

## Ambulance care in the Netherlands

The Netherlands measure over 41.000 square kilometres and are home to more than 16 million people. The budget for ambulance care is over 360 million euro.

### Legislation

In the Netherlands, ambulance care is financed through premiums. That means every Dutch citizen is insured for ambulance care services by the premiums they pay for their health insurance. Financing of ambulance care services and access to them are regulated in the Ambulance Transportation Act (Wet Ambulancevervoer (WAV) of 1971. It defines quality demands the government makes of the service. Provincial authorities are responsible for the licensing of ambulance services, as well as for their distribution and availability. Financing is the domain of the insurance companies. Municipal authorities regulate and monitor the emergency dispatch centres and play an important role in medical care services during large scale accidents and disasters.

In the near future, the Ambulance Transportation Act will be replaced by the Ambulance Care Act (Wet Ambulancezorg (WAZ), which regulates ambulance care on a regional basis. The Health Minister will be in charge of licensing, instead of provincial authorities. The licensing area will contain a safety region, or RAV region, in which one organization, the Regional Ambulance Service is accountable. The Netherlands will have 25 RAV regions when the new bill is introduced, to complement the 18 regions already in existence at the start of 2006.

### Availability

In The Netherlands, around 670 ambulances are available 24 hours a day, 7 days a week, to provide ambulance care to patients. These vehicles are spread out across a national framework in such a way that 95% of citizens can be given emergency medical assistance within 15 minutes of the incoming call.

The concept of ambulance care relates to the total process involved, from the incoming request for care, the assessment of the care service required, the allocation of care as well as the coordination and registration by the ambulance care dispatch centre. It also includes the assistance and treatment given to patients on site and enroute, and the transfer of a patient to the next element in the chain.

### Regional Ambulance Service

The Regional Ambulance Service (or RAV) is responsible for providing ambulance care. Within this organization, the ambulance services and the Ambulance Care Dispatch Centre ( Meldkamer Ambulancezorg ) work together. RAV's can be both publicly or privately organised. Ambulance care service begins with an incoming emergency call at the Ambulance Care Dispatch Centre (MKA). Around 400 dispatchers (most nurses) work in these dispatch centres. Most dispatch centres are housed in the same facilities as fire and police dispatch centres, and are so called co-located centres.



### Dispatch centre

The dispatch centre carries responsibility for the process of response assessment, care service allocation and coordination as well as registration. Each call is assessed by a dispatcher in terms of its specific care requirements. If necessary, an ambulance is dispatched. Callers may also be referred to another service or be given advice over the phone. Sometimes, multiple services are required such as a trauma team, police or the fire department. The emergency dispatch centre plays a central coordinating role.

The proper execution of this process requires professionals. Dispatch centre staff have undergone basic training as a nurse and have completed the official national emergency services dispatcher's course and attend yearly additional training programmes. There are strict dispatch protocols for each sector.

### Emergency and ordered transport

A distinction is made between emergency transport and ordered transport. In The Netherlands, emergency transport is subdivided into type A1 urgency and type A2 urgency.

A1 urgency applies to life-threatening situations, and in such cases, the ambulance must be on site within 15 minutes after the emergency call comes in. A2 urgency applies to cases that are not life-threatening, but do call for a fast response : the ambulance should be on site as soon as possible, but no later than 30 minutes after the emergency call. Ordered transport, referred to as type B transport, is transport that can be planned, for example between hospitals or from a hospital to a patient's home.

In The Netherlands, ambulances respond some 1.000.000 times annually. Around 400.000 of these are of type A1 and around 200.000 are type A2 emergencies. Some 400.000 are type B transports. Around 4400 ambulance personnel work in the sector. About 1800 of them are ambulance nurses, 1700 are drivers, while some 400 work as dispatchers. About 500 work in staff or management functions.

### Nurse-based system

The ambulance care system is a nurse-based system. Ambulance nurses are licensed to administer medical treatment at the level of Advanced Life Support (ALS) independently. In addition to basic training as a nurse, ambulance nurses take additional specialist courses such as Intensive Care and Cardiac Care, next to their standard national training as an ambulance nurse. In order to safeguard expertise and proficiency, ambulance nurses take compulsory national and regional courses. They must also pass the so-called Profcheck once every 5 years.

Ambulance drivers are qualified to give medical assistance to the ambulance nurses. Obviously, they are trained in the safe transportation of patients in medical emergencies. Drivers have taken a national ambulance driving course. They too take additional compulsory courses each year, and must pass the so-called Profcheck every 5 years, testing their driving skills as well as the medical assistance they provide.

### National guidelines

Quality levels in the ambulance care are also safeguarded by means of national guidelines and protocols. Protocols represent the professional standard for the content and the process of ambulance care. In other words, care in accordance with protocols is the - national - standardization of quality during the total process. The Dutch National Standard Dispatch Center Ambulance Care (NSDCA) and the National Protocol Ambulance Care (NPA) for ambulance nurses and ambulance drivers share the same objective and function. The methodology and content are in compliance with each other and both standards are fully integrated. This way, total quality of the care process is guaranteed.

### Medical manager

The Ambulance Care Medical Manager (or MMA) is a licensed physician who has final responsibility for the medical care given within a specific RAV. They are not directly involved on site, but can be consulted at a distance. Quality levels are safeguarded by means of national protocols. The Ambulance Care Medical Manager (MMA) is responsible for monitoring the proficiency of ambulance personnel and dispatchers based on these protocols.

### Cooperation with other partners

Ambulance care services work in close cooperation with other partners within the medical emergency sector. There is cooperation with other services on site, such as general practitioners and trauma teams. Being guided through the medical chain properly is considered important for patients, for example when they are handed over to a hospital or trauma team. As a 'mobile care giver', ambulance care links up the elements in the medical emergency chain. In addition, there is close cooperation with partners in the public order and safety chain, such as police and the fire department, in regular circumstances as well in cases of large scale accidents or disasters. In these situations, the regular services respond, but regional authorities coordinate and carry final responsibility.

### Sectororganisation

Ambulancezorg Nederland is the representative organization for regional ambulance services (RAV's), local ambulance services and emergency dispatch centres in The Netherlands. The organization is involved in branche representation, policy development, providing information and service. The main areas of policy in which it carries out its tasks are management and financing, labour affairs, quality and ICT.

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We have also developed a [short film](#) about ambulance care in The Netherlands, on [www.ambulancezorg.nl](http://www.ambulancezorg.nl)

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