



FOR IMMEDIATE RELEASE

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Study Misses the Mark

The study was conducted based on a version of the AMPDS that has since been revised twice over the past eight years. While we always appreciate data and studies helping to pinpoint areas for improving the AMPDS, unfortunately the data used in this study is from an older version of our system and, consequently, significantly out of date. While we cannot assume why the study was based on data from medical content produced in 2001, we can assure you that the AMPDS has advanced in accord with medical science. For example, a major point the study failed to address is the AMPDS Version 12 FAST tool provided at the 999 call taking level. The AMPDS is the only system in the UK to incorporate FAST (Stroke Diagnostic and Evaluation) Tool, which massively increases stroke detection.

While each version of the AMPDS has hundreds of improvements, advancements made that are specifically related to stroke would be:

v11.1 (2001)

- No stroke diagnostic tool

- Emergency Medical Dispatcher (EMD) must hear the term “stroke” to choose Protocol 28 – Stroke (CVA)

v11.3 (2006)

- Education on signs and symptoms of Stroke for EMDs

- EMDs choose Protocol 28 – Stroke based on signs and symptoms as well as the term stroke

- Change to Key Questions

- Stroke treatment time window feature introduced

v12.0 (2008)

- Stroke Diagnostic and Evaluation Tool

- Revised Key Questions

All of the Ambulance Trusts that use the AMPDS are on Version 11.3 or above and 7 dispatch centres (from 4 Ambulance Trusts) are using the latest version (Version 12) that has the FAST tool embedded.

Version 11.1, which this study is based on, had neither specific training nor a FAST tool. In order to identify a stroke patient the Emergency Dispatch call-taker had to

hear the term “stroke”. The subsequent versions we have introduced dispatcher education on the recognition of the signs and symptoms of stroke. There have also been changes to the questions that are asked of callers so the Emergency Dispatch call-taker can more accurately triage stroke patients.

The use of the FAST tool allows Emergency Dispatch call-takers to conduct the FAST test over the phone and then pass on this vital information to the responding ambulance. They may even notify the stroke units of a potential direct admission so the patient does not receive a delay in their treatment.

59% of all stroke 999 calls taken in the first two weeks of April 2009 in East Midlands Ambulance Service demonstrated strong evidence of a stroke according to the FAST tool used by the Emergency Dispatch call takers. These patients had an onset of symptoms of less than two hours resulting in a category A response as defined by the Department of Health.

A recent study from San Diego using v11.3, demonstrated that dispatchers using the MPDS (without the Stroke Diagnostic and Evaluation (FAST) Tool) had a slightly higher positive predictive value for stroke than paramedics at the scene using the FAST test. And that the sensitivity of the dispatchers was 83%.

AMPDS groups similar acuity levels of patients and scene activities into Echo, Delta, Charlie, Bravo, Alpha and Omega tiers. The Department of Health defines which of these codes is categorised as A, B or C. This is not a requirement of the AMPDS.

The International Academies of Emergency Dispatch are open to working with any group to perform the study on today's medicine and determine the more accurate outcome for today's UK citizens.

International Academies of Emergency Dispatch

The publicly funded NHS provides the majority of health care in England and Wales, including the funding of emergency medical services divided among the country's 13 ambulance trusts. The NHS measures the performance of each ambulance trust, and one of its targets is reaching category A (life threatening) calls within eight minutes of when the call was received. The NHS introduced several initiatives to meet the goal, including the use of the AMPDS protocol, which Jeff Clawson, MD, created in 1978 to improve emergency response modes based on appropriate medical decision-making.

Worldwide, the AMPDS is used in over 3,000 agencies, translated in 14 languages, with the vast majority of users in the United States, Canada, United Kingdom, Australia, Germany, Austria, Switzerland, Eire, Italy, New Zealand and 20 other countries. Currently, there are over 46,000 IAED-certified Emergency Medical Dispatchers