



# **Call Connect**

**East of England Ambulance  
Service NHS Trust**



# Introduction

- Background to Call Connect
- Current work streams
- Challenges



## The current situation

- At present the clock starts when key information (phone number, location and problem/condition) has been obtained from the caller

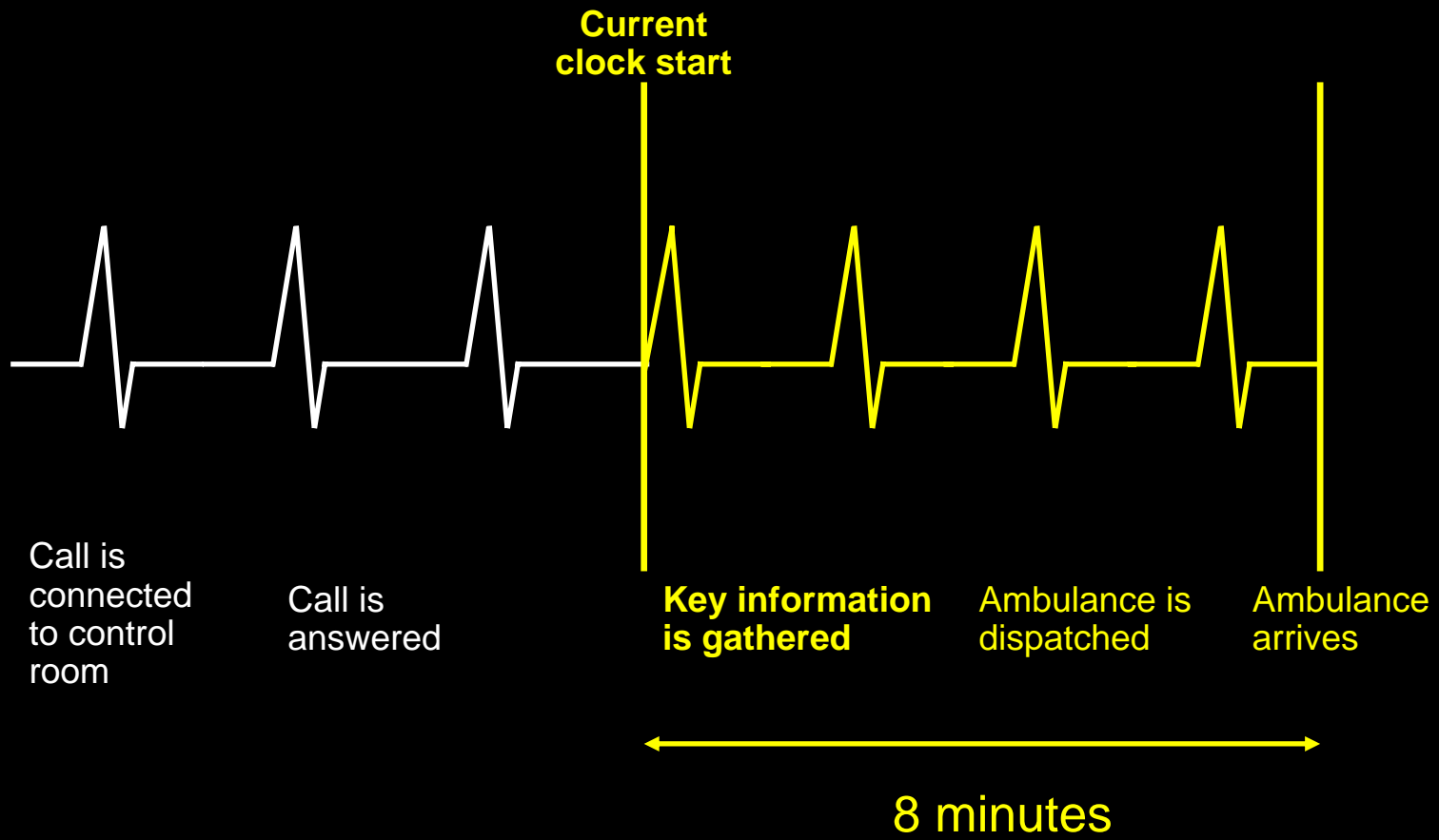


- This takes about 90 seconds
- It means that while the phone is ringing, and while the call handler is finding out where the patient is and what is wrong, the clock is *not* ticking
- This means that currently 8 minutes is actually nearer 10 minutes



## What will change?

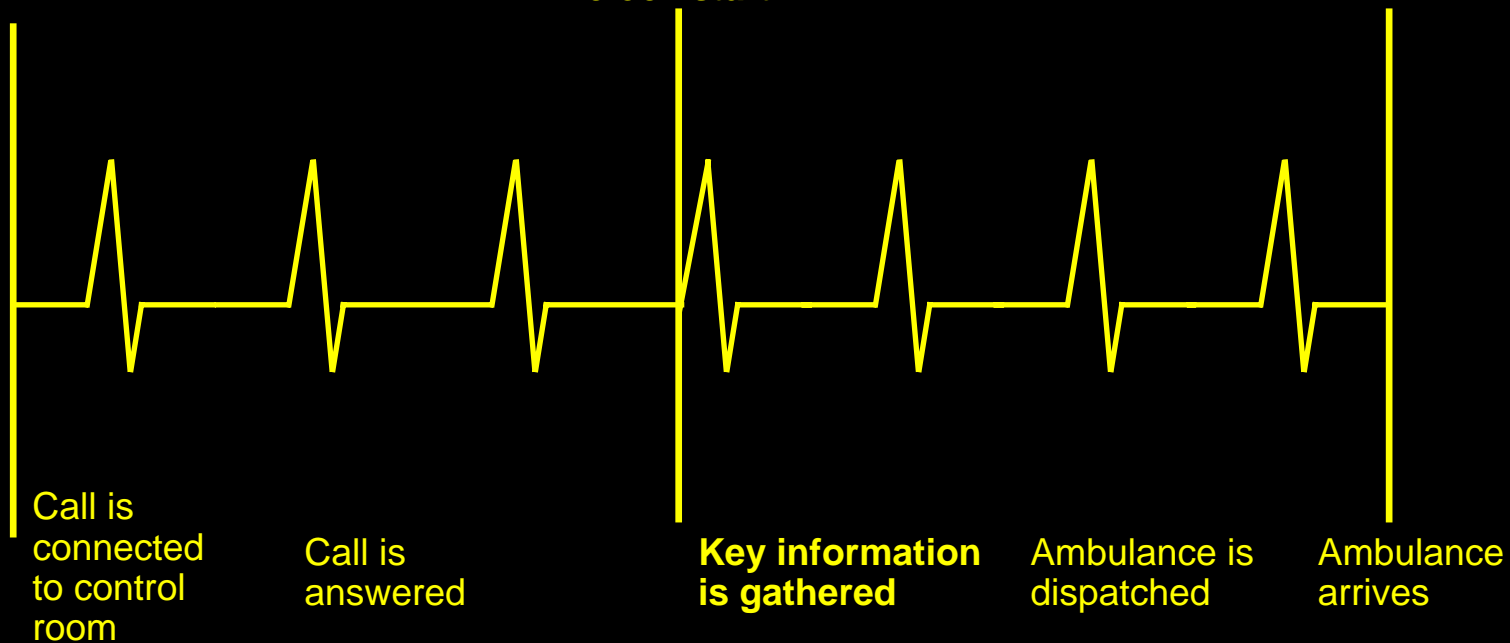
- From **1<sup>st</sup> April 2008** the clock will start when the call is connected to the ambulance control room
- Ambulance trusts will still be required to respond to 75% of the most serious calls (Category A) within 8 minutes
- But 8 minutes **will mean** 8 minutes



# Saving time, saving lives

Call Connect

Current  
clock start



8 minutes



## Call Connect: Why the change?

- Improve patient care
- Reflect the patient's experience
- Improve transparency and consistency of performance data
- Increase public confidence in the ambulance service



## **Call Connect: Why the change?**

- Clinical evidence shows that getting an ambulance response to a patient within 8 minutes significantly improves their chance of survival



**For a critically ill patient every  
second counts**

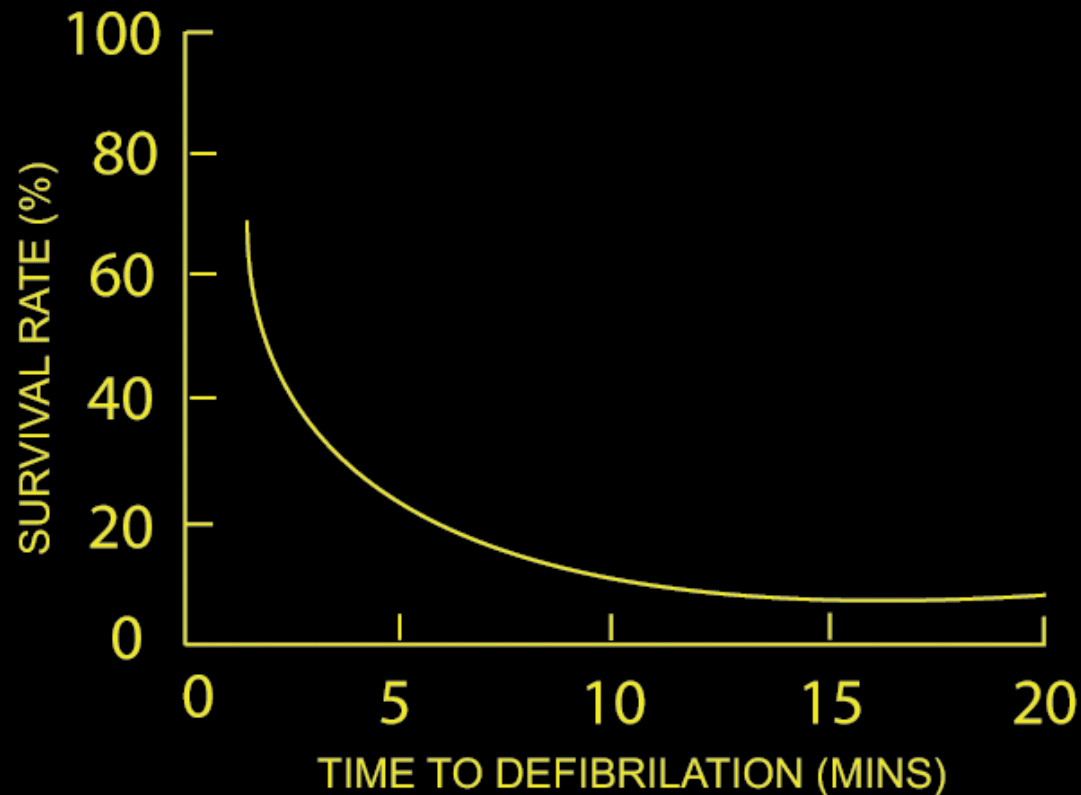
For every second that a 999 call is not  
answered...

...and the ambulance response doesn't  
arrive...

...the chances of survival drop

**8 minutes should mean 8 minutes**

# Rates of survival following cardiac arrest drop 10% for every minute waiting for help



Cited in 'Sudden Cardiac Arrest: A Treatable Public Health Crisis'  
by Communicore (USA), 1996



## How will we improve?

- Health Emergency Operations Centres (HEOC)
  - Software (Computer Aided Dispatch - CAD)
  - Digital radio
  - Technology developments
  - Workforce increase and review



## How will we improve?

- Review of frontline operational leadership & resources – rapid response vehicles
- A&E resource mix review
- Community Paramedics/Emergency Care Practitioners
- Non emergency service utilisation



## How will we improve?

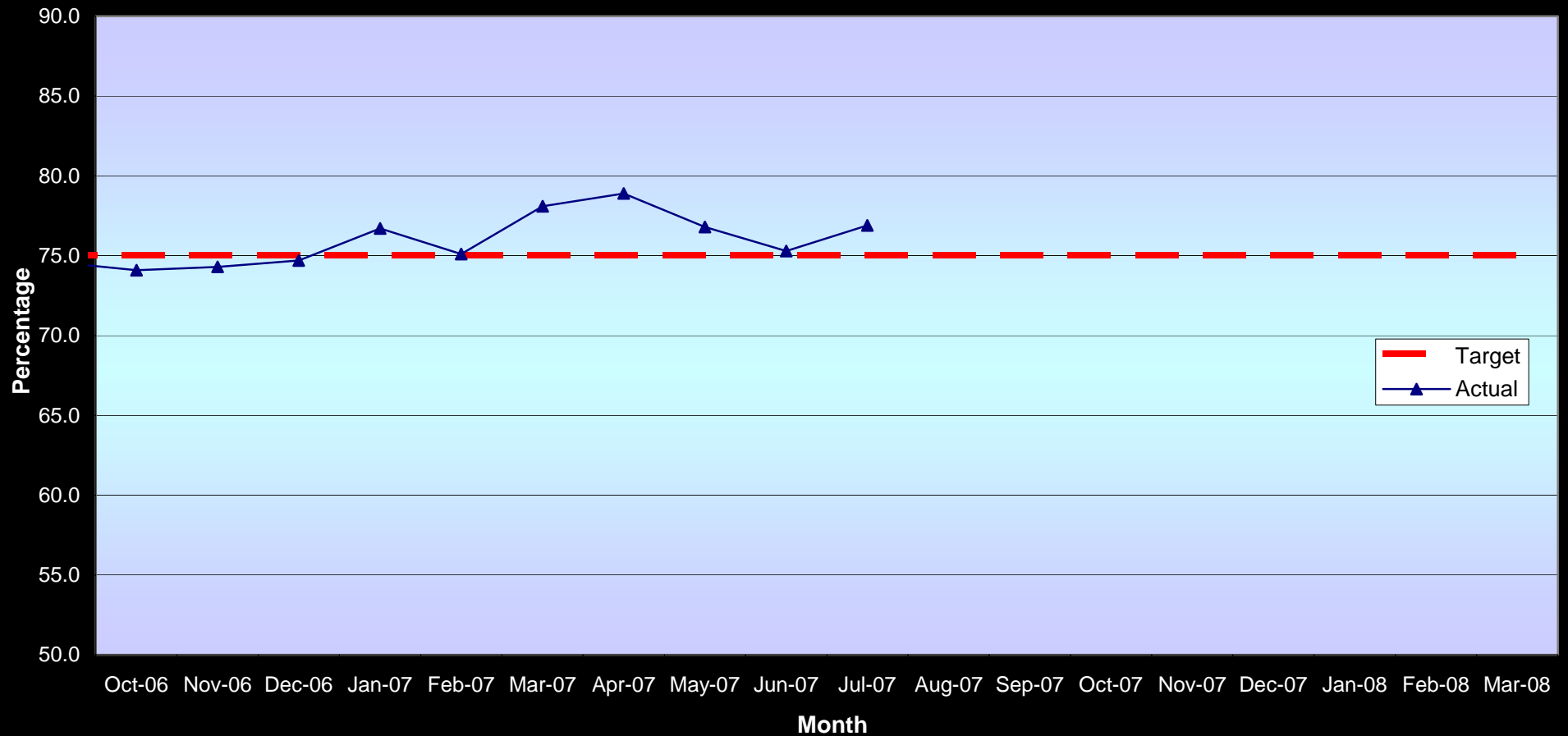
- First responders
- Estates, fleet, scheduling developments
- Review of clinical support desks/pathways
- Demand analysis
- Communications – internal & external



# Challenges

- A combination of major re-engineering and new investment
- Time
- Workforce issues

# EEAST Category A 8 Minute Response



# EEAST Call Connect Category A 8 Minute Response

