



Extract from the report to the
Public Accounts Committee on
the pre-hospital care provided
by the regions

January
2014

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I. Introduction and conclusion

1. This report is about the Danish regions' organisation of pre-hospital care provided to sick and injured citizens before arrival to a hospital. It is crucial for the individual citizen's prospects of recovery that pre-hospital care is organised to ensure that citizens receive timely and appropriate care.

2. The examination was initiated by Rigsrevisionen in January 2013 and was prompted by the increased need for economic and effective pre-hospital care that will follow from the future implementation of a new hospital structure in Denmark. In pace with the centralisation of emergency and specialised care at fewer hospitals, the transport time to the hospital will become longer for some citizens. It is therefore crucial that the regions ensure high-quality pre-hospital care.

3. To get as much health as possible for the money, the regions need to know whether pre-hospital care is organised in accordance with the LEON principle, i.e. at the lowest effective level of care and treatment. This means that pre-hospital care provided to the citizen should be professionally correct and justifiable, but not at a higher level than necessary.

The work done by the Ministry of Health and Prevention and the Danish Regions to make the Danish health sector more effective is based on the LEON principle.

4. The regions' management of pre-hospital care and decisions on the level of care provided occur in a cross field between health professional and economic considerations, and is determined on the basis of political prioritisations. It is therefore essential that the basis upon which the political decisions are made is transparent and provides clear information on the quality and costs of various levels of pre-hospital care.

5. The purpose of the examination is to assess whether the regions' evaluation of pre-hospital care is made on a transparent basis that allows them to determine whether timely and appropriate health professional care is provided to the citizens, at the lowest possible costs. The report answers the following questions:

- Are the regions organising pre-hospital care to ensure that citizens receive timely and professionally appropriate care?
- Do the regions know if the pre-hospital care is organised at the lowest possible costs?

Dansk Indeks is an electronically-based management tool supporting health professional medical assessments. The tool supports consistent collection of information and communication with the 999 112 caller to ensure that the service required is provided at the right time.

Den Danske Kvalitetsmodel is a cross-sectoral quality development system implemented in the health sector. A bespoke version of the system has been implemented in the pre-hospital emergency care area.

MAIN CONCLUSION

Rigsrevisionen finds that the regions have organised the pre-hospital care in a manner that ensures that 112 callers receive timely care. The basis upon which the regions assess whether the appropriate health professional care is provided to the citizens at the lowest possible costs is, however, not transparent.

Pre-hospital care has been significantly developed and qualified over the past 10 to 15 years; both in relation to the different types of services that can be provided to the citizens and in relation to the care available at the scene and before arrival at the hospital. Since 2011, the regions have worked systematically to improve the quality of the services provided; the regions have, for instance, implemented *Dansk Indeks* and *Den Danske Kvalitetsmodel*. The regions also collaborate on development projects and share knowledge across regional boundaries. In 2013 the regions, for instance, shared a common focus on establishing quality measures.

Rigsrevisionen finds it very satisfactory that the citizens generally receive timely pre-hospital emergency care.

Rigsrevisionen does not consider it satisfactory that the regions lack knowledge of whether the appropriate level of care is provided to the citizens. The medical assessment, which determines the nature of the care provided, does not comply with the joint regional guidelines and the regions' own quality standards. To this should be added that the regions have not defined any operational targets for the effect of the pre-hospital care. It is therefore not possible to establish if the regions are in fact achieving the intended effect. The individual regions define the extent to which and how they should assess the quality of care provided. It is therefore difficult to make comparisons across the regions to determine partly if the pre-hospital services provided by the regions are of consistent and high quality, and partly if citizens under similar conditions, irrespective of region, receive the same level of care.

Rigsrevisionen recommends that the Ministry of Health and Prevention – in collaboration with the regions – should work to establish a few, shared, consistent and controllable minimum standards for the quality and effect of the effort.

Rigsrevisionen does not find it entirely satisfactory that the regions lack knowledge of whether pre-hospital care is organised at the lowest effective level of care.

The regions are trying to minimise the costs for pre-hospital care through calls for tenders, but the market for pre-hospital care is limited. Yet, there is scope for several of the regions to increase the transparency of the cost level for pre-hospital care and continue the efforts to reduce costs. Rigsrevisionen recommends that the regions should to a greater extent test various options to reduce costs for pre-hospital care to a minimum like, for instance, control bids.