

SWAST CLINICAL RISK REVIEW SUMMARY DATA

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1. Data Sets

1.1 Potential Maternity Higher Risk Cases

Original SWASFT Report Information				
Diagnosis Code	Details	Additional Journey Time	Total New Journey Time	Expert Clinical Review Conclusion
Post-Partum haemorrhage	Absent radial, but improved en-route	9	18	Additional travel time not an issue for this patient. Stable on arrival to maternity, no additional treatment, no ongoing bleeding. Discharged same day (treatment within paramedic skill set)
Hypoxic birth after shoulder dystocia	Potential neonatal distress but improved prior to ambulance arrival	8	21	Home birth - baby supported by midwives had recovered prior to arrival. No issue with additional travel time of 8 minutes
Ectopic Pregnancy	Extreme hypotension, systolic BP 66mmHg, pain score 10/10	19	29	Not pregnancy related – IV Fluids provided in ambulance and stable at point of arrival at hospital. Rapid improvement and discharged 24 hours later. No impact through additional travel time.

Inclusive of additional journey time, all patients in this cohort were transported to hospital in 29 minutes or less. The average inclusive of additional journey time was under 23 minutes.

1.2 Potential Adult ED Higher Risk Cases for Further Clinical Review

Original SWASFT Report Information						
Age	Provisional Diagnosis	Provisional Diagnosis Free Text (Verbatim)	Extra Journey Time	Potential Harm	Total New Journey time	Expert Clinical Review Conclusion
75	Sepsis ¹	? Chest sepsis	23	Possible; Red flag sepsis with delay in abx	24	At end of life ceiling of care, additional transfer time would not have made a difference to outcome
68	Sepsis ¹	septic	23	Possible, sepsis delayed Abx	29	Appropriate intervention at scene. Potassium ok when arrived at Emergency Department. Additional travel time of 23 mins would not have made difference to patient.
90	Overdose - Non-Opiate	OVERDOSE ZOPICLONE/ PARACETAMOL	21	Yes - Reduced/ing GCS and difficult airway management	25	Managed by crew. No airway issues found, noted or managed. No additional interventions at Emergency Department. Travel time not affecting outcome.
95	Sepsis ¹	chest sepsis - aspiration	21	Yes Red flag sepsis with shock, GCS 3, peri-arrest. 21	24	At end of life, inevitable death, no difference in travel times applicable.

¹ Many of the patient cases refer to sepsis. These cases have been treated with fluids and antibiotics within an hour where clinically indicated. The treatment for these cases aligns with the NICE Quality Standard (QS161) published Sept 2017

Original SWASFT Report Information						
Age	Provisional Diagnosis	Provisional Diagnosis Free Text (Verbatim)	Extra Journey Time	Potential Harm	Total New Journey time	Expert Clinical Review Conclusion
				extra minutes without Abx		
42	Medical Other	Infection /sepsis ¹	21	Possible, sepsis delayed Abx	31	Because the ambulance crew was there and was able to give interventions (fluids) at scene, the additional travel time would not have made a difference.
91	PR Bleed	large pr bleed	20	Possible: large PR bleed, hypotensive and becoming shocked.	30	Condition maintained in the ambulance with deterioration an hour after arrival at hospital, travel time would not have impacted outcome. Conservatively managed in ED.
81	Sepsis ¹	Sepsis	20	Possible, sepsis delayed Abx	26	Straightforward Cellulitis - not red flag at ED - 20 mins would not have made a difference in terms of outcome.
84	Sepsis ¹	?Sepsis // Tachycardia	19	Possible, sepsis delayed Abx	32	Within hour and not hypotensive so no impact due to travel time.

Original SWASFT Report Information						
Age	Provisional Diagnosis	Provisional Diagnosis Free Text (Verbatim)	Extra Journey Time	Potential Harm	Total New Journey time	Expert Clinical Review Conclusion
42	Overdose - Unspecified	MIXED OD	18	Possible - Fluctuating GCS requiring Airway interventions	31	PCO ₂ ² may have been a little higher and oxygen saturations may have continued to drop a little with a longer journey. Ambulance crew would have provided other interventions against observations if this happened, no specific intervention required outside of skill set of paramedics. Extra 18 minutes with airway in place and oxygen would not have affected patient.
49	Overdose - Unspecified	unresponsive ??OD	17	Yes Airway management difficult	24	Patient received required intervention from crew. A longer journey time for the patient may have had slightly higher PCO ₂ . No evidence of an adverse outcome due to additional travel time.
80	Sepsis ¹	? sepsis	17	Possible, sepsis delayed Abx	32	Patient fit for ambulatory care unit, would have diverted to resuscitation area if concerned, travel times would not make a difference
85	Sepsis ¹	Sepsis	16	Possible, sepsis delayed Abx	30	Crew have provided required treatment. No impact on outcome due to travel time.

² PCO₂ is the concentration of carbon dioxide in the blood. This is a sensitive indication of the efficiency or level of ventilation of the lungs. Hyperventilation causes a drop in PCO₂; under ventilation causes a rise.

Original SWASFT Report Information						
Age	Provisional Diagnosis	Provisional Diagnosis Free Text (Verbatim)	Extra Journey Time	Potential Harm	Total New Journey time	Expert Clinical Review Conclusion
33	Trauma - Other	Knocked over by car? Injuries? KOd	14	Yes - agitated and dropping GCS	21	No treatment required in Emergency Department. No impact if increased travel time.
82	Diahorrea / Vomiting	D&V sepsis	14	Yes - Hypotensive ++ despite fluids	22	Additional 14 minutes would not have had an adverse impact on the patient
78	Sepsis ¹	sepsis ? uti	14	Possible, Red flag sepsis with delay in abx	25	Outcome for patient not affected by additional travel time, fluids provided by crew. Antibiotics within 60 minutes of presentation at Emergency Department.
83	Sepsis ¹	Chest infection - likely sepsis	14	Yes Red flag sepsis with shock, GCS 6 peri-arrest. > extra minutes without Abx	20	Treatment within 60 min NICE guideline for antibiotics and as long as fluids are given the extra 14 minutes is not going to make a difference.
75	Sepsis ¹	?sepsis	14	Possible, sepsis delayed Abx	22	No difference for this patient due to additional travel time

Original SWASFT Report Information						
Age	Provisional Diagnosis	Provisional Diagnosis Free Text (Verbatim)	Extra Journey Time	Potential Harm	Total New Journey time	Expert Clinical Review Conclusion
85	Stroke	? CVE	14	Yes, increase travel time with unconscious patient candidate for CT	20	Un-survivable intracranial haemorrhage - travel time no difference.
80	Head Injury - Other	? Head injury/Spinal injury	14	Possible, immobilised patient vomiting and required suctioning	22	Crew had the tools to manage patient, fully patent airway, issue on back and vomiting, travel time would not have affected outcome, no specific intervention at Emergency Department different to that provided by crew.
84	Neurological Other	CVE - HAEMORRAGIC	9	Yes – Reduced GCS with ? CVE	17	Inevitable death, additional travel time would not have affected outcome.
89	Stroke	? Stroke ?? TIA - mild improvement with crew	9	Yes - Confirmed CVE although still within window	28	Arrived at Emergency Department within the 4 hour window therefore 9 minute extra travel time would not affect outcome

Original SWASFT Report Information						
Age	Provisional Diagnosis	Provisional Diagnosis Free Text (Verbatim)	Extra Journey Time	Potential Harm	Total New Journey time	Expert Clinical Review Conclusion
85	Sepsis ¹	sepsis	9	Possible, sepsis delayed Abx	25	9 minutes additional travel time would not have made a difference to this patient.
73	Other	SVT	8	Possible - Sustained SVT although CV stable	25	Cardio verted spontaneously on arrival in department, travel time would not have impacted outcome.
91	Sepsis ¹	?Chest Sepsis. ?Chest Infection - and associated AF with rapid VCs	8	Possible, sepsis delayed Abx	24	Extended travel time of 8 minutes would not have made any difference as the patient arrived within the hour.
71	Medical Other	? sepsis ¹	6	Possible, sepsis delayed Abx	25	Initial plans for admission to hospice but no beds available therefore transferred to Emergency Department. Travel times would not have affected outcome for this patient.
76	Cardiac Arrest After Amb Arrival	cardiac arrest	4	Possible, CPR in moving ambulance for further minutes?	14	All interventions given by ambulance crew for cardiac arrest - CPR continued for 6 mins after arrival at hospital, but no additional interventions. travel time would not have made a difference on this occasion

Original SWASFT Report Information						
Age	Provisional Diagnosis	Provisional Diagnosis Free Text (Verbatim)	Extra Journey Time	Potential Harm	Total New Journey time	Expert Clinical Review Conclusion
90	Stroke	CVE	2	Yes – Although still well within Window	11	No stroke diagnosis - 2 minute additional travel time would not have made a difference for this patient.

Inclusive of additional journey time, all patients in this cohort were transported to hospital in 32 minutes or less. The average inclusive of additional journey time was under 26 minutes.

1.3 Potential Paediatric Higher Risk Cases

Original SWASFT Report Information				
Diagnosis Code	Details	Additional Journey Time	Total New Journey Time	Expert Clinical Review Conclusion
Multiple Convulsion	Patient remained GCS 3 throughout ambulance attendance	9	36	IV Diazemuls already given by crew, gave one dose to good effect, no fitting in ambulance after this dose, crew could have given second dose if required. A nine minute delay would not have affected this patient.
Neurological	Adrenal Crisis following seizure; although GCS improved would have required further medical intervention.	8	24	All appropriate actions taken for hypoglycaemic fit by crew. Breathing and oxygenated well on arrival. Intermittent fitting after arrival - further fit an hour after arrival at department - additional 8 mins would not have affected patient as additional options available to crew to manage.
Cardiac arrest	Post cardiac arrest	4	16	Bronchiolitis in ex prem baby. 4 minute extended travel not contributory to outcome.
Medical	Very sick child.	4	15	New diagnosis diabetes - 4 minutes additional travel time will not have affected patient.

Inclusive of additional journey time, all patients in this cohort were transported to hospital in 36 minutes or less. The average inclusive of additional journey time was under 23 minutes.