

Protocol 38

For managing patients with ABD

Module: BMPF 7009

Work Based Learning Project

Student: 0650091



GIG
CYMRU
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WALES

Ymddiriedolaeth Brifysgol GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
University NHS Trust

Presentation Title
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by Vince Baglole
Vince.baglole@wales.nhs.uk



Prifysgol Cymru
Y Drindod Dewi Sant
University of Wales
Trinity Saint David

Ethical Considerations



- **Compliance with GDPR**
- **All data redacted**
- **Participation was voluntary**
- **Option to withdraw at any time**
- **Survey data collected anonymously**
- **Risk Mitigation (TRiM)**
- **Signed Ethics form from UWTSD**



- **The researcher is an employee of the organisation. This offers a detailed insight but increases the risk of unconscious bias**
- **The risk of Insider Research Bias was mitigated by:**
 - **Input from participants who are whose roles are directly affected by the research**
 - **Clearly defined roles and boundaries (no managerial influence)**
 - **Data collected and reviewed with assistance from colleagues not directly involved with the project**
 - **Survey data anonymised to avoid personal influence**
 - **Adherence to UWTSD ethical standards**

Research Question / Proposal



6:16 38: Advanced SEND (Medical Miranda)

Entry KQ PDI/CEI DLS Summary

1 Select the problem category.

Injuries (TRAUMA)
Bleeding (TRAUMA)
MEDICAL
Bleeding (non-traumatic)
Traffic/Transportation incident
EXCITED DELIRIUM
Tasered
Unknown

Caller Statement: passenger with chest pain

Question Answers Additional Information Problem Suffixes Determinants w/ Suffixes Det. Codes

POSSIBLY DANGEROUS Body Area

- Abdomen
- Amputation (excluding finger/toe)
- Back
- Chest (breathing normally)
- Genitalia
- Groin
- Head (alert)
- Hip/Pelvis
- Leg, upper
- Neck (breathing normally)

NOT DANGEROUS Body Area

- Ankle
- Arm, upper
- Collar bone (clavicle)
- Elbow
- Finger
- Foot
- Forearm
- Hand
- Knee
- Leg, lower
- Shoulder
- Tailbone (coccyx)
- Toe
- Wrist

INEFFECTIVE BREATHING

PDC
MPDS 13.0.993 2/13/2017
73

O: NAE
C: NAE
P: STD

38-year-old, Male, Conscious, Breathing.

I-15 south mm 55, 555-1234

Assessing the Impact of Medical Priority Dispatch System (MPDS) Protocol 38 on Emergency Medical Services (EMS) Responses to Acute Behavioural Disturbance (ABD) Incidents in Wales.

Research Question / Proposal



ABD:

a life-threatening medical emergency involving extreme agitation / aggression

CHALLENGES:

It requires a bespoke and rapid, coordinated response from EMS and Police

PROJECT FOCUS:

Evaluating MPDS Protocol 38 as a solution



Why This Research ?



HIGH PROFILE CASES:

The deaths of George Floyd in the USA and Mouyard Bashir in Newport South Wales

GAP:

Protocol 38 not fully implemented within WAST

PROJECT GOAL:

Understand if Protocol 38 improves EMS safety and efficiency.



Aims and Objectives:

AIM:

- To evaluate the impact of Protocol 38 on WAST's response to cases of ABD

OBJECTIVES:

- Trail the Protocol within WAST
- Measure the impact on response times and resource allocation
- Assess clinical safety
- Identify Improvements



Literature Review:



- **ABD is a dangerous, unpredictable and life-threatening condition**
- **Protocol 38 is designed to: -**
 - **Improve communication between WAST and Police**
 - **Enhance EMS triage of ABD**
 - **Facilitate the dispatch of appropriate resources**
- **Challenges to the implementation of Protocol 38 included: -**
 - **Confidence / Competence**
 - **Collaboration between partner agencies**
 - **Limited precedent within the UK**





- **A mixed methods approach was used to glean both Qualitative and Quantitative insights**
- **Approaches: -**
 - Focus Group including EMDs, Police and Paramedic staff
 - A case study of the Mouyard Bashir case
 - Staff Survey
 - CAD / ePCR data
- **Ethical Compliance: -**
 - GDPR
 - Consent
 - Anonymisation

The Trial:



Determinants

A 1 **NOT DANGEROUS** body area
2 Minor injuries
3 Minor illness
4 **MINOR** hemorrhage
5 Chest pain/discomfort < 35 (without priority symptom)
6 Fall (ground level)

B 0 **Override**
1 **POSSIBLY DANGEROUS** body area
2 **SERIOUS** hemorrhage
3 Tasered
4 Unknown status (**TRAUMA**)

C 0 **Override**
1 Chest pain/discomfort ≥ 35
2 Childbirth
3 Seizure
4 **STROKE**
5 Serious illness
6 Unknown status (**MEDICAL**)

D 0 **Override**
1 Reported **EXCITED DELIRIUM**
2 **HIGH VELOCITY** impact
3 Critical injuries
4 Multiple victims
5 Unconscious
6 Not alert
7 Difficulty breathing

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“The protocol is great, but the human and clinical element is still important, especially to capture safety and clinical concerns”
(Paramedic)



Case Study The Bashir Inquiry:



Key Findings



Assessment and Response:

The inquiry found that the initial assessment of Bashir's condition was insufficiently thorough. There was a lack of comprehensive understanding of ABD among the responders, which led to suboptimal management of his symptoms (Royal College of Psychiatrists, 2023).

Use of Restraints:

The use of physical restraints was deemed necessary but poorly executed. The inquiry highlighted that excessive force and prolonged restraint likely exacerbated Bashir's condition (HM Inspectorate of Constabulary and Fire & Rescue Services, 2023).

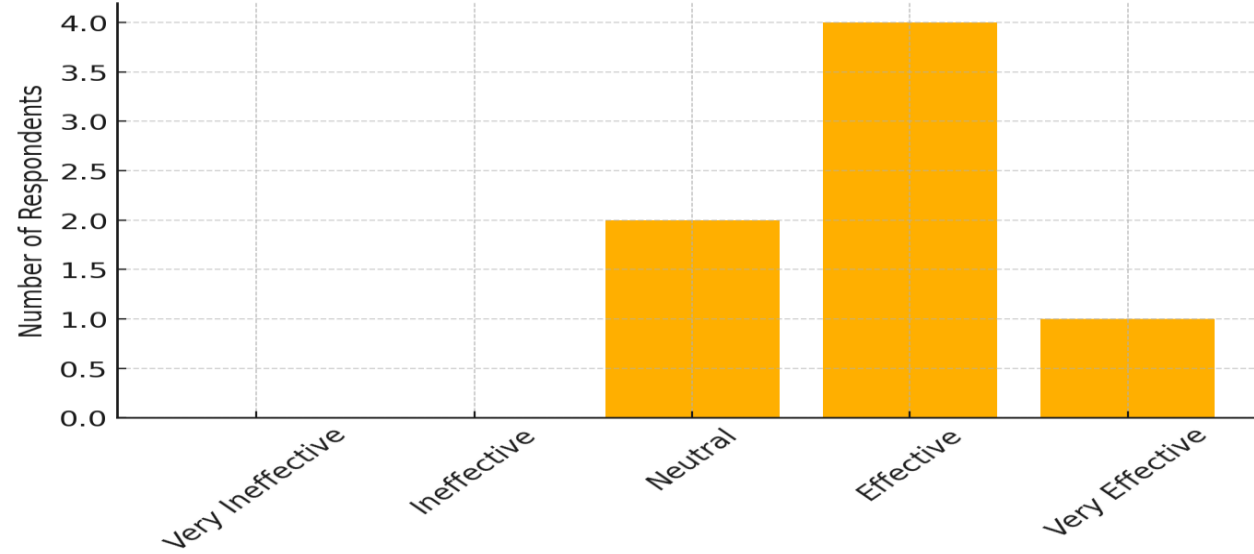
Medical Intervention:

The administration of sedatives was identified as a critical point of concern. The dosage and timing of the medication were not appropriately managed, contributing to Bashir's adverse reaction and subsequent cardiac arrest (National Institute for Health and Care Excellence, 2024).

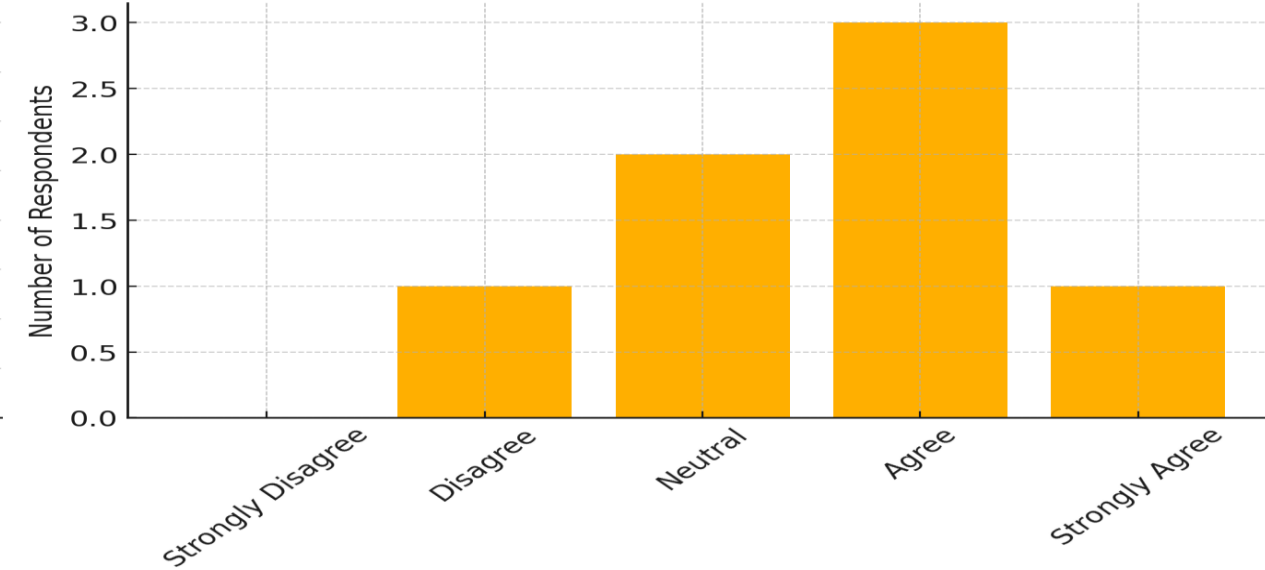
Survey Results (Quantitative):



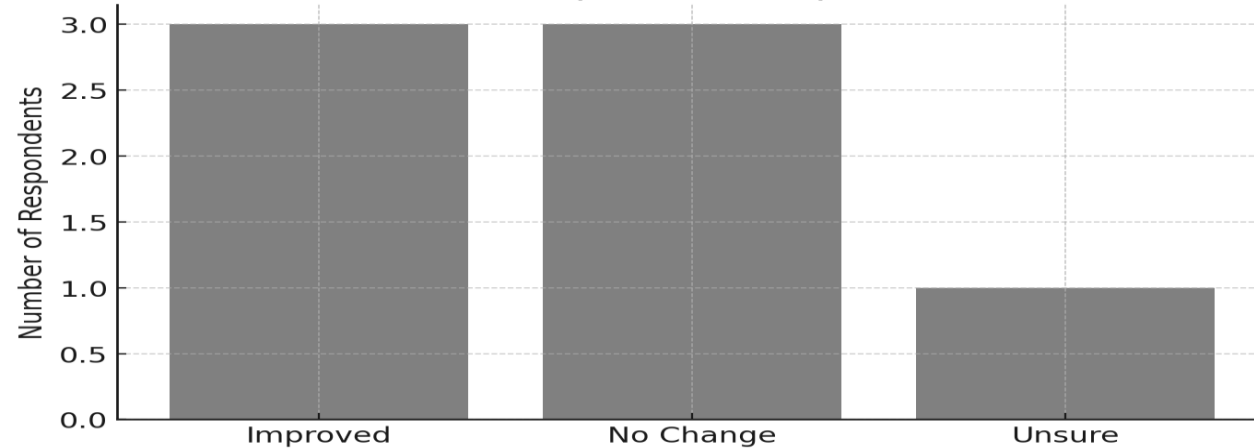
Perceived Effectiveness of Protocol 38 in Identifying ABD Cases



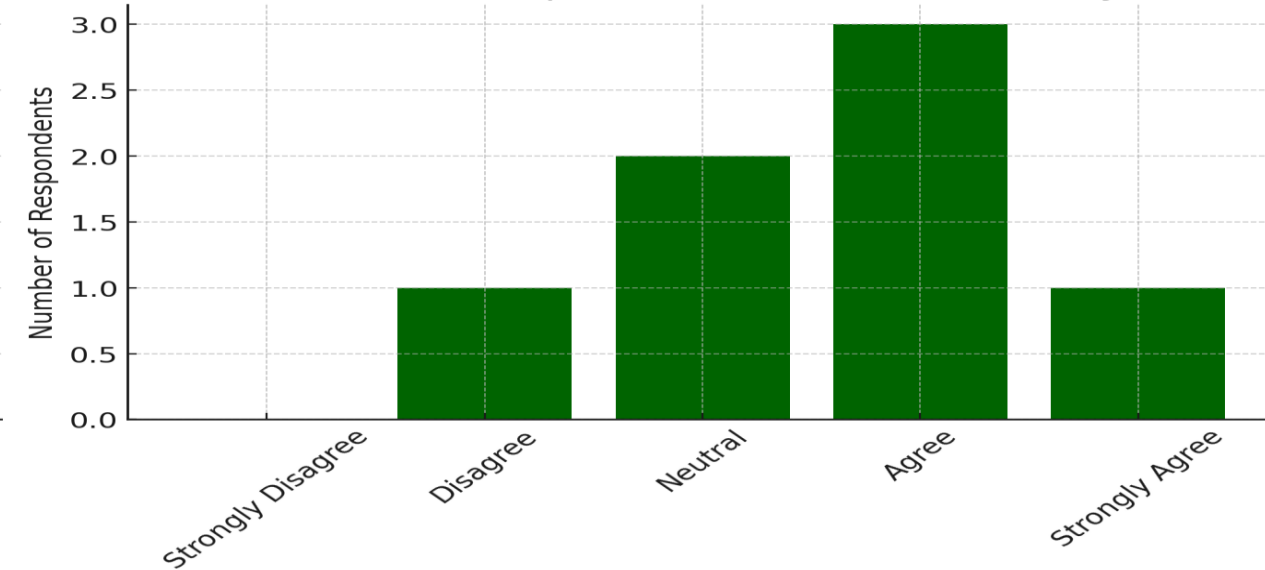
Perceived Appropriateness of Resource Allocation



Perceived Impact on Response Times



Perceived Improvement in Clinical Safety



Survey Results (Qualitative):



“Call-takers now have a clear path to follow which we are familiar with; this enables us to gather and pass on the most relevant information to get a timely and appropriate response” (Police Officer).

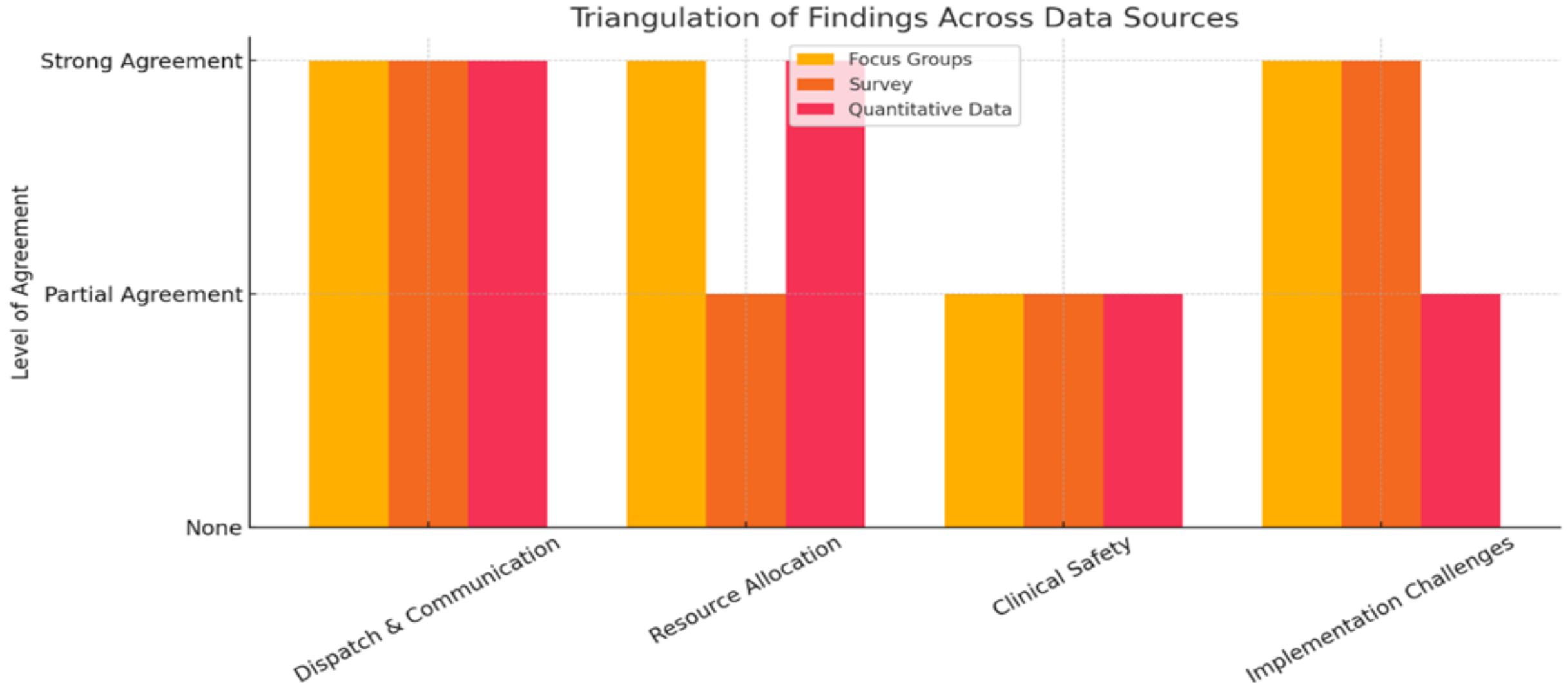
“The protocol is very good at identifying ABD and the need for specialist Mental Health support, but it is not always available, which is frustrating” (EMD)

“It is good to know that the new protocol will make the decision for Mental Health support early in the incident, but if it is not available, we may still end up having to restrain the person, which does not help the situation” (Police Officer).

“The use of the protocol means that we have a much clearer understanding of what is happening on scene. This enables us to quickly put the relevant information in without asking all the questions from other protocols” (EMD).

“It works very well if the protocol is used as it should be, but I have seen the protocol offer unusual outcomes where EMDs have defaulted to alternative protocols in line with previous practice” (EMD Supervisor).

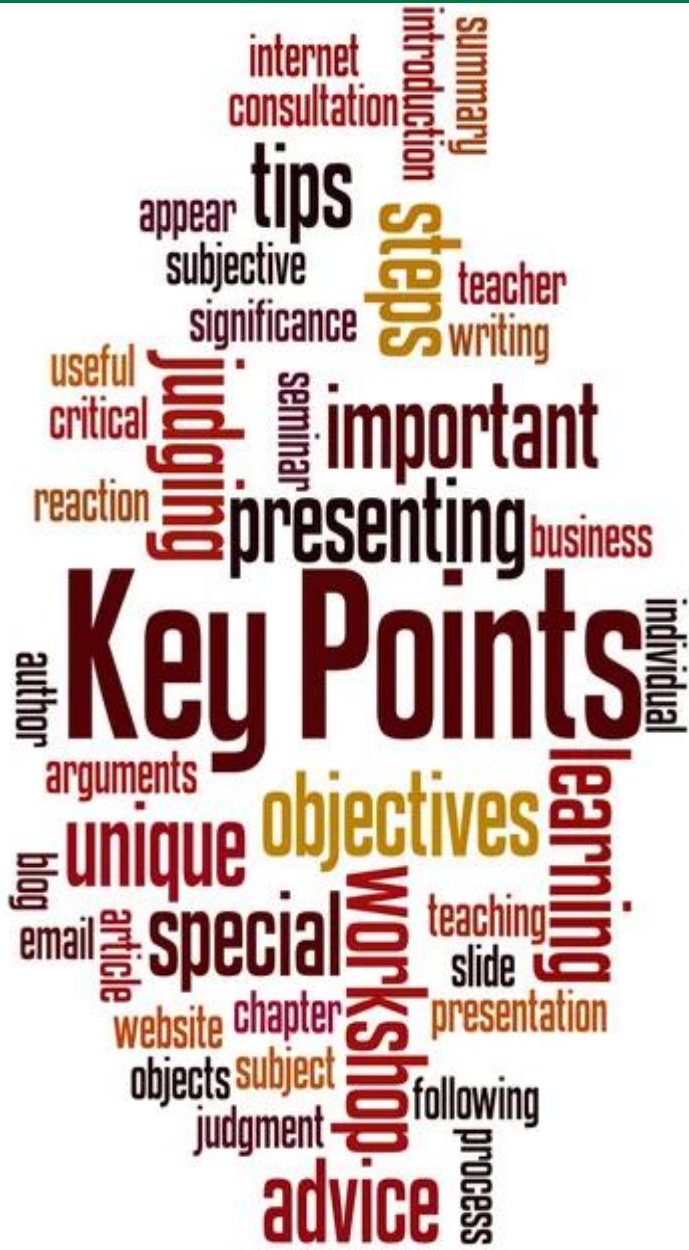
Triangulated Results:



Key Takeaway Points:



- Protocol 38 delivers Faster, Safer Responses
- Support by the whole system is required;
 - Standardised Training
 - Collaboration with Partner Agencies
 - Investment in Mental Health Services



Always provide to dispatch on medical calls:

1. Main problem or incident type? (be specific)

Medical:	Bleeding:	Injuries:	Traffic:	Excited Del.
Minor illness	MINOR (ext)	Area Inj.	Minor Inj.	or Tasered:
Serious illness:	SERIOUS (ext)	LONG FALL	Critical Inj.	In-custody
(Chest Pain, Stroke, Seizure, etc.)	Internal (from inside)	Critical	High Velocity Impact	

a. (Accident) More than one injured?

2. Approximate age?

3. Conscious: Yes / No... or not alert?

4. Breathing: Yes / No... or difficulty?

Advanced SEND

Summary of Key Findings:



Key Theme	Findings	Conclusion
Dispatch Efficiency	Reduced response times; improved call triage and communication.	Protocol 38 enhances communication and speeds up EMS arrival.
Resource Allocation	Higher percentage of skilled responder deployment; more appropriate resources on	Improved alignment of resources with patient needs.
Clinical Safety	Reduced physical restraints and adverse events, but further improvements	Moderate gains in patient and responder safety observed.
Implementation Consistency	Inconsistent application due to variable training and familiarity across staff.	Training gaps limit consistent protocol effectiveness.

Recommendations:



- **Consistent training to all parties, to include scenario-based training**
- **Increased availability of Mental Health Support Services to compliment Protocol 38**
- **Formalised Standard Operating Procedures between WAST and Police Constabularies**
- **Robust debriefing and psychological support for staff**
- **Full implementation and evaluation**



RECOMMENDED

Future Aspirations:



- **WAST to implement Protocol 38 in its entirety**
- **Standard Operating Procedure to be developed with partner agencies**
- **Clinical training to include the management of ABD**
- **Ultimate Goal: To provide safe, timely and clinically appropriate care to patients with ABD**



Thank you for listening



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