



Quality Account 2016/17





Our 2015/16 priorities – how did we do?

We identified the following quality improvement priorities against the three domains of quality, these being,

- **Clinical effectiveness**
- **Patient safety**
- **Patient experience**



Our 2015/16 priorities – how did we do?

Priority 1:

Develop the paramedic pathfinder algorithms to support ambulance colleague's clinical decision making with patients suffering falls, general frailty/social care situations, end of life care and Chronic Obstructive Airways Disease.



Our 2015/16 priorities – how did we do?

Priority 2:

Develop a frail elderly steering group and action plans to deliver unilateral trust wide schemes with locally agreed pathways to ensure integrated support to individuals who are frail.



Our 2015/16 priorities – how did we do?

Priority 3:

Having signed up to the National Mental Health Crisis Concordant, we will work collaboratively with local commissioners and relevant stakeholders to implement the agreed priorities within the mental health action group.



Our 2015/16 priorities – how did we do?

Priority 4:

Following the continued improvement of our ambulance card quality indicator 'Return of Spontaneous Circulation (ROSC)' outcomes, we will continue to explore further innovative ways to build upon these achievements.



Our 2015/16 priorities – how did we do?

Priority 5:

Having enrolled on the national Sign Up To Safety Campaign, we will work to reduce avoidable harm in mental health, maternity and adverse events in the Emergency Operations Centre with a particular focus on delayed responses.



Our 2015/16 priorities – how did we do?

Priority 6:

Develop a robust patient forum group and strategy that will ensure that we are working with all of our local communities.



Our 2015/16 priorities – how did we do?

Priority 7:

Use the EMAS 'Listening into Action' staff engagement forums to enhance the delivery of compassion in practice and ensure we are promoting and rolling out schemes that will enhance the care we deliver and ensure colleagues are patient focussed.



Priorities for 2016/17

Clinical effectiveness

Priority 1:

Cardiac arrest – return of spontaneous circulation (ROSC) and survival outcomes. EMAS has continued to focus its attention upon the improvement of successful ROSC rates in cardiac arrest.



Priorities for 2016/17

Patient Safety

Priority 2:

Sepsis is a worldwide public health issue. In developing nations, sepsis accounts for nearly 80% of deaths. Sepsis kills far more citizens than AIDS, prostate cancer and breast cancer combined. It is the leading cause of death and has a high mortality in the developed world.



Priorities for 2016/17

Patient Safety

Priority 3:

To identify the common themes of all maternity related incidents, and to reduce patient related incidents



Priorities for 2016/17

Patient Safety

Priority 4

To explore the usage of alternative pathways in the division by using the pathfinder leads to develop the pathways in the Trust and in each commissioning region.



Priorities for 2016/17

Patient Experience

Priority 5:

Having signed up to the National Mental Health Crisis Concordant, we will work collaboratively with local commissioners and relevant stakeholders to implement the agreed priorities within the mental health action group.