

AMBULANCE DESTINATION COORDINATION CENTRE (ADCC)



Editor’s Summary: In *“Ambulance Destination Coordination Centre”* a team from Capital Health, describes an initiative through which an Ambulance Destination Coordination Centre was established to monitor the capacity of emergency departments in the region. The Centre uses agreed upon indicators, measures and information screens. Instead of an ambulance looking for a suitable destination, the centre directs the ambulance to the most appropriate receiving emergency department. The initiative is currently being evaluated, but has already succeeded in reducing the number of hours per month in which there are no ambulances available to respond to the community from more than five hours a month to less than 25 minutes per month. The critical success factors involved collaboration, communication, data, and joint ownership of the problem and solution.

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Purpose:	High EMS offload times in the EDs and time spent in 'red alerts' with few or no ambulances available in the community. Introduced to replace ambulance diversion, improve the quality of the patient and staff experience with the transition between pre-hospital and acute care, decrease ambulance off-load times and improve ambulance response times.
Context:	CH partnered with EMS to implement number of initiatives aimed at reducing EMS offload times and red alerts. These included introduction of CH 'hallway' Paramedics and a 'Prehospital Escalation Protocol'.
Resources:	Operating \$: ___875,000_____ FTEs:___8.4_____

Source of resource:	<input type="checkbox"/> <i>In kind</i> contributions from the organization <input checked="" type="checkbox"/> Dedicated internal funding <input checked="" type="checkbox"/> External funding (example grant, Ministry etc.)
Population group:	Ambulance patients - approx 1000/wk.
Patient flow entry and end points:	Prehospital to Emergency Department.
Description/ approach:	The practice of hospital ED diversion was replaced with ADCC, a partnership between EMS and CH. ADCC direct all incoming ambulance to the most appropriate receiving ED. ADCC has access to real time capacity related data including ED and site bed capacity, and incoming/outgoing air and ground ambulance patient transfers. Principles of the project focused on increasing transparency, joint ownership of the patient flow problem, building trust between organizations and being open to doing things differently.
Tools and tactics:	A new summary Emergency Status Screen displays real time capacity data from each of the EDs including: number of stretchers available by type, (ie. resus, peds), number of admitted patients, number and acuity of patients in the waiting room, number of ambulances waiting, and any site specific messages.
Measurement approach:	Prehospital indicators were monitored as part of the ED System Performance Dashboard including EMS off load times and the amount of time EMS spent in a state of 'red alert'. A survey was conducted involving EMS providers and hospital staff. Although the hospital staff were fairly neutral, EMS reported significantly higher level of satisfactions.
Impact/ evaluation:	Although the project did not demonstrate an overall decrease in EMS offload times, there was a decrease in day to day variability in EMS wait times. EMS provider satisfaction increased. The most significant impact was on EMS red alert times which decreased from being upwards of 5 hours to less than 25 min per month. A formal evaluation is underway.
Observation/ Discussion:	Next steps will involve examining the data to determine how ambulance arrival patterns have impacted site throughput. Careful consideration will have to be given regarding future ambulance distribution in order to maximize overall patient flow. Of note is that the positive impact on red alert time was likely the result of a combination of factors including the addition of 'hallway' paramedics to the EDs and the joint Prehospital Escalation Protocol.
Critical success factors/ lessons:	Strong relationships, team approach, access to real time data.
Limiting factors:	Stronger, evidence-based approach to ADCC decision making.