		6	4	1				11
04 Dec 2018	1	7	1		1			10
05 Dec 2018	1	6	3	3	3			16
06 Dec 2018	5		7	3	1			16
07 Dec 2018	1	5	9					15
08 Dec 2018	2	11	4					17
09 Dec 2018	4	8	4	1				17
Total (N)	14	43	32	8	5			102
Total (%)	13.7%	42.2%	31.4%	7.8%	4.9%	0.0%	0.0%	100%

To help reduce PJParalysis.

Challenges

Historical Practices.
Mindset.
Fear of Change.
Fear of upsetting patients or families.

With thanks to:

- Northern Ireland Ambulance Service (NIAS)
- South Eastern Health and Social Care Trust SQE Instructors and guest speakers
- South Eastern Health and Social Care Trust Innovation Centre
- Institute for Healthcare Improvement
- Staff at Enniskillen Station
- Seanin Waters – NIAS
- Paramedic Insight. September 2018. Volume 4. Number 3. Pg20
- www.endpjparalysis.com

Do

Process Measures

Candidate No. _____

1. Are you familiar with PJparalysis? Yes / No
2. Do you consider this when taking a patient into the ED? Yes / No
3. Do you think ambulance clinicians have a role in PJparalysis? Yes / No
4. Have you ever had any direct training on PJparalysis? Yes / No
5. Have you read any literature on PJparalysis? Yes / No
6. Would you be interested in attending a CPD training session on PJparalysis? Yes / No
7. Would you find a fact sheet on PJparalysis useful? Yes / No
8. Did you know there was a frailty scale on the NIAS clinical App? Yes / No

   If yes, have you ever used this scale? Yes / No

How do you transfer your patient?

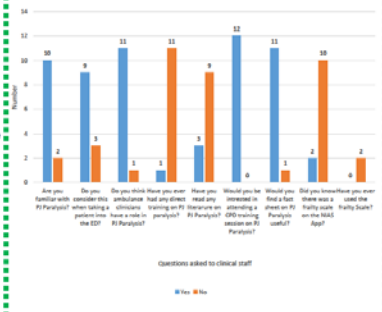
Shift		House to Ambulance: Trolley	Chair	Walked	Ambulance into ED: Trolley	Chair	Walked	Handed over and waited	Handed over and left
Monday	Day								
	Night								
Tuesday	Day								
	Night								
Wednesday	Day								
	Night								
Thursday	Day								
	Night								
Friday	Day								
	Night								
Saturday	Day								
	Night								
Sunday	Day								
	Night								
Total									
Totals									

Could you please number in order of importance (1 being most likely, 7 being least likely) your decision process when deciding how to transport a patient from the ambulance to the emergency department? Thank you.

- Use a stretcher because it's easier, even though the patient could walk or go on a chair
- Encourage the patient to walk, if possible (with assistance if needed) as its better for them
- Use a wheelchair
- Ask the patient how they would like to be transferred
- Use a stretcher as we can wait in the department whilst waiting for a bed
- Depends on how busy it is
- Depends on how busy we've been

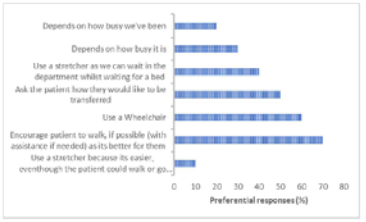
Study

Outcome Measures



How do you transfer your patient?

Shift		House to Ambulance: Trolley	Chair	Walked	Ambulance into ED: Trolley	Chair	Walked	Handed over and waited	Handed over and left
Monday	Day	1	3		3	1		3	1
	Night	3			3			3	
Tuesday	Day	5		1	5	1		6	
	Night	3		2	4		1	5	
Wednesday	Day	2			2			2	
	Night	8			8			8	
Thursday	Day		3	1	1	3		3	1
	Night								
Friday	Day		1	2	2	1		1	2
	Night								
Saturday	Day	1			1			1	
	Night								
Sunday	Day								
	Night								
Total		23	7	6	39	6	1	32	4
Totals				36			36		36



Act

Health and Social Care in Northern Ireland

Which would you choose?

For patients over the age of 80, a week in bed can lead to 10 years of muscle ageing

Mobilising daily has been shown to reduce falls and reduce length of stay in hospital by up to 1.5 days

What can we do?

Encourage patients to walk when possible

Think wheelchair before trolley

Bring day clothes and meds in with patients

#EndPJparalysis

www.endpjparalysis.com

What can we do?

Be aware of the risks of deconditioning

Encourage patients to get dressed, or bring day clothes in with them

Encourage patients to walk, if clinically safe

Think wheelchair before trolley

Think alternative care pathway before ED

Take mobility aids if possible

Note the time the patient was placed on the trolley

Gather and handover information about their pre-incident frailty

Use a recognised frailty score – NIAS App

Paramedic Insight. Sept 2018 Vol 4. No 3. Pg20

#EndPJparalysis

FAST FACTS about DECONDITIONING

Northern Ireland Ambulance Service
Health and Social Care Trust

Implementing Training for NIAS Staff to Complete Witness Statements Independently

Michael Allen, NIAS Paramedic

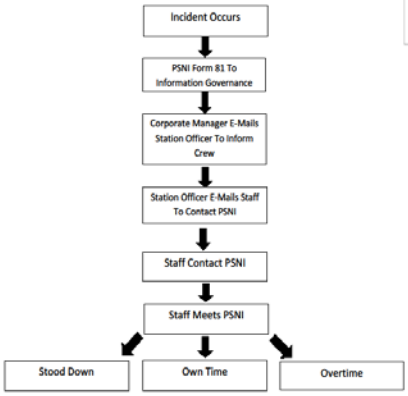
Background

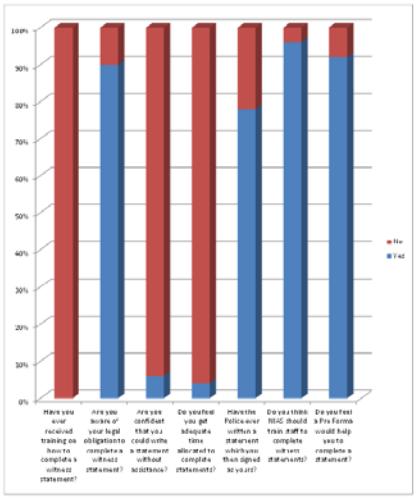
At present, Northern Ireland Ambulance Service (NIAS) staff receive no training on how to complete witness statements for the Police Service of Northern Ireland (PSNI). There is a legal obligation to provide a statement when requested. Time and effort is wasted as PSNI have to request details through Form 81 and then track crews down to complete statements in their own free time. In order to equip staff with the knowledge and skills required, NIAS need to provide training and time for witness statements to be completed independently.

Aim

- Establish what training is required
- Design a training course for staff
- Enable independent statement writing
- Reduce/eliminate need for PSNI involvement.

Background Information

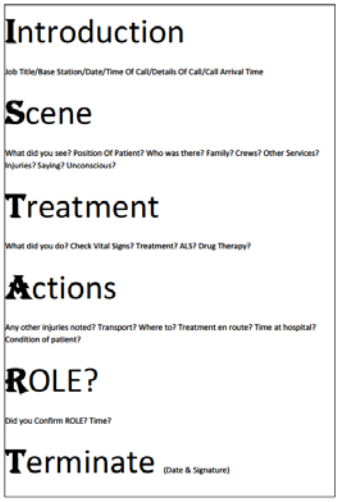




Legal Obligation

- A competent person is compelled to provide
- Confidential
- Formal Document
- Evidential in court.

Aide Memoire Mnemonic



PDSA Cycle

Completion Guide

- Should be factual and succinct
- Written in own words
- Be signed by witness
- Written when memory is fresh
- Helps recall if called to court.

Challenges

- TRAINING - Currently no training in place
- HABITS - Good/Bad habits already ingrained
- PROFORMA - Designing a "One size fits all" proforma for all statements
- MNEMONIC - Devising a memorable mnemonic as an Aide Memoire
- SUPPORT - Continuing staff support.

Actions

- TRAINING – Devise a training session for staff
- HABITS – Standardise the way staff write statements
- PROFORMA – Same basic layout, prompts for staff to complete competently
- MNEMONIC – ISTART, contains all key elements for writing a statement
- SUPPORT - ?Designated staff member to support staff

Next Steps

- Implement a training session for all staff
- Seek approval and implementation of Aide Memoire on NIAS App by I.T.
- Have a proforma freely available to all staff on intranet, e-mail and App
- Establish a designated member of staff to train and support staff
- Agree with Control Managers when staff can be stood down to complete statements
- Liaise with PSNI to prioritise which calls will require statement submission.

South Eastern Health and Social Care Trust

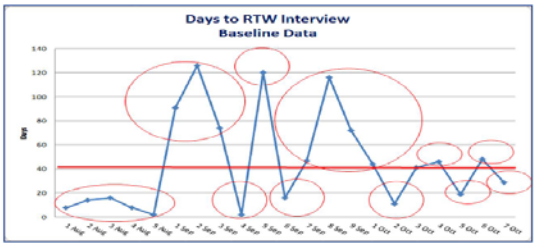
SUPPORTING STAFF THROUGH RETURN TO WORK INTERVIEWS

Northern Ireland Ambulance Service Health and Social Care Trust

Jacqueline O'Hara
Paramedic Supervisor NIAS

Background

- The Northern Ireland Ambulance Service has above average levels of sickness among its operational staff.
- This directly impacts on the provision of service to the patient.
- The role of a Paramedic Supervisor is to complete return to work interviews in a timely manner so as to provide staff with care and support to return to work and remain at work.
- Delays in carrying out return to work interviews result in staff feeling undervalued, not appreciated and unsupported when returning to work following ill health.



Data was gathered over a three month period to establish a baseline and assisted in identifying problems with the process of return to work interviews.

This data was analysed and acted as a basis for the project of quality improvement.

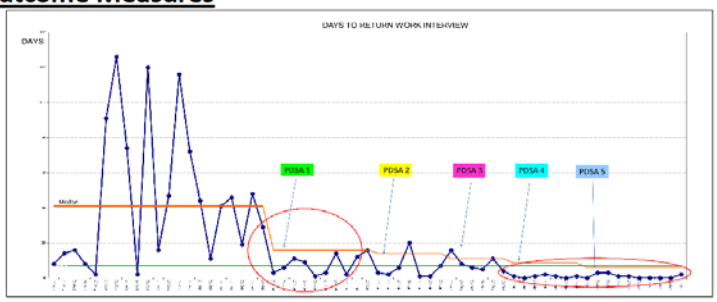
Aim

To reduce the number of days between end of sickness and return to work interview from a median of 41 days to 7 days by May 2019.

Improvement Methodology

- PDSA 1 – Introduction of new i-pad to Supervisor gave access to staff Global Rostering System to identify return to work date.
- PDSA 2 – Email from Resource Management Centre informed Supervisor of end of sickness date.
- PDSA 3 – Standing down staff from operational duty for a period of time to complete return to work interview.
- PDSA 4 – Contacting staff by phone before return to work to offer support to aid transition back to work.
- PDSA 5 – Staff to take responsibility for making contact with Supervisor on return from sickness.

Outcome Measures



Results – show % reduction in number of days.

PDSA 1 improvement of 60%

PDSA 2 improvement of 65%

PDSA 3 improvement of 73%

PDSA 4 improvement of 79%

PDSA 5 improvement of 85%

Outcome

The number of days between end of sickness and return to work interview reduced to a median of 6 days.

Project aim has been accomplished and improvements maintained.

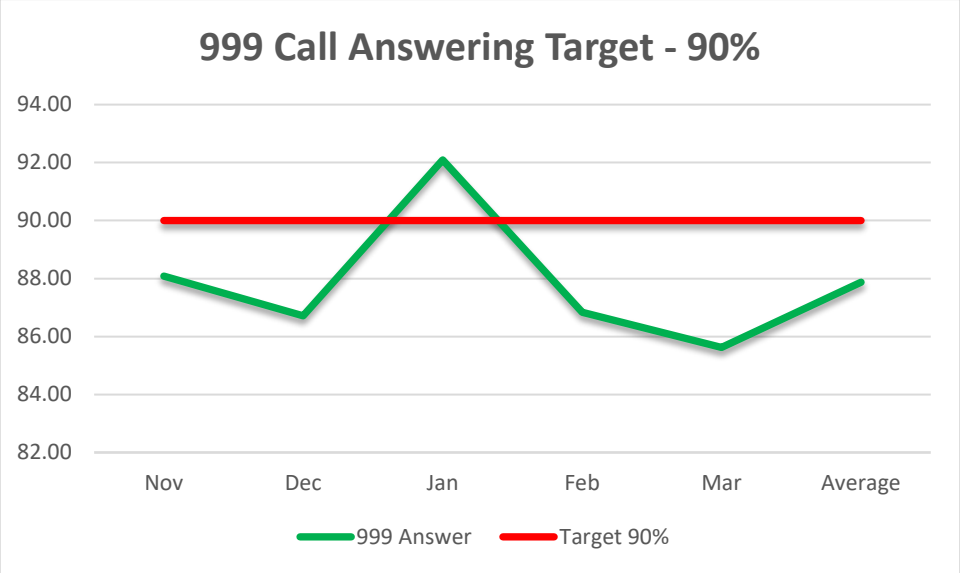
Next Steps

- Other Supervisors in home station will adopt this approach to completing return to work interviews.
- Supervisors in other stations within the southern division will adopt this approach.
- Organisational change to this method of completing return to work interviews.

999 Call Answer Times

We always aim to answer emergency calls as quickly as possible and the system delay between the call arriving at our telephone switch and being distributed to an available call-taker with the appropriate skill set is 2 seconds. Call delays can occur when especially during period of high demand and there are no EMDs available to answer the call.

The NIAS target for 999 call answering is 90% of 999 calls within 5 seconds. Due to a systems upgrade call answering data is only available from November 2018. The graph below shows the monthly averages from November 2018-March 2019 and achieving an overall performance of 88%.



Changes are being made in the staff profiles for call answering with the aim of significantly improving 999 call answering with additional recruitment of staff.

A consequence of the increasing demand and pressure on EAC has been the increase in the number of duplicate 999 calls received. In 2018/19 EAC answered 37,160 duplicate 999 calls accounting for over 14% of the total emergency calls answered.

Time Spent on Emergency Calls

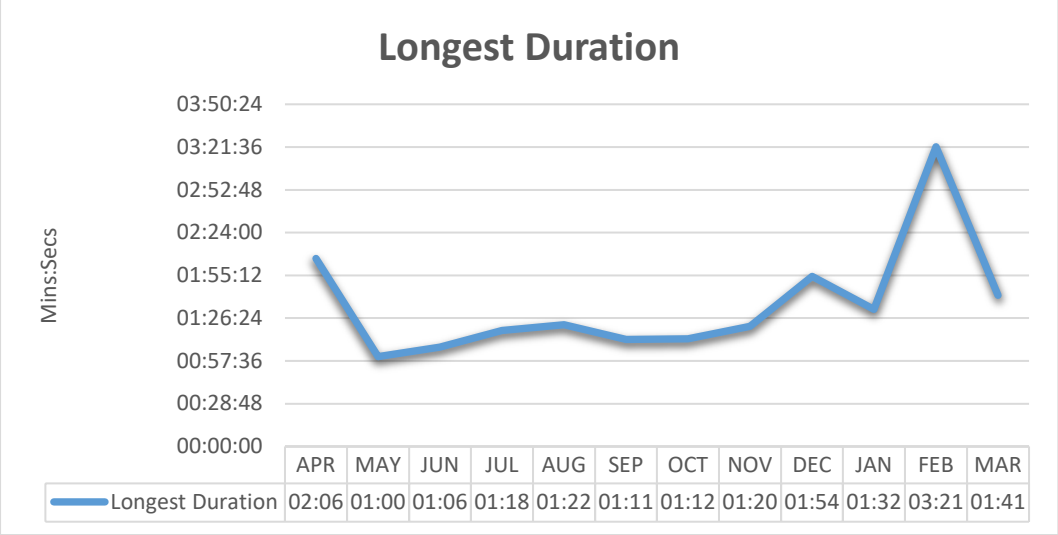
Emergency Medical Dispatchers (EMDs) who take the emergency calls are required to remain on the line for certain health critical situations or where there is a concern for the welfare of the patient. The purpose of them remaining on the line is to provide support and advice to callers until one of

our operational Ambulance resources is in attendance at the scene. Our EMDs have available to them a selection of advice on subjects ranging from detecting ineffective breathing to delivering Cardio Pulmonary Resuscitation (CPR), managing a choking patient to supporting callers in the process of childbirth.

While the average 999 call time for 2018/19 is **3mins 56secs**, the longest 999 call is recorded was **3hrs 21mins**.

During extended calls, our EMDs stay on the line to provide clinical advice and emotional support until an ambulance arrives – whether talking a caller through how to deliver a baby, or acting as a listening friend for those suffering a mental health crisis and at risk of self-harm.

The graph below gives an indication of some our longest telephone interactions with patients throughout the year.



Raising the standards

Infection Prevention and Control

In 2017, the RQIA undertook a review of infection prevention and control practice across NIAS following an invitation from NIAS. This identified a number of concerns and we have been working steadily since then to improve practice across the service.

This has seen a complete reorganisation of how we clean vehicles both in between emergency calls and during regular “deep cleans” where ambulances and all of their equipment received a thorough refresh. For the first time we have introduced a tier of dedicated vehicle cleaning staff which has greatly improved the ability to undertake this work while allowing our crews to focus on responding to patients’ needs.

We have also worked hard to improve environmental cleanliness within our stations with particular attention to providing new sluice facilities and rationalising the management and storage of medical equipment.

Follow-up inspections by the RQIA have already shown significant improvement but NIAS is committed to embedding good practice through improved training and governance arrangements, and we will continue to report our progress to the Department of Health, while seeking the funding necessary to provide for all of the necessary changes.

Encouraging Excellence in our Control Centres

Emergency Medical Dispatchers (EMDs) are trained to answer 999 calls and rapidly identify the nature of a wide range of medical emergencies as well as offering time-critical advice to callers in order to help patients ahead of an ambulance arriving.

As part of their continuous professional development, they are required to undertake 24 hours of Continuous Dispatch Education (CDE) to maintain certification by the International Academy of Emergency Dispatch. During the 2018 / 19 year the Quality Improvement Team expanded the CDE

opportunities available to EMDs and implemented a series of monthly training bulletins and workshops.

During 2019 we commenced planning for the introduction of the Pre-Triage Sieve and Nature of Call protocols to help in quickly identifying patients with immediately life threatening conditions and this brings NIAS practice in line with the rest of the UK.

Staff in Emergency Ambulance Control continue to play a very important role in the **onward referral** to community-based intervention teams for patients who have fallen at home and are uninjured or patients who have recovered from a diabetic (hypoglycaemic induced) coma through an electronic referral system within EAC. In 2018/19, **1995** referrals were made to Falls Teams across the region and **608** referrals made to specialist diabetic teams.

Our Non-Emergency Ambulance Control (NEAC) is based at Altnagelvin and manages all non-emergency patient journeys. In 2018/19 NEAC staff processed 191,975 journeys.

NEAC has recently permanently appointed a Call-Taker Supervisor and Control Room Supervisor to increase the managerial oversight of the Control Room. NEAC has increased hours of opening to midnight Monday to Friday to provide a better response to after-hours transport issues. We are continuing with the NEAC Discharge Co-ordination initiative / pilot, in conjunction with Belfast Trust. The South-Eastern Trust, Southern Trust and Western Trust all joined the initiative at a later stage and hope to continue the pilot until 31 March 2020. This allows better co-ordination of discharges and transfers with new Key Performance Indicators (KPIs) and delivers increased attention to complex and/or palliative patients who are awaiting discharge from hospital. These patient journeys in particular require increased planning and often specific resources to complete successfully.

There has been an audit of Non-Emergency services and we are anticipating more emphasis on KPIs and performance next year.

NEAC piloted an Advanced Care/Cardiac Non-Emergency Transport that has greatly improved Cardiac Patient transfers between hospitals for cardiac services and repatriation.

NEAC receives approximately 600-700 calls a day Monday to Friday with around 200 on weekend days.

Emergency Medical Dispatcher Award Scheme

NIAS continues to maintain a high standard of 999 call-taking, reflecting our status of an Accredited Centre of Excellence from the International Academies of Emergency Dispatch. NIAS is one of small number of ambulance services in the UK & Ireland to obtain this status and is a tribute to the hard work and dedication of the entire Ambulance Control team and specifically our Emergency Medical Dispatchers (EMD).

Staff recognition awards are held to acknowledge staff who maintain persistently high standards in 999 call-taking and those who display exemplary skill and compassions particularly during challenging emergency situations.

Awards are made on a regular basis for overall High Compliance with protocols and for demonstrating exemplary customer service. Other awards are for Baby Born, Cardiac Life Saver & Non-Cardiac Life Saver. Below are the level and number of awards attained by EMDs for the year 2018-19 and the totals since implementation:

Award type	**Type**	**2017-18**	**2018-19**
High Compliance	Certificate	8	14
	25 (call bronze)	14	5
	50 call (silver)	11	10
	100 call (gold)	17	7
	250 calls		3
Exemplary	certificate	2	17
Customer Service	25 call bronze	3	10
	50 call silver	8	2
	100 call gold	13	6
	500 calls		0
Baby Born	boy	2	7
-Talking a caller through delivering a baby	girl	6	3
Life Saver	Cardiac	5	9
- Successfully coaching a caller to provide CPR	Non-Cardiac	1	5

UK Dispatcher of the Year

In March 2018 a 999 call was received for a baby that had just been delivered but was still within the birth sac.

Nikki McAuley, Emergency Medical Dispatcher (EMD) within Emergency Ambulance Control answered the 999 call and began to process the call using the Medical Priority Dispatch System (MPDS). Nikki immediately identified the seriousness of the call and in line with her training and experience began to calmly provide instructions to the caller on how to deal with the situation which involved asking the caller to get a safety pin or pinch and tear the sac open.

Once the baby was removed from the sac Nikki provided instructions to the caller to confirm if the baby was breathing. It was quickly confirmed that the baby was not breathing and Nikki assertively and calmly provided CPR instructions to the caller which was undertaken until the arrival of the two Accident & Emergency Ambulances.

On arrival of the Ambulance Crews both mother and baby were immediately transported to Craigavon Area Hospital. Miraculously on arrival at Craigavon ED the baby had a cardiac output and was attempting to breath on its own!

The calm manner in which Nikki dealt with the call demonstrated the unique skills of our Emergency Medical Dispatchers and in particular the excellent standard of customer service that Nikki provided to this caller on this occasion which resulted in a successful resuscitation of the baby.

Tribute should also be paid to the responding crews Damian Murray, Angus McDonald, Shane Manley and Wayne Meehan.

This was great team effort from all involved demonstrating the very positive impact that we as a team can have when faced with the most difficult and life-threatening situations that our Ambulance Control staff and frontline Operational Staff deal with on a daily basis.

In recognition of the manner in which Nikki dealt with this call, Nikki was awarded the UK Dispatcher of the Year Award from the International Academies of Emergency Medical Dispatch (IAEMD) at a ceremony in Bristol. The was the first time that a NIAS member of staff had won the UK Award and

followed up on the 2017 success of fellow NIAS EMD Kelly Anne McKee in winning the Ireland Dispatcher of the Year Award.

NIAS was the only UK Ambulance Service that had three staff members shortlisted for this year's award. Alongside Nikki, Kelly Anne McKee and Lorraine Welsh were also shortlisted in recognition of the high quality of 999 call-taking that is now a common feature of Emergency Ambulance Control.

While Nikki, Kelly Anne and Lorraine rightly deserve recognition for their achievements, it would be remiss not to acknowledge our other Ambulance Control Staff who achieve high standards of call compliance and provide excellent patient care to an ever increasing number of patients contacting 999.

We are rightly proud of these achievements and for the high quality of patient care being delivered.

UK Paramedic of the Year

In March 2019, paramedic Glenn O'Rorke was named "Paramedic of the Year" by the UK Ambulance Leadership Forum at their annual awards dinner. Glenn took on the role of Operational Lead for the new Helicopter Emergency Medical Service (HEMS) in 2017 and since then has worked tirelessly to develop a service which is focussed on quality and safety.

As well as overseeing all practical aspects of the service, Glenn has worked hard to develop links with other members of the clinical workforce and partner agencies, and has been an enthusiastic ambassador for the Air Ambulance Northern Ireland Charity which raises the vital funds necessary to keep the service flying.

Clinical Research

The service has signed a Memorandum of Understanding (MOU) with the Southern Health & Social Care Trust enabling NIAS clinicians to undertake pre-hospital research with governance and expertise being offered by the Southern Trust. The MOU is the initial step in developing a research ethos within NIAS and will ensure that we continue to strive to improve patient care.

Bariatric Fleet & Equipment

The Northern Ireland Ambulance Service provides high quality urgent & emergency care and treatment as well as scheduled non-emergency patient transport services for all the population of Northern Ireland. In doing so it recognises its responsibilities in responding to the needs of specific patient groups and much work has been undertaken in with our fleet and equipment to enhance our response to bariatric patients in both emergency and non-emergency situations, managing the potential risks to both patients and our staff.

The Trust designed its first bariatric-capable vehicle back in 2006. These vehicles were fitted with stronger access ramps, winching system and specific stretcher locking systems capable of safety transporting bariatric patients. In 2014 these items became a standard part of the vehicle design specification in both Emergency and Non-emergency ambulances. Currently all ambulances are fitted with uprated access ramps including winches or tail lifts, all having a minimum safe working load of 500kg (78 stone). This will ensure by 31 March 2020 97% of the Trust's Emergency ambulances and 93% of its Non-emergency ambulances will be capable of transporting specialist stretchers suitable for bariatric patients.

In line with the Trust's first bariatric vehicles the Trust procured its first bariatric stretchers. These were allocated to specific bariatric capable vehicles located throughout the province. These stretchers allowed NIAS to safely transport patients up to a weight of 400kg (62 Stone), an increase of 100kg on our standard stretcher, but importantly it allowed for the additional body mass associated with bariatric patients to be facilitated. In 2019/20 the Trust procured 20 electrically powered stretchers. These stretchers maintain the 400kg weight capacity but importantly reduce the manual handling requirements of our staff. It would be the Trust's intention to make these types of stretchers standard throughout the Service over the coming years, subject to sufficient funding.

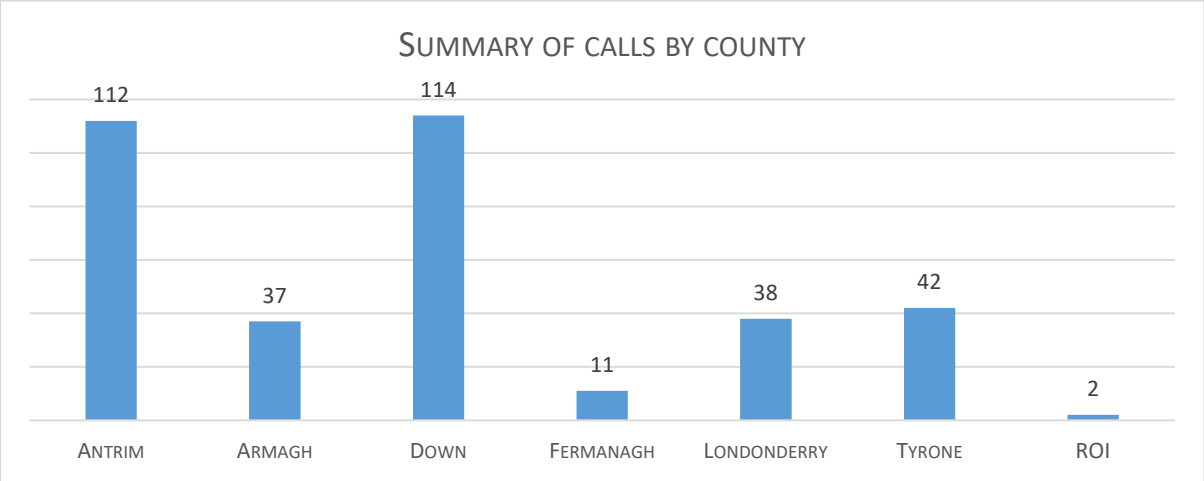
In addition to the vehicles and stretchers, the Trust continues to invest in other pieces of equipment to improve our response to bariatric patients including new wheelchairs rated to a maximum of 204kg and scoop stretchers rated to 227kg

We acknowledge there is more to be done but are committed to our patients and ensuring that they are cared for with compassion and respect.

Integrating the care

Helicopter Emergency Medical Service

The HEMS team attended 356 incidents during 2018/19, with 61% of these patients being transferred directly to the Royal Victoria Hospital for ongoing specialist care. We anticipate completing our 1000th tasking in the autumn of 2019 as we continue to respond to cases involving serious trauma right across Northern Ireland.



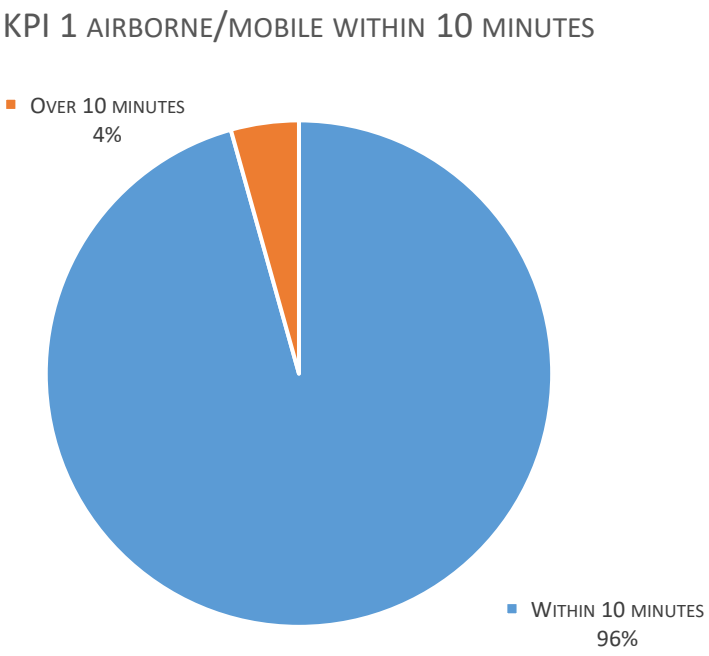
Agricultural incidents account for approximately 10% of all HEMS calls, and include falls, injuries caused by animals, slurry-related incidents and accidents involving farm machinery. Injuries sustained on farms are usually very serious and due to remote and rural locations of farms, getting the HEMS team to these sites as quickly as possible can make a significant difference to the patient.

Agricultural incidents have since been included on the air desk 'immediate dispatch criteria'. This inclusion allows the air desk paramedic to dispatch the HEMS team when a 999 trauma call has originated from a farm or a suspected agriculture environment. This immediate dispatch ensures the team departs in a timely manner when limited details are known but there is a high index of suspicion for serious injury, based on a review of previous cases.

The air desk has a pivotal role in the success of HEMS. The HEMS air desk paramedic not only has a key role in the tasking of the aircraft / RRV but also in the communications with NIAS Emergency Ambulance Control (EAC), communication with hospitals and other agencies, and recording of HEMS mission data for auditing purposes.

The appropriate tasking of our aircraft Helimed 23 and our rapid response car Delta 7 is pivotal to the success of the service. Successful tasking involves selecting the right cases, arriving in a timely manner, delivering advanced critical care, with transport to the most appropriate facility.

The Air Desk Paramedic located in EAC will autonomously task the HEMS team to trauma calls only, with consideration given to safety of mission, effective use of resources, and cost. Deployment criteria must be in accordance with CAA (Civil Aviation Authority) HEMS Classification.



Clinical Support Desk (CSD)

The Clinical Support Desk came into operation in October 2017 and was initially staffed by five paramedics. 2018-2019 saw significant growth in the team. Seventeen CSD paramedics supported by a Clinical Hub Manager now operate out of two bases and to date have handled in excess of 30,000 calls. Approximately half of these calls did not require an emergency ambulance following assessment by the CSD paramedic.

Community Resuscitation

The Community Resuscitation Team established in 2018 has already seen over 12,000 people across communities benefit from Emergency Life Support Training which includes CPR and the use of an Automated External Defibrillator (AED). There are currently around 700 schools across Northern Ireland who are registered to teach CPR. Around 250 of these schools provided training to over 14,000 pupils in the 2018/19 academic year.

More than a hundred Community First Responder volunteers gathered to hear from experts across the UK and Northern Ireland and share best practice. As a complementary resource to the NIAS they are valued for their commitment to helping us build a community of lifesavers together. The Automated External Defibrillator register has grown to over 1500 AEDs and there are plans in place to work in partnership with British Heart Foundation to be part of the National Defibrillator Programme – The Circuit in early 2020. The GoodSAM App was launched in June 2019 and as a crowd sourcing app for those who can provide CPR and use an AED, it is hoped that in the event of an Out of Hospital Cardiac Arrest, chest compressions are started as soon as possible prior to the ambulance service arriving.

Partnerships continue across Councils as the emphasis on strengthening the chain of survival by building a community of lifesavers is driven through the action plans within Health and Wellbeing. These partnerships build capacity for CPR training and we hope in turn that lives will be saved.

Appropriate Care Pathways (ACPs)

NIAS continue to work with all the Trusts to develop Appropriate Care Pathways. In recent months, NIAS clinicians have commenced referrals to the Older Persons Assessment Unit (OPALS) in Craigavon Area Hospital. This specialist unit offers rapid assessment for patients presenting with frailty related conditions. In 2018-2019 over 14,000 patients were treated by NIAS clinicians but did not required transport to the Emergency Department.

Care Pathway Referrals April 2018 – March 2019	
Diabetes Treat and Leave / Refer	608
Falls Referral	1995
Southern Trust Acute Care at Home Team	42
South Eastern Trust Enhanced Care at Home Team	28
Belfast Trust Acute Care at Home Team	64
Palliative Care	50
Epilepsy	206
Respiratory	51
Community Nursing	113
GP Referral	1970
ACP Minor Injuries Referral	24
Assisted Not Conveyed	8011
Own Transport To Emergency Department	1188
Own Transport to In Hours GP Service	24
Own Transport to Out of Hours GP Service	8
Own Transport to Pharmacy	4

Nursing and Residential Triage Tool (NaRT)

The Nursing and Residential Triage Tool is currently being piloted in four care homes across the Belfast and South Eastern Trust areas. The aim of the tool is to help support care staff with their clinical decision-making and ultimately reduce inappropriate Emergency Department admissions. The tool which was developed by the Advanced Life Support Group saw ED admissions reduce by half when used in care homes in the North West of England.

Multi-Agency Triage Team

The Multi Agency Triage Team is a joint initiative between NIAS, the PSNI, the Public Health Agency, and the South Eastern and Belfast Health & Social Care Trusts. A team consisting of a paramedic, mental health professional and police officers operates on a Friday and Saturday night and responds to patients presenting with a primary mental health problem, aiming to de-escalate a mental health crisis situation and direct patients to the most appropriate form of care rather than following the traditional model of simply taking people to an emergency department.

Frequent Callers

NIAS have developed a small “Complex Case” team to help support frequent users of our service. A frequent caller is defined as anyone over 18 who calls the Ambulance Service more than five times per month. In 2018-2019, the Complex Case team identified over 250 frequent callers who made in excess of 5,000 emergency calls to NIAS. The Complex Case team now work with a range of statutory and voluntary providers to put care plans in places to help better manage the needs of these patients.

Improving Seamless Care

Ambulance services have evolved from being the provider of patient transport to being an integral part of the patient's care pathway, and our aim is to smooth this journey as much as possible through ensuring that our approach to the assessment and clinical management of patients meshes with the ongoing care provided in hospital or in the community. We have been working to improve how we communicate with colleagues at the key point of patient handover through adopting formal assessments such as the NEWS2 scoring system and the Rockwood Frailty Score for use in the prehospital care setting, informing our decisions and the decisions of those to whom we hand over the care of our patients.

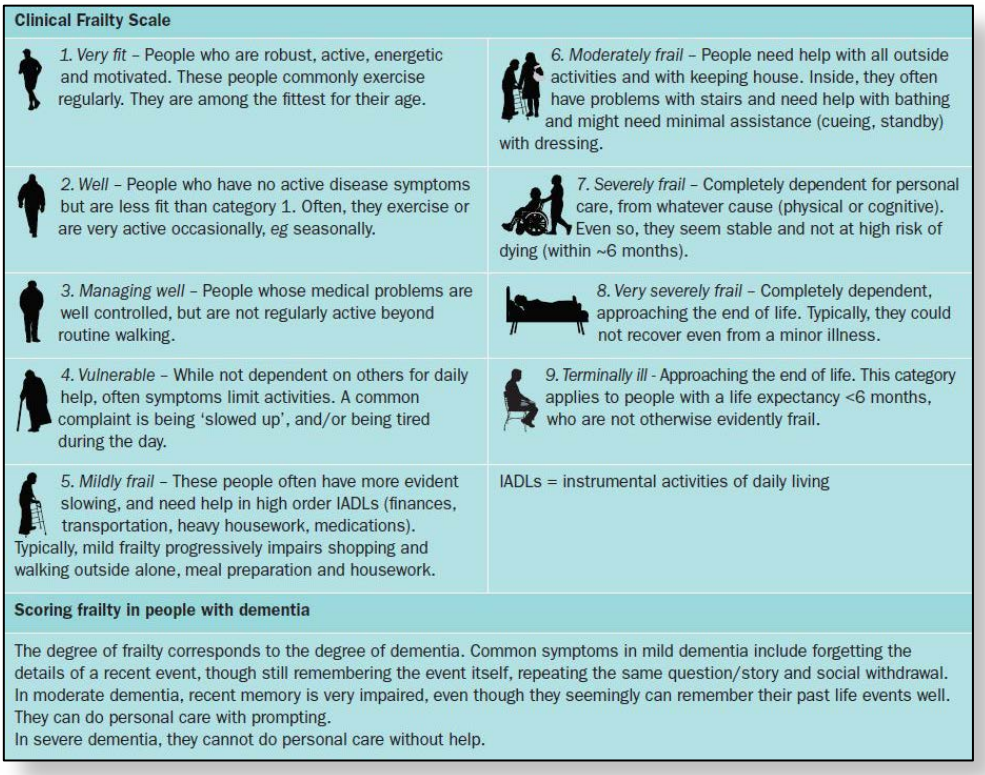
NEWS2

NIAS have been one of the first Trusts in Northern Ireland to implement the NEWS2 scoring system which is aimed at helping staff to identify acutely unwell and deteriorating patients earlier than previously possible. It also facilitates communication between NIAS clinicians and Trust ED staff. This has shown particular benefit in the recognition of patients suffering from sepsis which is a serious but common condition where overwhelming infection can be life-threatening. Early recognition means that more aggressive treatment can be started earlier which has been shown to significantly reduce the risk of death and other complications.

Physiological parameter	Score						
	3	2	1	0	1	2	3
Respiration rate (per minute)	≤8		9–11	12–20		21–24	≥25
SpO_2 Scale 1 (%)	≤91	92–93	94–95	≥96			
SpO_2 Scale 2 (%)	≤83	84–85	86–87	88–92 ≥93 on air	93–94 on oxygen	95–96 on oxygen	≥97 on oxygen
Air or oxygen?		Oxygen		Air			
Systolic blood pressure (mmHg)	≤90	91–100	101–110	111–219			≥220
Pulse (per minute)	≤40		41–50	51–90	91–110	111–130	≥131
Consciousness				Alert			CVPU
Temperature (°C)	≤35.0		35.1–36.0	36.1–38.0	38.1–39.0	≥39.1	

Rockwood Frailty Score

An increasing amount of our care is provided to people who are elderly and frail, and for whom hospitalisation can inadvertently lead to a decrease in independence and mobility. NIAS have introduced a form of assessment known as the Rockwood Clinical Frailty Scale which is aimed at identifying patients who may be presenting with frailty and attempting to ensure that they remain mobile and independent where possible. Patients who are admitted to hospital and have sustained bed rest become “deconditioned” which means they can have problems mobilising after discharge from hospital. To help overcome this, NIAS clinicians will encourage patients to bring “day clothes” to hospital rather than the traditional “overnight bag” with pyjamas.



Clinical Frailty Scale

1. *Very fit* – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.

2. *Well* – People who have no active disease symptoms but are less fit than category 1. Often, they exercise or are very active occasionally, *eg* seasonally.

3. *Managing well* – People whose medical problems are well controlled, but are not regularly active beyond routine walking.

4. *Vulnerable* – While not dependent on others for daily help, often symptoms limit activities. A common complaint is being ‘slowed up’, and/or being tired during the day.

5. *Mildly frail* – These people often have more evident slowing, and need help in high order IADLs (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.

6. *Moderately frail* – People need help with all outside activities and with keeping house. Inside, they often have problems with stairs and need help with bathing and might need minimal assistance (cueing, standby) with dressing.

7. *Severely frail* – Completely dependent for personal care, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~6 months).

8. *Very severely frail* – Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness.

9. *Terminally ill* - Approaching the end of life. This category applies to people with a life expectancy <6 months, who are not otherwise evidently frail.

IADLs = instrumental activities of daily living

Scoring frailty in people with dementia

The degree of frailty corresponds to the degree of dementia. Common symptoms in mild dementia include forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal.
In moderate dementia, recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting.
In severe dementia, they cannot do personal care without help.

“Lead by example,

challenge complacency,

encourage excellence.”

From NIAS Staff Induction Training