



**Ambulance times from SE region
Research note prepared to support evidence presented on RTE
PrimeTime television programme
August 2018**

Background note

At the request of the HEFSE campaign our research group explored the type of data that the National Ambulance Service might store that would examine if it were possible to transfer patients with a cardiac emergency from a hospital in the SE to a 24/7 PCI/STEMI centre within 88 Minutes.

The HEFSE requested Mick Wallace TD to raise these parliamentary questions we drafted (PQs ref 26967/8/9 2018*).

On foot of these questions the National Ambulance Service provided the data directly to Deputy Wallace, and we undertook some analysis of this data. As it may contain anonymized data of individual cases we cannot make this data set public but given the common good responsibility we present it in aggregate.

This real-life data, which was produced by the HSE and so is presumably available to them when they configure services suggest that the Isochrones (map showing distances from a centre) are highly unrealistic. The Herity report estimates that 174,864 people in the South East are outside the 90 minute time from CUH and St. James. Real-world HSE data suggests that the population outside the 90 minute time is closer to 500k people- the entire SE region.

Overall

There were a total of 190 transfers (all emergency life-threatening- we estimate about 50% are cardiac) since mid-2015, excluding the four extreme cases that took over 4hrs from call to arrival, on average call-to-arrival takes 2 hr and 15 mins, drivetime took 1 hr and 23 mins. With the six extreme cases included, there is a total of 196 transfers from the SE region from mid-2015, on average call-to-arrival takes 2 hr and 27 mins, drivetime took 1 hr and 22 mins (a little better than Herity's Wat-CK of 1 hr 28min). Only 3 call-to-arrive times were under the 1hr 30 min. The international standard is to get patients to treatment in 1 hr, which has dramatic lifesaving and life-quality outcomes. About 15% of patients will die if treated in 1 hr, about 30% if treated within 3 hours. Herity was accurate but wrong to use the drivetime as a proxy for the transfer times, we know pre-drivetime takes around 57 mins) and all of this time cost lives and wellbeing.

Wexford

Not one of the 37 transfers over the past 3 years were within the 90 minutes time that the HSE aspires to transport people to a 24/7 cardiac care centre in Dublin. Cardiac consultants from Wexford are forced to refer their patients to St James in Dublin, when the 9-5 5-day service in UHW, Waterford is closed (which is 78% of the time-open 35 hrs/closed 133). International best practice is that a heart attack victim should be seen within the golden hour. In Ireland the current strategy is to achieve the standard of 90 minutes. Real-life data shows that this number is not attainable referring Wexford people to Dublin hospitals.

The NAS logs show:

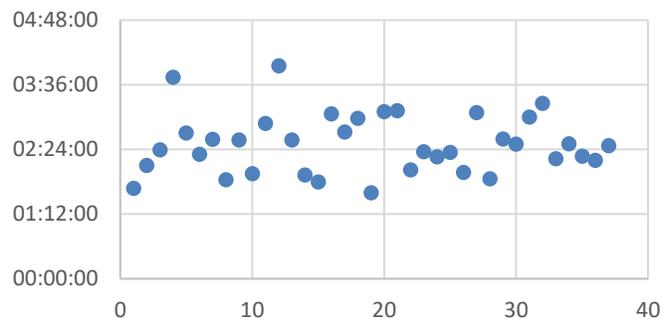
Since Mid-2015 to Mid-2018 there were 37 emergency (echo and delta) transfers from Wexford General Hospital to St. James Dublin.

From Wexford General requesting an ambulance to it arriving in St. James takes on average 2hr 30 min 9 sec (150 mins). The slowest call-to-arrive time was 3hr 57 min.

The quickest time was 1hr 35 min and so not one of the transfers was within the 90 minute window that the HSE aspires to treat all cardiac patients.

On average, it took the ambulance 53 min from request to departing Wexford General. One of the 37 emergency calls departed within the NAS KPI of emergency response within 18min 59sec, departing Wexford General exactly at 18 minutes 59 sec after being called out.

Call to Arrive Times 37 transfers
from Wexford General to St James
(mid 2015-18)



Waterford

1% of the 102 transfers over the past 3 years were within the time Dr Niall Herity relied on for his report that scotched a 24/7 service in the South East. The Herity Report relies on the transfer times from UHW to CUH being 88 minutes. He bases this number on the average blue light speed of an Irish ambulance and the distance between UHW and CUH. Real-life data shows that this number is not attainable. International best practice is that a heart attack victim should be seen within the golden hour. In Ireland the current strategy is to achieve the standard of 90 minutes.

The NAS logs show:

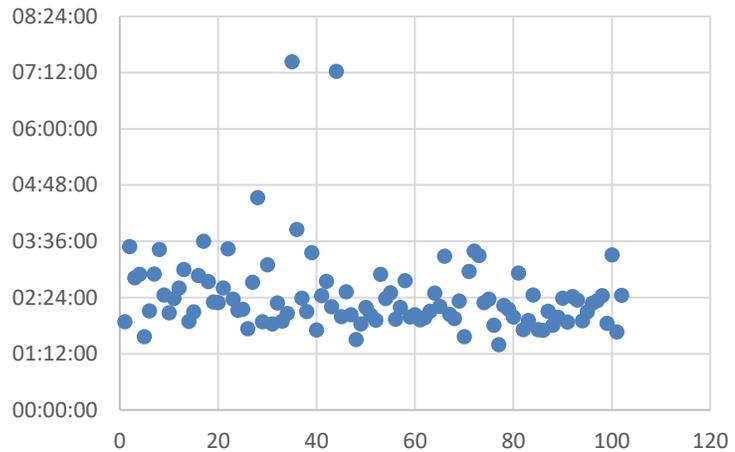
Since Mid-2015 to Mid-2018 there were 102 emergency (echo and delta) transfers from UHW to CUH, around 26 per year.

From UHW requesting an ambulance to it arriving in CUH takes on average 2hr 26 min (146 mins). The slowest call-to-arrive time was 7hr 25 min.

The quickest time was 1hr 23 min, which was the only call within the 88 minute window that the Herity Report suggests is the average.

On average, it took the ambulance 1hr 2 min from request to departing UHW. Six of the 102 emergency calls departed within the NAS KPI of emergency response within 18min 59sec.

Call to Arrive Times 102 transfers from UHW to CUH (mid 2016-18)



Kilkenny

2% of the 57 transfers over the past 3 years were within the 90 minutes time that the HSE aspires to transport people to a 24/7 cardiac care centre in Dublin. Cardiac consultants from Kilkenny have insisted that their patients are best served by referring them to St James in Dublin, rather than advocating for a 24/7 cardiac care centre in the region, an extension of the 9-5 5-day service in UHW, Waterford. International best practice is that a heart attack victim should be seen within the golden hour. In Ireland the current strategy is to achieve the standard of 90 minutes. Real life data shows that this number is not attainable referring Kilkenny people to Dublin hospitals.

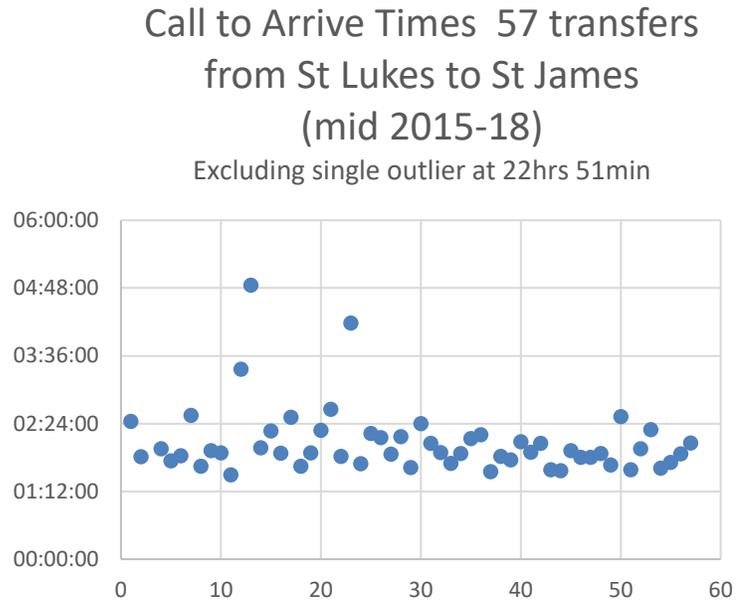
The NAS logs show:

Since Mid-2015 to Mid-2018 there were 57 emergency (echo and delta) transfers from St Lukes, Kilkenny to St. James Dublin.

From St Lukes requesting an ambulance to it arriving in St. James takes on average 2hr 25 min (145 mins). The slowest call-to-arrive time was 22hr 51 min, which was significantly more than the next slowest (at 4hrs 50 min).

The quickest time was 1hr 29 min, which was the only call within the 90 minute window that the HSE aspires to treat all cardiac patients.

On average, it took the ambulance 1hr 37 min from request to departing ST Lukes. None of the 57 emergency calls departed within the NAS KPI of emergency response within 18min 59sec, the quickest left St Lukes 20min 04 sec after being called out.



Further statements:

Drivetime

- Average drivetime UHW-CUH (Mid 2015+) 1:24:03 (1 hr, 24 min), very close and a little better than the figure Herity uses.
- Average drivetime St Lukes- St James (Mid 2015+) 1:12:08 (1 hr, 12 min).
- Average drivetime Wexford General- St James (Mid 2015-+) 1:36:41 (1 hr, 37 min).
- There are 9 highly improbable drivetimes in the data (2 min from WD-CK?, I have done the times with and without these outliers)
- Drivetime is not an appropriate measure. The call-to-balloon time is the international standard, which captures the time from raising the alarm to treatment.

Call to Depart Statements (Bringing all three transfer types together)

There is a total of 270 transfers since 2013, excluding the four extreme cases that took over 22hrs to depart, on average departure takes 54 minutes and 17 seconds.

Only 15 of the departures were under 20 minutes.

Call to Arrive Statements (Bringing all three transfer types together)

There is a total of 190 transfers since mid-2015, excluding the four extreme cases that took over 4hrs from call to arrival, on average call-to-arrival takes 2 hr and 15 mins, drivetime took 1 hr and 23 mins.

With the extreme cases included, there is a total of 196 transfers from the SE region from mid-2015, on average call-to-arrival takes 2 hr and 27 mins, drivetime took 1 hr and 22 mins. Only 3 call-to-arrive times were under the 1hr 30 min.

Background

On 29 June 2018, the HSE (Report of the National Clinical Programme for Acute Coronary Syndrome (ACS) on standardising treatment of patients with STEMI in 2016) delivered a report on Heart Attack Care Ireland 2016.

<https://www.hse.ie/eng/about/who/cspd/ncps/acs/resources/heart-attack-care-in-2016.pdf>

* Parliamentary Questions

To ask the Minister for Health if a schedule of each emergency transfer request to the National Ambulance Service from St. Luke's Hospital, Kilkenny to St. James's Hospital will be provided detailing the time of ambulance service request raised at St. Luke's; the time of clinical handover to the ambulance team in St. Luke's; the time of clinical handover at St. James's for each request made in each of the years since 2013 to 2017 and to date in 2018, distinguishing between echo and delta responses in tabular form; and if he will make a statement on the matter. [26967/18]

To ask the Minister for Health if a schedule of each emergency transfer request to the National Ambulance Service from Wexford General Hospital to St. James's Hospital will be provided detailing the time of ambulance service request raised at Wexford General; the time of clinical handover to the ambulance team in Wexford General; the time of clinical handover at St. James's for each request made in each of

the years 2013 to 2017 and to date in 2018, distinguishing between echo and delta responses in tabular form; and if he will make a statement on the matter. [26968/18]

To ask the Minister for Health if a schedule of each emergency transfer request to the National Ambulance Service from University Hospital Waterford, UHW, to Cork University Hospital, CUH, will be provided detailing the time of ambulance service request raised at UHW; the time of clinical handover to ambulance team in UHW; the time of clinical handover at CUH for each request made in each of the years 2013 to 2017 and to date in 2018, in tabular form; and if he will make a statement on the matter. [26969/18]

About

SENER aspires to present a selection of key economic indicators for the SE region, to aid understanding and inform decision making. It is prepared by independent, non-politically affiliated academics who are part of the South East Network Social and Economic Research (www.senser.ie), an initiative of AIB CFBR and CEDRE at Waterford Institute of Technology School of Business. All opinions expressed are those of the authors, any errors and omissions are the sole responsibility of the authors; please bring them to the attention of the authors.

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