

Celebrating
**#INTERNATIONAL
PARAMEDICSDAY**



On this International Paramedics Day we celebrate all our wonderful paramedics who do an amazing job delivering exceptional care to all of our patients.

We caught up with Suzy, one of our Advanced Clinical Practitioner's who has worked as a Paramedic for 28 years and asked her a few questions about life as a paramedic, to get an insight into 'what Paramedics Do', the theme for this year's International Paramedics Day. Here's what she had to say....



SPOTLIGHT ON: Suzy Dobson-Shaw

JOB TITLE: *Advanced Clinical Practitioner, Mastercall Healthcare*

HOW LONG HAVE YOU BEEN A PARAMEDIC?

I have been a Paramedic for 28 years.

WHAT MADE YOU WANT TO BE A PARAMEDIC?

The role of a Paramedic was very different when I began my career. I was looking for a totally different career to my peers, didn't want the restriction of an office environment, and wanted to experience different things on a daily basis.

I knew I wanted a career within the medical field and I liked the thought of being faced with completely uncontrolled scenarios where my influence would introduce a level of order, provide excellent patient care, and test my knowledge and resilience.



TALK US THROUGH A TYPICAL DAY IN THE LIFE OF A PARAMEDIC

Here is a day in the life of a paramedic working in NWS as I thought this might be useful for people to know what happens and how the ambulance service works:

The majority of calls are received into the Ambulance Service Emergency Operations Centres (EOC) via the 999 service. A huge team of experienced (and very patient) call takers will filter and triage the calls (using recognised triage processes such as Manchester Triage System) into Category 1, 2, 3, 4 or 5 calls, with Category 1 calls the highest priority. Call takers are not medical, however, may relay advice whilst ambulances are dispatched to critical incidents. Routine information provided by the call takers includes detecting whether there may be hazards at scene (where clinicians are advised to stand-off until scene safety can be assured), instructions on locking away dogs, ensuring doors are open, have medications available. Call takers are also able to review previous calls at addresses where violence has been aimed at ambulance staff. Calls are passed by data terminals in the cab of the vehicle and are linked to GPS. Calls are prioritised based on the severity of the information provided by the caller. Ambulance emergency response is measured through the 'Ambulance Response Programme':

- **CATEGORY 1** is for calls about people with life-threatening injuries and illnesses. NWS aim to respond to these in an average time of 7 minutes and at least 9 out of 10 times within 15 minutes.
- **CATEGORY 2** is for emergency calls. NWS aim to respond to these in an average time of 18 minutes and at least 9 out of 10 times within 40 minutes.
- **CATEGORY 3** is for urgent calls. In some instances patient's may be treated by ambulance staff in your own home. NWS aim to respond to these within 120 minutes at least 9 out of 10 times.
- **CATEGORY 4** is for less urgent calls. In some instances patients may be given advice over the telephone or referred to another service such as a GP or pharmacist. We aim to respond to these at least 9 out of 10 times within 180 minutes. Cat 3 and 4 incidents are often deflected to local Community Specialist Practitioners (CSP) (Qualified Band 7 Paramedics) who may further deflect patients to GP services, Community Care Teams, District Nurses, or who may be visited in their own home by the CSP for the benefit of home management plan. Patient's requiring admission under Cat 3 & 4 response may be passed to alternative services such as St John's or Private Ambulance Services to allow availability of Paramedic crews to attend higher acuity incidents.
- **CATEGORY 5** - Although not included in the ARP, Cat 5 cases may apply to low acuity cases where there is a prearranged admission that may not be managed by PTS.

Naturally, the arrival of an emergency ambulance does not guarantee admission to a hospital, as a significant number of calls can be dealt with at home with advice, reassurance or deflection to GP/ECP/DN. The information provided by the caller during the initial call is not always reflected at scene.

Ambulance crews will normally arrive at a specified station, perform checks, collect their ambulance and be dispatched immediately to a scene. It is rare for crews to be on station due to call volume and service demand. When working in an emergency ambulance capacity (as opposed to PTS/Urgent Care) a crew may be dispatched to any nature of call. This may be a hospital transfer, traumatic cardiac arrest, violent assault or a major incident.

Each ambulance is stocked with body bags, major incident admin equipment, immobilisation equipment and medication, as well as the usual defib, suction, maternity equipment and dressings. Senior and Advanced Paramedics will often respond on Rapid Response Vehicles (RRV) with additional equipment and advanced airways adjuncts.



MASTERCALL'S ATT / ATT+ SERVICE

Mastercall's ATT service is a valuable service to ensure patients receive the right care at the right time in the most appropriate location. Many ambulance service users do not require admission, but require medical attention, medication and review, which may be beyond the scope of the attending clinicians. ATT allows ambulance staff to safely leave people at home, knowing their own GP will be alerted of their medical need, and appropriate onward referral to a community service if needed, removing the pressure of unnecessary attendance at an ED.

Mastercall's ATT & ATT+ service runs 24/7/365

Deflection / Emergency Department Rate: 90%

Complaints <0.03%

Patient Satisfaction >97%



For more details on this service, visit our website: <https://mastercall.org.uk/our-services/>

WHAT SKILLS AND EXPERIENCE DOES YOUR PARAMEDIC ROLE BRING TO OOH/WIC

As Paramedics we do not specialise in any particular patient presentation. As such, we can turn our hand to managing any patient presentation, in patients of any age, sex or situation. Paramedics have no choice but to be adaptable, resilient and open-minded. The evolving role of the Paramedic encourages clinical conversation with senior clinical staff for the benefit of appropriate patient care. This recognition of the benefits of collaborative communication promotes seeking multidisciplinary opinion when managing patients in Primary Care.

Using information provided by service users, I find I can picture the patient's environment and read between the lines of initial conversation. Consequently, this may expose concerns that are far deeper than the initial presenting condition. A patient who presents at a clinic with a clean and orderly presentation may have walked out of a chaotic and unsafe environment.

I feel ACPs with Paramedic experience have a different interpretation of a scene than a staff member without experience of working in a community. I personally will ask an ambulance crew about the patient's environment and other occupants in the house. I will also consider how a Paramedic at scene may word the information they are sharing whilst the patient is in earshot - as this may have been tailored to reduce offence or to diffuse a toxic environment.

Remembering that the ambulance crew you are talking to have had to adapt their approach to the patient's environment is essential. Patients who attend a clinic are entering our environment and may act differently, however, receiving information on how the patient acts in their own environment is essential when determining appropriate care and for safeguarding purposes.

In the majority of cases, Paramedics are the only clinicians producing records relating to an individual incident. Should these records be needed for ongoing patient care, referral, evidence in court or by the Coroner, it is essential the records are detailed and relevant to the presentation of the service user. Paramedics are renowned for detailed patient records and in my own experience, find difficulty in adapting to note taking in Primary Care, but we are learning.

As a Paramedic I have a willingness to be open and seek advice when needed.