Urgency and emergency process for ambulance regulation during the COVID-19 pandemic

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Issue:
Severe acute respiratory syndrome (SARS) caused by SARS-CoV-2 proved to be a global public health problem. Critical ill patients attended in Primary Health Care (PHC) often require fast transportation to the Urgency and Emergency Network (UEN). Controlling an ambulance fleet requires technical skill, discipline, organization and emotional care. During the pandemic, there was an increase in ambulances requests, including removing patients from PHC to the UEN. In this context, ambulances were occasionally lost or not directed to PHC facilities, resulting in worsening the patient clinical situation, dropout or long waiting periods.

Description of the problem:
To strengthen the removals process and patients referrals, PHC and UEN professionals of services in Sao Paulo designed and implemented a strategy according to patient severity criteria. We used a 5W2H matrix to discuss relevant topics, skills, actions and indicators and develop a tool to prioritize diagnoses or clinical conditions requiring immediate removal. Besides, we standardized the request flows and drivers contact. The team trained professionals to manage ambulances. We monitor the quantity, destination and release time of ambulances.

Results:
We defined acute myocardial infarction, stroke, sepsis, SARS and pregnancy as a priority for removal. During implantation, removals volume increased from 18 to 30 per week. Despite this, there was no change in the average waiting time: about 82 minutes. The dropout rate and release time slightly increase, from 2.4% to 3.0% and from 28 minutes to 43 minutes per request, respectively. Besides technical issues, professionals were oriented to manage anxiety. It was possible to evaluate the demand for hiring more vehicles and save resources.

Lessons:
This experience strengthened PHC as an access point and organizer of the healthcare network. Early detection of UEN referral necessity contributes to providing adequate, equity and timely care.

Key messages:
• In the face of the COVID-19 pandemic scenario, a strategy to organize and optimize removal to UEN is needed to assure adequate and timely care.
• Cooperation between different services in the health care network promotes safety and quality of patient care.