

Overview of ambulance services in 2008: summary

Introduction

'Ambulance services in 2008' is the third edition of the report in which the ambulance care sector in the Netherlands provides an annual explanation of the care and services provided.

1. The ambulance care process

	A1 trips		A2 trips	
	2008	2007	2008	2007
Time to take the call and dispatch the ambulance	1:53 min	1:55 min	3:14 min	3:19 min
Time for crew to assemble	1:17 min	1:30 min	1:57 min	2:14 min
Journey time	6:36 min	6:31 min	10:41 min	10:35 min
Response time	9:47 min	9:56 min	15:53 min	16:08 min
Trips where the ambulance was present within 15/30 minutes	92.1%	90.9%	96.2%	95.3%

The response time starts when the telephone is answered at the ambulance care dispatch centre and ends when the ambulance arrives at the scene. The ambulance care provision continues and does not end until the patient has been transferred to another care provider. The aim is that as many A1 trips as possible arrive at the scene within 15 minutes and as many A2 trips as possible arrive at the scene within 30 minutes. In 2008, an A1 trip took on average 9 minutes and 47 seconds. In the case of A2 trips, the ambulance took on average 15 minutes and 53 seconds. The response time is divided into the time to take the call and to dispatch the ambulance, the journey time and the response time.

For 2008, there is an improvement regarding both the average response time and the percentage of trips that arrived on the scene within 15 (A1) or 30 (A2) minutes. There is also a slight improvement as regards most of the underlying time intervals. In 92.1% of A1 trips, the ambulance arrived at the scene within 15 minutes. The figures show that ambulances that took longer than 15 minutes arrived just a few minutes late: 96% arrive at the scene within 17 minutes and 97% within 18 minutes. The response time is also affected by the nature of the area: in urban areas 97% of A1 trips arrived at the scene within 15 minutes, while in rural areas this figure was below 90%.

2. The ambulance care product

The ambulance care product relates to both the type and number of trips and to the care provided by the ambulance team.

trips

number	2008	2007	2007	2008	number
A1 trips	439,725	428,257	774,705	786,667	billable trips
A2 trips	223,813	208,133	154,891	169,997	EHGV trips
B trips	339,512	341,270	48,064	46,053	unnecessary trips

total	1,003,050	977,660	977,660	1,003,050	total
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The numbers of trips differ greatly per region. This is due, for instance, to local factors such as the number of inhabitants, population density, surface area, the extent of urban development and the existence of other care institutions.

A1 and A2 trips are emergency ambulance care, B trips are planable ambulance care. Approximately twice as many emergency trips than planable trips are made each year and approximately twice as many A1 trips than A2 trips are made. Approximately half the emergency trips take place in urban areas and about one third in rural areas. Sixty percent of planable ambulance care takes place in urban areas. In general, the number of A1 and A2 trips is proportionally divided over the week. B trips are usually made during the week. Ambulance care is provided mainly during the day (an average of 50%), although a substantial number of trips are made in the evening (approximately 35%). Only a limited number take place at night (approximately 15%).

Medical aspect

Almost 94% of ambulance care patients are adult, a third are aged 75 or older. The remaining 6% are children (younger than 16). More or less the same number of men are treated as women.

As regards the medical aspect of ambulance care, the working diagnoses made by the ambulance team have particularly been taken into account. These are linked to six medical specialisms selected by the sector. In 2008, cardiovascular disorders were particularly evident, but also many conditions that may be classified under internal medicine or traumatology/surgery.

A special aspect of ambulance care in the Netherlands is that ambulance nurses are qualified to perform certain work that is normally reserved for doctors. In 2008, a record was kept of the frequency of this type of work. This information is important for training ambulance care staff. In addition, the figures show what care the sector is actually providing at present. For instance, more than 5,000 resuscitations were performed by the ambulance care sector in 2008.

3. Quality of ambulance care

The quality of ambulance care is determined by a huge range of factors, including the logistical performance, certification of care, the expertise and competence of staff and the number of complaints received by a Regional Ambulance Service/ambulance organisation. In late 2008, the sector was almost 100% certified, only one service and two dispatch centres had no certification as awarded by the Foundation for the Coordination of Quality Assessment in the Care Sector (*HKZ*).

In 2008, the number of complaints received by Regional Ambulance Services/ambulance organisations was registered for the first time. A complaint is an expression of discontent submitted to the Regional Ambulance Service concerning the way in which a patient was treated. In 2008, 559 complaints were registered by the Regional Ambulance Service regions.

4. Ambulance care staff

- Ambulance care is a relatively small sector involving specialised staff. In 2008, 4,865 people (4.386 FTEs) were working in the ambulance care sector. Of these, more than 85% were working in the primary process. In 2008, the number of staff grew with respect to previous years.
- The national average intake increased with respect to 2007 and was 9.4% in 2008. In 2008, the national average number of leavers was the same as 2007 (5.9%).

- On average, ambulance care staff remain in the sector for a long time: almost 10% of staff have been working in the sector for more than 20 years, and more than 30% have been working in the ambulance care sector for more than 10 years.
- There are relatively few young people working in the sector. This is due to the fact that staff have often pursued another career before they enter the ambulance care sector. The age group 45 to 50 is the largest group (21%) within the sector.
- The male-female proportion within the sector has long been 75%-25%, even though the number of women within the sector had gradually begun to increase.
- The average sickness absence in 2008 continued to fall from 4.8% to 4.5%.

Since 2008, the number of incidents of aggression has been registered by the sector within the framework of the 'Violence against employees who work with the public' action plan of the Ministry of the Interior. In 2008, 121 such incidents were registered, though probably more took place. The most common incidents involve physical and verbal aggression:

	2008
verbal aggression and violence	41%
serious threats	10%
physical aggression and violence	36%
sexual intimidation, aggression and violence	13%
total	100%

5. Ambulance care underlying conditions and future prospects

Ambulance care is available in the Netherlands 24 hours a day, 7 days a week. On 31 December 2008, the Regional Ambulance Service regions had 676 ambulances available. It goes without saying that not all 676 ambulances are used every day, some are reserve capacity. The available ambulances are distributed among the various locations. On 31 December 2008, there were 198 locations.

In 2008, the national macro budget for ambulance care was € 363 million.

In 2008, ambulance teams were available during 3,006,684 hours, 88% of which involved being on standby.

On 2 December 2008, the Upper House of the Dutch Parliament adopted the Ambulance Care Act [*Wet Ambulancezorg*]. The Act is expected to come into force on 1 January 2011. One regional ambulance service will be available in every region that has obtained a permit from the Minister of Health, Welfare and Sport. The period 2009 and 2010 will be largely devoted to preparing for the introduction of the Ambulance Care Act!