



# AMBULANCE CARE IN 2025:

## Care coordination and mobile care

Vision document

Ambulancezorg Nederland





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**Ambulancezorg Nederland (AZN) is preparing for the future and the role that ambulance care has within acute care. This vision document describes acute care as AZN expects it to be in 2025, the role that the ambulance sector has in that respect and the way in which the sector will contribute.**

The vision document commences with an outline of the developments that the ambulance sector is having to deal with. A number of major developments have become visible since 2013<sup>1</sup> (Klink investigation) and were confirmed in 2016<sup>2</sup> (exploration of volume development in ambulance care) and 2017 (desk research and stakeholder interviews).

The second part of this document describes AZN's vision of acute care in 2025 and the role that the ambulance sector has in that respect. That vision deals not only with the long-term outlook for 2025, but also with the shorter term and the way in which ambulance care is preparing itself for the future.

<sup>1</sup> Booz & co (2013), Van transport naar zorg, van zorg naar ketenzorg.

<sup>2</sup> AZN (2016), Inzicht in de toename van het aantal ambulance-inzetten: verkenning ontwikkeling volume ambulancezorg 2012-2015.



# DEVELOPMENTS



## **Historical perspective**

Ambulance care in the Netherlands has been embedded in law since the 1970s, albeit first in terms of transport (Dutch Ambulance Transport Act [Wet Ambulancevervoer], 1971) and not until 2013 in terms of care (Dutch Interim Ambulance Care Act [Tijdelijke wet ambulancezorg], 2013). The term ‘ambulance care’ is far older and can be found even in writings dating from the Middle Ages. In the course of time, the term has had several meanings and did not acquire the meaning we now give it until one hundred years ago.

## **Development of acute care**

In 2017, ambulance care is having to deal with many different developments. Several major developments in acute care, of which ambulance care is part, are expected to continue in the next few years. National policy is geared towards concentration and the specialisation

of hospital care. In concrete terms, this means concentrating high-complexity care in more specialised hospitals on the one hand, and spreading and maintaining the spread of chronic, acute and elective care on the other. In the case of this care, providing hospital facilities close to the patient is desirable. Furthermore, extramuralisation of care is increasing. Finally, medical specialist treatments are becoming more and more accessible and are also being performed on patients of an advanced age.

These developments are resulting in increasingly shorter treatment durations, shorter hospital stays for patients and continuing to live at home for a longer period. However, practical developments are also resulting in a shift in the care demand towards acute care. Vulnerable groups with insufficient support in the domestic situation are more likely to rely on acute care.

The concentration of facilities has direct consequences for ambulance care. There are more patient movements between care institutions and the distances between care institutions are increasing.

### **Patients are changing**

The demand for care is not only increasing, it is also becoming increasingly complex. This is the result, among other things, of multimorbidity. In addition to the fact that patients are increasingly being afflicted by several chronic disorders, patients are also changing. They are becoming more self-reliant, they have an increasingly better idea of what they want and they wish for customised solutions.

### **Demographic trends**

Demographic trends are important for the care sector. The population will be growing in the next few decades. There are various scenarios, but the basic premise is a population growth of 1.3 million by 2040. The fact is that the population is ageing and the number of seniors is expected to double by 2040. At the same time, the working age population is shrinking. This is one of the reasons why the labour market is characterised by increasing shortages

and why it is becoming more and more of a challenge to balance the supply and demand of employees.

### **Regional differences**

There are major regional differences. This applies not only to developments in the care landscape, but also to population growth or even shrink. This means that problems in the Randstad urban conurbation are different in nature and characteristics to those in shrinkage regions.

### **The patient is key**

The general opinion is that the patient must be key. One of the ways of actually achieving this in practice is to think on the basis of patient-focused chains that start with the care demand of the patient. That is what quality is all about: the right care, appropriate to the care demand, at the right time and at the right place. Patients expect care providers to make optimal use of technological possibilities, and more effectively than is the case at present. The quality of current ambulance care is good. This is evident from recent patient satisfaction surveys (CQI 2016) and the ambulance care image investigation.



# VISION: ORGANISING ACUTE CARE COHERENTLY AT REGIONAL LEVEL



AZN is assuming the following outlook:

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*In 2025, a patient with an acute care demand will turn to the regional access point for acute care. This access point will be operated by various individual care providers united in a regional acute care network. Where necessary, individual care providers will have waived some autonomy in the interests of the right care for the patient. The patient will be unaware of the underlying structures and arrangements.*

*The patient's care demand will be the starting point for the acute care coordinator, who will guide the patient as quickly as possible to the right care provider.*

AZN sees acute care in 2025 as a coherent entity, organised at regional level around the patient. Providers will no longer act according to segment, but will be taking a joint and coordinated approach. Providers will be prepared, where necessary, to waive some autonomy if it is in the interests of the patient and patient care. Legislation and financing of acute care will have been adjusted in such a way that this approach and method are possible.



# AMBULANCE CARE DEVELOPMENTS WITHIN ACUTE CARE



Acute care must continue to be able to provide an answer in the future to the increasing, changing and more complex demands of patients. The various developments and their consequences, including the growing logistics problems in acute care, have convinced the ambulance sector that ambulance care must become even more integrated into acute care. On the basis of this notion, the ambulance sector is continuing to work on the quality of ambulance care.

For the ambulance sector, this results in two core themes: care coordination and mobile care.

## **Care coordination**

Care coordination is the joint organisation and coordination of acute care at regional level with the other acute care providers.

For the patient, this means a joint virtual access point, behind which the acute care providers cooperate seamlessly. Care coordination involves the following subjects:

- uniform access to acute care
- uniform triage within acute care
- transparent logistics that ensure that the right care is provided at the right time at the right location
- chain quality: providers are accountable on the basis of jointly supported chain indicators
- information sharing between care providers within acute care
- joint introduction and application of new technological possibilities
- remote care: being able to monitor patients at home

- joint approach to the labour market problems within acute care, joint training

This means that the ambulance sector must engage with chain partners in acute care and with the Dutch Ministry of VWS to be able to provide joint form and content when it comes to detailing care coordination.

### **Mobile care with and without transport**

Regional ambulance services (RAVs) are providers of mobile care and take the care to the patient, or – if necessary – bring the patient to the care. Ambulance care is available anywhere at any time.

A characteristic of ambulance care in 2017 is that an ambulance deployment is always associated with an intention to transport the patient (usually) to a hospital.

However, transport is always drastic for the patient and there is an increasing tendency to provide care on site, after which transport no longer appears necessary. Innovation and technological developments are also increasingly facilitating this trend.

As a result, there is a shift of emphasis, prompted by the needs of the patient and the possibilities, combined with an extension of the ambulance care provision: acute mobile care without transport. This is less drastic for the patient.

In the next few years, the ambulance sector will be structuring and describing this shift within the mobile care provision of RAVs in greater detail. The interests of the patient and the acute care chain are and remain the starting point.



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**This vision of AZN is the starting point for the development of the ambulance sector in the next few years in terms of policy and content. The agenda for the next few years will include:**

- **the two core themes: care coordination and mobile care**
- **coherence within acute care**
- **the organisation of acute care and the organisation of ambulance care**
- **focus on the labour market problem and employment conditions within acute care**

**Elements of this agenda must and will be structured and detailed with our acute care chain partners, supported by the Ministry of VWS.**

**The AZN 2018-2021 long-term plan includes a specific translation of the developments that the ambulance sector can initiate and implement.**

**Prior to the 2021- 2024 policy plan, a recalibration of the 2025 vision will be made.**

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