Policy for Integrated Continuum of Pre-hospital and ED Care for Time-critical Conditions

Department of Health (DOH), December 2017

DEPARTMENT OF HEALTH

Document Title:	Policy on Integrated Continuum of Pre-hospital and ED Care for Time-critical Conditions		
Document Ref. Number:	Policy/TCC/V1.0	Version	1.0
Approval Date:	7 December 2017	Effective Date:	10 December 2017
Document Owner/Control	Department of Health, Policy Department		
Applies to	The entire healthcare sector of Abu Dhabi		
Document Classification	Public		
Governing Theme	Integrated Continuum of Care: Care Coordination		
Related Laws, Policies, Standards, Circulars, Guidelines	• Ambulance Clinical practice Guidelines 2015. • HAAD Circular on Treatment of Emergency Cases For non UAE Nationals (HSS-33/2007). • HAAD Standard for Emergency Departments In the Emirate of Abu Dhabi • HAAD Standard for Minimum Preparedness for Common Medical Emergencies In Inpatient Care Setting, Outpatient Care Setting, Ambulance Services and Interfacility Patient Transfer (HAAD/EMS/SD/0.9) • Healthcare Regulator Manual (Chapter V. Integrated Continuum of care).		

About Department of Health (DOH)

The Department of Health (DOH) previously known as the Health Authority Abu Dhabi (HAAD) is the regulative body of the Health System in the Emirate of Abu Dhabi and seeks excellence in Health for the community by regulating and monitoring the health status of the population. DOH shapes the regulatory framework for the health system, inspects against regulations, enforce regulations, and encourages the adoption of best practices and performance targets by all health service providers. DOH also drives programmes to increase awareness and adoption of healthy living standards among the residents of the Emirate of Abu Dhabi in addition to regulating scope of services, premiums and reimbursement rates of the health system in the Emirate of Abu Dhabi. The Health System of the Emirate of Abu Dhabi is comprehensive, encompasses the full spectrum of health services and is accessible to all residents of Abu Dhabi. The health system encompasses; providers, professionals, patients, insurers and the regulator. Providers of health services include public and private services and the system is financed through mandatory health insurance (with the exception to Thiqa) and has three main sources of financing: Employers or Sponsors, the Government and Individuals. The Health Insurance scheme places responsibilities on any Insurer, Broker, Third Party Administrator, Health Provider, Employer, Sponsor (including educational establishments), Limited Income Investors and Insured Persons to participate in the Health Insurance Scheme.

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Executive Summary

One of the priorities of the Department of Health (DOH) previously Health Authority - Abu Dhabi (HAAD) is to achieve an integrated patient-centric model of care, where the right care of time critical emergencies is coordinated and delivered in the right place, by the right expertise, at the right time without interruption, unless clinically justified, and irrespective of healthcare insurance coverage.

DOH developed this "Policy on Integrated Continuum of Pre-hospital and ED Care for Time-critical Conditions" and its related six emergency protocols to improve the overall management of time-critical emergencies.

This Policy builds from the "Policy for Integrated Care" and focuses on the integration and continuity of care of time-critical emergencies in the pre-hospital and Emergency Department (ED) phases. The six emergency condition specific task forces to drive integration of care are related to Stroke, STEMI, Sepsis, Burns, Trauma and Pediatrics.
DOH wants to ensure seemless patient journey to right emergency care without interruption.

This overarching policy sets out the objectives for the health services to achieve the vision. The key policy objectives identified are:

- Implementation of a system approach for the management of time-critical emergencies by engaging with and involving all the relevant resources and stakeholders engaged in the provison of care from prevention through management and rehabilitation.

- Ensuring that time-critical emergencies reach the facility with the right team, skills and competencies, equipment, and processes to deal with the time-critical emergency case with no delay and irrespective of insurance coverage.

The document is structured as follows:
- Section (1) provides an introduction to the overarching policy.
- Section (2) provides the purpose of this policy.
- Section (3) sets out the vision and goal of the policy. It also highlights what are its key guiding principles.
- Section (4) identifies the policy priorities, objectives and strategies to improve integeration and continuity of care, which lays the foundation for future policy work in the area of management of care for time-critical emergencies.
- Section (5) and (6) provides the implementation arrangements for the policy.
- The Appendix details the six condition specific pre-hospital emergency protocols (Stroke, STEMI, Sepsis, Burns, Trauma and Pediatrics).

1. Introduction

Integrated continuum of care is among the seven priorities of 2015 Abu Dhabi's Healthcare Sector Strategy that seeks to improve the model of healthcare provision in the Emirate of Abu Dhabi. DOH's vision on integrated care, articulated through the "Policy for Integrated Care" (Healthcare Regulator Manual, Chapter V.) is to "Achieve an integrated patient-centric model of care in Abu Dhabi, where the right care is coordinated and delivered in the right place, by the right expertise, at the right time without interruption, unless clinically justified". This Policy builds from the "Policy for Integrated Care" and focuses on the integration and contintiy of care of time-critical emergencies in the pre-hospital and Emergency Department (ED) phases. The list of time-critical condition that this policy is concerned with is found in the Appendices and will be regularly evaluated and updated as necessary.

2. Purpose Of This Policy

The purpose of this policy is to:

- Articulate the Emirate's vision and goal for an integrated continuum of care at the pre-hospital and emergency department phases for selected time-critical conditions.
- Set out DOH's sector-wide tools, objectives and strategies for the health services to achieve the vision.

3. Vision, Goal And Guiding Principles

3.1 Vision

To achieve an integrated patient-centric model of care in Abu Dhabi, where the right care for time-critical emergencies is coordinated and delivered in the right place, by the right expertise, at the right time without interruption, unless clinically justified, and irrespective of healthcare insurance coverage for selected time-critical conditions.

3.2 Goal

The goal of this policy is to describe DOH's approach to the promotion of an integrated continuum of care of time-critical emergencies by:

- Identifying the structures and services necessary for facilities to become designated to treat time-critical emergencies.
- Improving referral pathways to achieve a seamless, effective and efficient flow of relevant patients by promoting coordination of care between healthcare facilities within a clear standards of practice.
- Improving accountability by having clarity through the introduction of a system-wide governance model and KPI monitoring.

3.3   Guiding Principles

DOH's policy shall be guided by the following principles:

- **Optimise care for better patients' outcome**: central to this policy and its components is to get the best outcome of care. All developments of this policy has only one ultimate consideration, which is to provide the best care within the vision of integrated care.

- **Evidence based and forward looking strategy**: implementation strategies of the policy shall be evidence-based, forward looking and taking into accounts emerging global trends, local experts opinion, local needs, local cultural and physical needs.

- **Context sensitive**: while taking into account best practices and existing best models for integrated care, the policy and its implementation shall be driven by local and regional realities and priorities.

- **Partnership**: regulators, payers, providers (public and the private sector), EMS, non-healthcare emergency services and others shall be seen as strategic partners driving the development of this policy and its implementation.

4. Policy Priorities, Objectives And Strategies

In order to fulfil its vision and achieve the aforementioned goal, DOH has articulated a number of specific objectives and strategies to achieve them:

Policy Priority
To have a multi-layered system in place for effective management of time-critical emergencies.
Policy objectives
1. Development of a system approach for management of time-critical emergencies. 2. Seemless patient journey to right emergency care without interruption.

Policy Objective 1: Implementation of a system approach for the management of time-critical emergencies by engaging with and involving all the relevant resources and stakeholders engaged in the provison of care from prevention through management and rehabilitation.

Policy Strategy 1a: Designation of facilities that can manage time-critical emergency conditions. This will improve access to and provision of high quality health care to time-critical emergency patients.

In order to achieve this DOH shall:
- Set designation criteria to manage selected time-critical emergency conditions that healthcare facilities must comply with in order to fully manage such emergencies.
- Develop and communicate to healthcare facilities a formal process necessary to become facilities designated to manage selected time-critical emergencies.
- Develop criteria indicators to audit and continuosly monitor the compliance of healthcare facilities and other relevant actors and actions to reward and sanction according to performance.

In order to achieve this healthcare entities shall:
- Fulfill the criteria in order to become a facility designated to manage selected time-critical emergency conditions.
- Refer and transfer, when unable to manage the care of time-critical emergency conditions, only to other healthcare facilities designated to treat such time-critical emergency conditions.

In order to achieve this Ambulance shall:
- Take time-critical emergencies only tohealthcare facilities designated to treat time-critical emergency conditions, while collaborating fully and consulting with centralised operational centre where applicable.[1]

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[1] Refer to the Protocols found in the Appendix to learn where the centralised operational centre applies.

Policy Strategy 1b: Creation of emergency care networks comprising of facilities designated to manage time-critical emergency conditions

In order to achieve this DOH shall:
- Define the scope, governance, necessary expertise, functions and purpose (such as the creation of experts groups, development of guidelines, creation of national registries, ..etc) of emergency care networks of time-critical emergency conditions.
- Develop and communicate to healthcare facilities and healthcare professionals a formal process necessary to join the networks of facilities designated to treat time-critical emergency conditions.
- Develop criteria indicators to evaluate, assess and continuosly monitor the efficiency, effectiveness and added value of emergency care networks.

In order to achieve this healthcare entities shall:
- Fulfill membership criteria in order to become part of the network of facilities designated to treat time-critical emergency conditions.
- Build bilateral working agreements with designated facilities to create a safety net and ensure timely treatment of the emergency conditions.

In order to achieve this healthcare entities shall:
- Fulfill membership criteria in order to become part of core team of experts within the emergency care networks' governance.
- Fullfill membership duties as per scope and governance of the emergency care networks

Policy Strategy 1c: Development of central population registries for each of the time-critical emergency conditions.

In order to achieve this DOH shall:
- Address regulatory, governance, ethical and technical issues associated with the set up and management of registries in Abu Dhabi and to ensure the quality and best use of the registered data.
- Ensure the interoperability of central population registries and their integration within the Emirate's existing and future e-health plans or electronic medical records (EMS) plans.

In order to achieve this, once established, the emergency care networks shall:
- Develop the necessary guidelines related to implementation, use, data protection and other key matters pertinent to the registries.
- Set up processes for regular updating of the guidelines and monitoring their implementation.

Policy Strategy 1d: Creation of an Abu Dhabi Coordination Centre to coordinate and direct 999 emergency calls as well as interfacility transfers.

In order to achieve this DOH shall:
- Collaborate with all relevant stakeholders for the development of the scope, governance structure and operational model for the Coordination Centre.
- Develop criteria indicators to audit and continuosly monitor the performance of the Centre and other relevant actors and actions to reward and sanction according to performance.

In order to achieve this healthcare entities shall:
- Comply with data requirements of the coordination Centre.
- Comply with the requirements specified by the scope and governance of the Coordination Centre.

In order to achieve this Ambulance shall:
- Avail of the coordination Centre for all 999 emergencies and interfacility transfers.

Policy Objective 2: Ensure that time-critical emergencies reach the facility with the right team, skills and competencies, equipment, and processes to deal with the time-critical emergency case with no delay and irrespective of insurance coverage.

Policy Strategy 2: Development of pre-hospital and ED protocols that ensure safe, continuous and effective care coordination, and smooth transfer between levels of care across and within facilities (See Appendices)

In order to achieve this DOH shall:
- Issue triage protocols for time-critical emergencies and their referrals in pre-hospital and ED settings for both EMS and self-presenting cases. These Protocol will:
  - ✓ Specify the designation criteria to treat time-critical emergency conditions that healthcare facilities must comply with in order to admit and manage such emergencies.
  - ✓ Articulate transfer protocols for EMS as well as for facilities, which must not keep or treat specific time-critical emergency conditions.

- Develop indicators to audit against and continuosly monitor the compliance of healthcare facilities and other relevant actors with triage protocols.

In order to achieve this all healthcare entities shall:
- Comply with the triage protocol for time-critical emergencies in pre-hospital and ED settings for both EMS and self-presenting cases.
- Apply to become a designated facility if interested in admitting and managing specific time-critical emergencies.

In order to achieve this Ambulance shall:
- Comply with the triage protocol for time-critical emergencies in pre-hospital and ED settings.

5. Enforcement and Compliance

DOH will enforce the compliance of all concerned stakeholders with this Policy. DOH may impose sanctions in relation to any breach of requirements under this Policy in accordance with Chapter IX, HAAD Policy on Complaints, Investigations, Regulatory Action and Sanctions, The Healthcare Regulator Policy Manual Version 1.0.

6. Monitoring & Evaluation

A monitoring and evaluation framework will be developed to monitor the implementation and impact of this Policy.

7. Appendices

1. Triage Protocol for Burns Emergencies and their referrels in Pre-Hospital and Emergency Department (ED) Setting: EMS and Self-Presenting Burn Cases
2. Triage Protocol for Stemi Emergencies and their referrels in Pre-Hospital and Emergency Department (ED) Setting: EMS and Self-Presenting Stemi Cases
3. Triage Protocol for Paediatrics Emergencies and their referrels in Pre-Hospital and Emergency Department (ED) Setting: EMS and Self-Presenting Paediatrics Cases
4. Triage Protocol for Stroke Emergencies and their referrels in Pre-Hospital and Emergency Department (ED) Setting: EMS and Self-Presenting Stroke Cases