



Technician Response Car – PDSA

Aim (overall goal for this project)
Suitably qualified and experienced SAS Technicians, working within their scope of practice, will operate an alternative response model providing face to face assessment of patients. This will be supported by remote senior clinicians to aide clinical decision making, with a view to improving patient safety and outcomes for patients who may experience protracted response times. These staff will be able to alter the level of conveying response, refer to an alternative care pathway or discharge on scene. Where demand dictates, these staff can also provide a response to ILT calls when required.
Change idea
The default position for the Technician workforce is to operate on a double crewed ambulance. This can be with either qualified or student, Paramedics, Technicians and Care Assistants. This test recognises that our Technician workforce have well developed assessment skills that can be utilised differently, operating as a single responder on a response car [REDACTED] This test also creates an opportunity for professional development for our Technician staff which has historically been reserved for Paramedic staff. Suitable calls will be identified by the Ambulance Control Centre (ACC) who will have a dedicated Dispatcher and Supervisor allocated to support this test when the Technician Response Car is operational. These staff will also form part of the project team. Suitable tasking for this resource is likely to include, but not limited to – • Yellow calls where an ambulance is not immediately dispatched or available • Incidents where a remote clinician assesses that a face to face assessment will be required and a Technician or single crew would be of benefit for observation. This can include Teal and Yellow calls with the outcome of the assessment fed back to the remote clinician. • Timed Admission calls where an ACA crew is already on scene and require more clinical support • Timed Admission calls where a resource A&E or Card 46) is not immediately dispatchgd or available

- ILT calls where the resource is the closest to the incident
- Cardiac arrest calls as the third person, and where another more appropriate resource is not available. - THIS MUST NOT BE IN PLACE OF A PARAMEDIC OR 3RU.

The Ambulance Control Centre will dispatch the Technician Response Car to these selected calls. Once with the patient, the Technician will conduct a thorough assessment, gain a comprehensive medical history and obtain a complete set of vital signs recordings. The Technician will then after a shared decision making conversation and utilising their full scope of practice, determine an outcome for the patient. Likely outcomes include –

- Conveyance to hospital
- Referral to an alternative pathway
- Discharge on scene

Where the patient is conveyed, the Technician will be able to report to the ACC what level of response and timescale is required. If the patient requires a Paramedic to attend, the Technician can also request this. The Technician will not provide transportation utilising their vehicle.

Where the patient is suitable for referral to an alternative pathway, the Technician will have full access to all pathways in the local area, subject to availability (not all pathways are open to the Technician grade). Support to access these pathways can be provided if required by the Flow Navigation Centre, Pathways Hub or Integrated Clinical Hub.

Where the patient is suitable to be discharged on scene, the Technician will make this decision with the support of a senior clinician. This support will come from the Integrated Clinical Hub, local Flow Navigation Centre (FNC) or from Primary Care (either an in-hours or out-of-hours GP).

Regardless of outcome the Technician will complete a comprehensive patient record, leaving a copy with the patient where required.

PDSA objective: Describe the objective for this PDSA cycle	Cycle No: 2	What questions do you want answered for this test of change?
Increase the size of a workforce with the confidence and capability to staff a Technician Response Car to deliver early PDSA cycles [REDACTED]		Can suitable calls be identified at an ACC level? Do sufficient suitable calls exist in the system to keep the Technician Response Car suitably engaged whilst on shift? Is there an impact on call outcomes? (for example will conveyance increase/decrease, etc)

Refine processes in the ACC (in particular the Integrated Clinical Hub) to determine what calls will be suitable to dispatch Technician Response Cars to.		Can an appropriate assessment be conducted by a Technician operating as a single responder?		
Build relationships between Technicians, ACC staff and the senior clinicians to develop confidence in this model of response.		Is there a particular staff profile more suitable to this role? (for example level of experience, additional training undertaken, etc)		
Identify learning needs or skills/capability gaps with all aspects of the test to allow development of future PDSA cycles.		Is any additional education required for Technicians to undertake this role?		
		Can Technicians correctly identify/determine appropriate outcomes for the patients they are targeted to?		
		Do Technicians have appropriate access to senior decision support?		
		Does this test create a negative impact on other aspects of service delivery? (for example reduction in coverage for conveying resources)		
Plan				
Predict what will happen when the test is carried out.		Measures to determine if prediction succeeds		
The Technician Response Car will successfully attend, assess and determine appropriate outcomes for the patients it is directed to.		Number of incidents attended		
Patients who require conveyance will experience a minimal or reduced waiting time for an appropriate resource, accessing the optimal destination.		Patient outcomes (conveyance/referral/discharge)		
Patients who are referred or discharged will experience a higher quality service and will see a reduction in the time required to reach the end point in their care.		Response time to selected incidents		
		Time spent on scene		
		Impact on average and median yellow response times in the test area		
		Impact of ILT tasking on availability for Yellow tasking		
		Number of adverse incidents (ideally none)		
List the tasks needed to set up this test of change.		Person responsible	When to be done	Where to be done
Identification of suitable Technicians to undertake the role		████████████████████ ██████		

Identification of ACC staff who will support the test				
Comprehensive briefing developed and delivered to staff who will deliver the test (Response Car staff and ACC staff)				
Identification of a suitable response car to be used for the test				
Identify the pathways and decision support mechanisms required to support the test, creating a directory of those services for use during the test				
Create an easy to use recording process to capture activity and outcomes				
Develop a communications package to raise awareness of the test				
Do	Describe what happened when you ran the test.			
Study	Describe the measured results and how they compared to the predictions.			
Act	Describe what modifications in the plan will be made for the next cycle from what you learned.			