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## THE SAO HAS AUDITED THE EMERGENCY MEDICAL RESPONSE SERVICES

Summary for the press on the audit of the 'emergency' medical response system (19110)

Emergency medical response services were continuously available in the 2015–2017 period; however, it was not ensured that patients receive medical treatment within a period of time justified by their health conditions, concluded the State Audit Office of Hungary. The Minister responsible for this sector ensured the establishment of comprehensive development goals for the emergency medical response system; however, he did not put in place the means and conditions necessary for monitoring and evaluation, nor did he assess the implementation. Based on the population opinion survey conducted by the SAO, those using the service were satisfied with the professional standard of the medical treatment; however, they pointed out the time necessary to access medical services and the failure to provide information as problems.

The purpose of urgency or 'emergency' medical response services is to ensure that people, regardless of where in the country they live, can have access to appropriate high-quality health care on an equal basis, within a period of time justified by their health condition. Emergency medical service is a public service, which is a complex and sophisticated system, whose elements include life-saving, on-call duty activity and hospital emergency medical service.

The **State Audit Office of Hungary** assessed the establishment of the development goals of emergency medical services, the development of a monitoring system concerning the implementation, the monitoring of the achievement of the established goals and the time-proportional achievement of the objectives **regarding the period between 2015 and 2016**. The SAO audited whether the medical service justified by the health condition was continuously ensured to the members of the society, and whether those using the emergency medical service were satisfied with the service received.

The **State Audit Office of Hungary has determined** that the Minister responsible for this sector ensured the establishment of comprehensive development goals for the emergency medical response system; however, he did not define the exact content, means and other conditions of the planned developments. In the absence of these, the implementation method of the strategic objectives was not unambiguously defined. Despite the legal provisions, the body managing the sector did not ensure that the implementation of the goals established for the development of the emergency medical response service system is monitored and evaluated, and despite having an obligation in this regard, it did not report on the progress – revealed the SAO's audit.

The report of the SAO lays down: in the period between 2015 and 2017 the institutional system of emergency medical response services ensured continuous access to the patients. The absence of a system-level, uniform regulation regarding the patient classification system and the process of emergency medical response services prevented the patients from receiving medical service within the period of time justified by their health condition, regardless of which emergency medical institution's service they used. The SAO's audit also revealed that no measures were taken in order to investigate the publicly expressed medical service-related problems concerning emergency medical response services in the period between 2015 and 2017. Furthermore, the competent authority did not carry out the audit of the health care service providers on the minimum conditions of operation according to the predetermined schedule, despite the legislative provision.

Measures were taken for the implementation of the goals established concerning life-saving. The National Ambulance Service expanded and developed its number of ambulance stations, increased its training capacity, developed its rescue-management system, ensured the electronic entry and recording of documents generated during the provision of the service; the development of the joint IT system of the health care network also started. Despite these efforts, the proportion of arrivals within 15 minutes worsened in the period between 2015 and 2017 – found the SAO's audit. The measures determined for the development of a pre-hospital 'single gate' medical service model and medical on-call services were implemented time-proportionally.

The evaluation of the representative population survey of the SAO showed that the majority of those using the emergency medical response service are aware of the types of health problems they can contact the emergency medical service provider organisations with. The vast majority of the users were satisfied with the emergency medical response service provided by the National Ambulance Service, while only around half of the respondents considered the service received in emergency health care institutions acceptable. According to the respondents, it is only in half of the cases that the ambulance arrived within 15 minutes. Based on the survey, in 57% of the cases the medical service provided in the institutions providing emergency medical service was acceptable, but it happened within the time expected by the respondents in less than half of the cases. In the majority of the cases the emergency medical service provider did not provide information about the result and signification of the classification into patient category, and neither about the expected wait time.

In its report, the SAO made four recommendations to the Minister responsible for health care, who should prepare a plan of action within 30 days.