



National Ambulance Service (NAS)

Ambulance Operations Procedure

Field Feedback Report

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1.0 POLICY

- 1.1 It is the policy of the National Ambulance Service to provide effective procedures to all supervisors and Staff

2.0 PURPOSE

- 2.1 To provide Operational Staff with a reporting mechanism that may be utilised to provide feedback from the field to the Quality Improvement process and Ambulance Control/Communications Officers.
- 2.2 To provide enhanced communication processes between Ambulance Control Supervisors, Ambulance Staff and Operational Staff with a view to responding more effectively to patient's needs.

3.0 SCOPE

- 3.1 Use of the Field Feedback Report is appropriate to provide feedback from Operational Staff to Ambulance Control and from Ambulance Control to Operational Staff in the event of exemplary Operational or Control Staff performance or if an Incident proves problematic.

4.0 LEGISLATION/ RELATED POLICIES/PROCEDURES

Policy – NASCC033 – National Ambulance Control Quality Assurance System

5.0 GLOSSARY OF TERMS AND DEFINITIONS

- 5.1 QIU – Quality Improvement Unit
- 5.2 EDQ – Appropriately trained person who has responsibility for auditing calls using the AQUA database.
- 5.3 AQUA – Advanced Quality User Assurance
- 5.4 EMD – Emergency Medical Dispatch

6.0 ROLES AND RESPONSIBILITIES

- 6.1 Operational and Ambulance Control Supervisors are responsible for Staff compliance with this procedure.
- 6.2 EDQ's are responsible for monitoring compliance with this Procedure and for reporting non-compliance to Ambulance Service Control Managers.
- 6.3 All employees must ensure familiarity with and adherence to the relevant parts of this procedure.

7.0 PROCEDURE

- 7.1 Field Feedback Report Forms are available in each Ambulance Station.
- 7.2 The field Feedback report form is to be used to report any concerns a crew may have regarding the EMD process, or any issues a crew may have had relating to any call. This may include queries for example, surrounding the dispatch code to directions given to crew.
- 7.3 Completed forms should be forwarded to relevant Ambulance Control Manager, who will bring each report to the attention of an EDQ. Quality Auditor.
- 7.4 Upon receipt of the report, the EDQ will review the recording of the call and evaluate the case for compliance to protocol.
- 7.5 A reply to the Operational Supervisor or Staff member who has completed the report will be provided within 21 days of receipt of the report and kept on record.
- 7.6 Copies of the completed Field Feedback Report will be kept by the complaints manager.
- 7.7 The definition of a field feedback report is to use it to report any concerns regarding the EMD process and to pass on that feedback, both to the crew and the dispatcher as appropriate.

8.0 IMPLEMENTATION PLAN

- 8.1 This Procedure will be circulated electronically to all Ambulance Officers, all Ambulance Supervisors and Staff.
- 8.2 This Procedure will be placed in hardcopy in the Control Procedure Manual in each Ambulance Station and Ambulance Control for ease of retrieval and reference.

9.0 REVISION AND AUDIT

- 9.1 Compliance will be assessed through audit and appropriate feedback provided to the relevant Ambulance Service Control manager for consideration.
- 9.2 This Procedure will remain under constant review and may be subject to change to facilitate any changes/developments in service requirements
- 9.3 Ambulance Control managers have responsibility for ensuring the maintenance, regular review and updating of this Procedure.
- 9.4 Revisions, amendments or alterations to the Procedure can only be implemented after consultation with relevant stakeholders and approval by the relevant senior manager.

10.0 Revision History:

(This captures any changes that are made to a SOP when it has been revised. This may be placed at the back or close to the front of the document according to local preference.)

No	Revision No	Date	Section Amended	Approved by
1	6	27 th June 2018	N/A	NEOC

11.0 Signatures of Approval

National Control Operations Manager
On Behalf of the National Ambulance Service

Date _____

National Ambulance Service Director
On Behalf of the National Ambulance Service

Date _____

Document Control No. 1 (to be attached to Master Copy)

NAS

Reviewer: The purpose of this statement is to ensure that a Policy, Procedure, Protocol or Guideline (PPPG) proposed for implementation in the HSE is circulated to a peer reviewer (internal or external), in advance of approval of the PPPG. You are asked to sign this form to confirm to the committee developing this Policy or Procedure or Protocol or Guideline that you have reviewed and agreed the content and recommend the approval of the following Policy, Procedure, Protocol or Guideline:

Title of Policy, Procedure, Protocol or Guideline:

NAS

I acknowledge the following:

- I have been provided with a copy of the Policy, Procedure, Protocol or Guideline described above.
- I have read Policy, Procedure, Protocol or Guideline document.
- I agree with the Policy, Procedure, Protocol or Guideline and recommend its approval by the committee developing the PPPG.

Name

Signature (Block Capitals)

Date

Please return this completed form to:

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Document Control No. 2 (to be attached to Master Copy)

Key Stakeholders Review of Policy, Procedure, Protocol or Guidance Reviewer Statement

Reviewer: The purpose of this statement is to ensure that a Policy, Procedure, Protocol or Guideline (PPPG) proposed for implementation in the HSE is circulated to Managers of Employees who have a stake in the PPPG, in advance of approval of the PPPG. You are asked to sign this form to confirm to the committee developing this Policy or Procedure or Protocol or Guideline that you have seen and agree to the following Policy, Procedure, Protocol or Guideline:

Title of Policy, Procedure, Protocol or Guideline:

NAS

I acknowledge the following:

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- I have read Policy, Procedure, Protocol or Guideline document.
- I agree with the Policy, Procedure, Protocol or Guideline and recommend its approval by the committee developing the PPPG.

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