

International Academies of Emergency Dispatch

Request for Secondary Case Review

Bryon Schultz

IAED Independent Case Review

6 January 2026

Requested by: Mr. Andrew Walker	Re: Independent Call Audit	Incident Reference: [REDACTED]
Agency Contact: [REDACTED] London Ambulance Service NHS Trust Quality Assurance Manager	IAED Reviewer(s): [REDACTED] IAED Medical SME, Medical Council of Standards	CC: [REDACTED] [REDACTED] [REDACTED]
Protocol Logic Version: 14.0.222	ProQA Program: 5.1.1.50	AQUA IPR: NA
Review Date(s): 12/18/ 2025	Incident Date(s): 11/09/2024	

This case involves a 999 call requested to be independently reviewed by the IAED. The time stamps reported here reflect the information obtained from the ProQA sequences report and do not precisely align with the audio record. The total time recorded in the software records is significantly less than the total audio record times. This may occur if information was obtained before ProQA was opened and then entered rapidly without processing the previous interrogation time.

Observations:

The audio recording for this case was 4 minutes and 33 seconds. The ProQA case sequence was 1 minutes and 16 seconds.

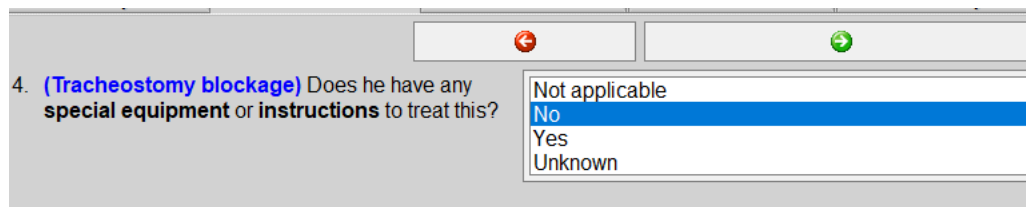
This 9-9-9 call was made by the patient's partner. Local Dispatch on Demand protocol was used (awake and breathing?) and both questions were answered as Yes. The EMD then asked, "Ok, tell me exactly what happened." The caller stated her partner "...has a tracheostomy and is waiting to go in for a laryngectomy and now has really trouble breathing tonight". The line disconnected after the address was asked. The EMD rang the caller back immediately and was reconnected with the caller. The address and phone number were obtained and verified. The EMD continued with Case Entry questions and determined the patient was awake and breathing. The EMD correctly selected MPDS Protocol 6 (Breathing Problems). During Key Questioning, the caller described the patient as responding normally (alert) and being in obvious distress. The caller's response to the Key Question "Does he have any special equipment or instructions to treat this?" was that they had a "nebulizer and that sort of thing." The EMD informed the caller that the response would be about an hour. The caller was provided with the instruction to call back if the patient's condition worsened. The ProQA sequence indicates the use of the Urgent Disconnect

option to end the call. This likely explains why no additional Case exit instructions were provided.

Findings: This reviewer found this case to be compliant with the IAED performance standards. The EMD correctly identified the patient as being in obvious respiratory distress. The final MPDS code assignment of 6-D-5 (Breathing Problems/Tracheostomy (obvious distress)) was correct and appropriate.

- D 0 **Override**
- 1 **Not alert**
- 2 **DIFFICULTY SPEAKING BETWEEN BREATHS**
- 3 **CHANGING COLOR**
- 4 **Clammy or cold sweats**
- 5 **Tracheostomy (obvious distress)**

The caller was asked about having any special equipment to treat the complaint of tracheostomy blockage.



4. (Tracheostomy blockage) Does he have any special equipment or instructions to treat this?

Not applicable
No
Yes
Unknown

The caller's answer did not include the availability of any special equipment, and it was reasonably assumed, by the answer provided, that such equipment was not available.

Remarks:

Judging from the audio record, this reviewer has determined the EMD was compliant to protocol. The resulting dispatch code, 6-D-5, was correct and appropriate for this call. The general resource assignment recommendation for this DELTA level code is an immediate, ALS-level, Hot (lights and sirens) response. However, actual response assignments are locally determined.

It should also be noted that staying on the line when dealing with an unstable patient in obvious distress is highly recommended by the IAED, as is an immediate response assignment. However, the situation in the communications center at the time this call was taken is unknown to this reviewer.

Finally, it's clear that a delayed response to this very ill patient was likely a factor in the poor outcome of this case, despite the correct response code being generated.



Subject Matter Expert-Medical, IAED Medical Council of Standards