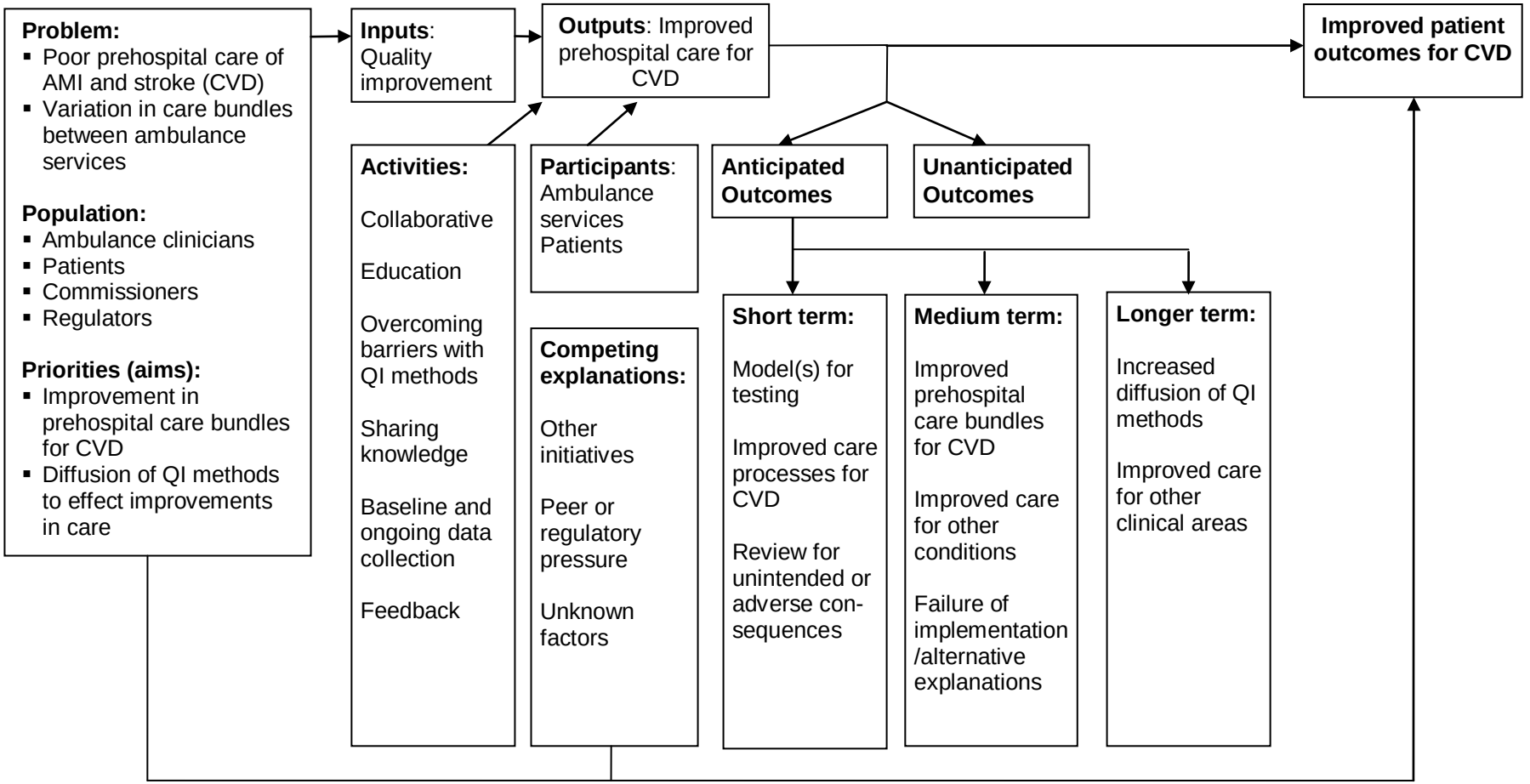
Problem:
Poor prehospital care of AMI and stroke (CVD)
Variation in care bundles between ambulance services
Population:
Ambulance clinicians
Patients
Commissioners
Regulators
Priorities (aims):
Improvement in prehospital care bundles for CVD
Diffusion of QI methods to effect improvements in care
Inputs: Quality improvement
Outputs: Improved prehospital care for CVD
Improved patient outcomes for CVD
Activities:
Collaborative
Education
Overcoming barriers with QI methods
Sharing knowledge
Baseline and ongoing data collection
Feedback
Participants: Ambulance services Patients
Competing explanations:
Other initiatives
Peer or regulatory pressure
Unknown factors
Anticipated Outcomes
Unanticipated Outcomes
Short term:
Model(s) for testing
Improved care processes for CVD
Review for unintended or adverse con-sequences
Medium term:
Improved prehospital care bundles for CVD
Improved care for other conditions
Failure of implementation /alternative explanations
Longer term:
Increased diffusion of QI methods
Improved care for other clinical areas