

Conclusions and recommendations of the National Audit Office

Impact of steering on the functioning of emergency medical services

In emergency medical services, an acutely ill or injured patient is provided with urgent care and, if necessary, transported to further care. The impact of steering on the functioning of emergency medical services was examined in the audit. The NAOF also reviewed whether the non-urgent healthcare and social welfare services are well organised and whether there is effective cooperation between them and services provided at home. The management of the emergency response centres and emergency medical services and the health insurance travel cost reimbursement system were also assessed in the audit. The audit is relevant because healthcare and social welfare services will probably be increasingly concentrated in fewer locations. In that case, the functioning of the emergency medical service chain becomes an increasingly important part of the overall management of patient logistics and citizen security.

Indicators for emergency medical services and their effectiveness are needed in the planning of the efficient use of the resources

No efficient planning of the emergency medical service resources can be carried out because there are no uniform nationwide statistics on emergency medical services or indicators describing the activities. Indicators should be developed for emergency medical services so that the effectiveness and quality of the services and the costs arising from them could be reliably assessed in different emergency care tasks. This would support the systematic use of the resources.

The Ministry of Social Affairs and Health has, in cooperation with the National Institute for Health and Welfare and a number of other agencies, been working on a joint information system and data resource for emergency medical services. The NAOF takes a positive view of the establishment of a national data resource and information system for emergency medical services. The work to gather information on emergency medical services into the Kanta service should continue. The introduction of the ERICA and KEJO systems will also facilitate the planning and monitoring of emergency medical service operations and resources.

New types of home care service and closer cooperation would allow more efficient use of emergency medical service resources

New services should be developed between emergency medical services and home care services. This would ease the workload of emergency medical services as it would no longer be necessary to take the patients to outpatient clinics every time. Even though the development of services is already under way, additional services are needed, especially between emergency medical services and home care.

Cooperation between emergency medical services and home care should be on a more systematic basis. Emergency medical service resources could be used more efficiently if there was a better flow of communications and closer cooperation between emergency medical

services, outpatient clinics, social emergency services, home care and home health care.

Unified emergency instructions for all hospital districts would facilitate the operations of emergency response centres

Introducing unified emergency instructions for all hospital districts would facilitate the work of the emergency response centres. At the moment, each hospital district has its own emergency instructions and the call-takers in the emergency response centres must observe the instructions of several hospital districts. More detailed instructions on emergency care transports and patient transfers have been introduced but they may still lead to unnecessary use of emergency medical services.

The emergency instructions and the amount and quality of the available information play a key role when the call-takers assess the emergency medical service resources required and the urgency of the task. The fact that the call-takers are liable for their acts as public officials may also have an impact on the assessment.

Updating of the health insurance travel cost reimbursement system should continue

The updating of the emergency care travel cost reimbursement practices should continue. The existing system encourages emergency care units to transport patients but it does not provide any incentives for efficient use of emergency medical service resources. Travel cost reimbursement is on the basis of distances and the time spent on the assignment and it does not depend on the urgency of the task.

Recommendations of the National Audit Office

1. The Ministry of Social Affairs and Health should ensure that the instructions issued by hospital districts to emergency response centres are harmonised.
2. The Ministry of Social Affairs and Health should continue the updating of the health insurance travel cost reimbursement system in cooperation with the Social Insurance Institution of Finland so that the system will provide an incentive for more efficient use of emergency medical service resources.