

Ambulance Handover

East Sussex Healthcare NHS Trust (ESHT)

Reduction in delays

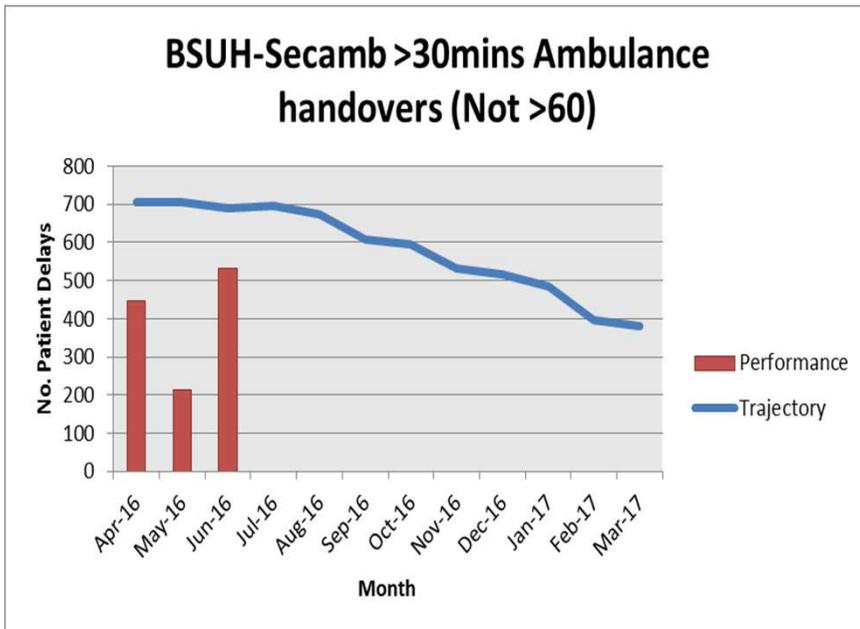
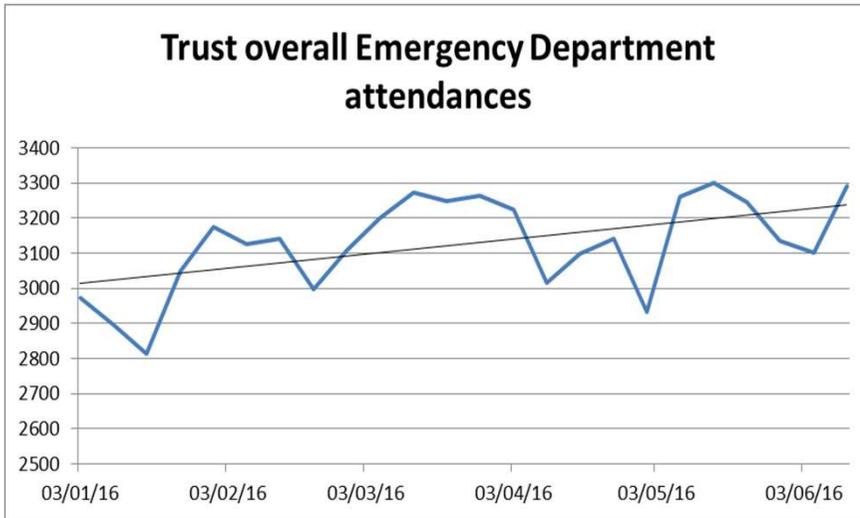
Contributing Factors

- High level Medical Fit For Discharge
- Admission profile not aligned to discharge profile
- Facilitation seven day discharge
- High weekend ambulance conveyance
- Low double click compliance
- Workforce

Mitigating Actions

- Monthly review meeting with ESHT and South East Coast Ambulance chaired by CCG's
- Increase in Emergency Department nurse establishment. Increased ENP cover, ambulance handover nurses.
- Improve double click compliance (detailed data provision)
- Development of Hospital Director and site teams; re align discharge profile
- 7 day support services to facilitate weekend discharges.

Brighton & Sussex University Hospital NHS Trust
(BSUH)



Issues

- Excessive delays historically have put significant strain on the Ambulance Service
- Delays waiting for cubicles in the main emergency department
- Patients waiting in entrance corridor to A&E managed by a combination of Ambulance Staff and Hospital Nurses
- Delays put the relationship between hospital and ambulance staff at risk
- Clinical discussions difficult with patients when they are housed in a corridor
- Difficulties in maintaining dignity.

Work in progress

The cause of delayed ambulance handover is poor flow through healthcare system

Limitations on alternatives to A&E

Inefficiencies in assessment and clinical decision making

Delays in discharge and transfer out of the emergency department

Unnecessary delays in the treatment of in-patients increasing length of stay

Slow discharge back into the community or to alternative providers

Actions underway

- Introduction of 'single clerking'
- Redevelopment of entrance into department to create more assessment space
- Introduction of rapid assessment model (PAT)
- Stricter monitoring of patients awaiting ED capacity
- Joint work with ambulance service through workshop in early July
- Right care, right place, each time
- Development of enhanced escalation process

South East Coast Ambulance NHS Foundation
Trust (SECAmb)

Delays to patient handover give rise to significant concerns including:

- Increased risk to patient safety, quality of care and dignity whilst their access to acute hospital care and associated nursing support is delayed
- Increased risk to the wider patient community arising from the reduction in SECAmb's available capacity to respond to new 999 emergency incidents, and longer average response times as a result
- Potential 'plan wipe out' where ALL resources across a large area are at scene or at hospital, leaving no resource at all to respond to new emergencies
- Longer 'back up' times for patients and paramedics at scene awaiting a double-crewed ambulance where conveyance to hospital is required
- Unsustainable pressure on staff welfare in both ambulance and hospital services as they manage the impact of these delays
- Reduced whole system efficiency and increased costs arising from time lost to delays and any reduction in care quality that may result

Current Performance & Trends

- SECAmb lost over 47,000 hours to hospital handover and turnaround delays in 2015/16. This represents an increase of 63% in 2 years Trust-wide (with a 100% increase in Surrey).
- General trend is upwards, with around 5,000 hours being lost each month recently
- Despite productive engagement with hospitals, Systems Resilience Groups, CCGs and other partners delays are increasing at most hospitals

Factors Affecting Handover & Turnaround Delays

Each hospital and local healthcare economy has different challenges, but some common factors observed include:

- Surges in A&E demand (particularly self-presenting patients)
- Staffing capacity in A&E and whether capacity can be matched to demand (quality of operational planning)
- Lack of dedicated 'handover nurse'
- Quality of pathways for 'expected' or GP-referred patients (e.g. ability to handover straight to specialist assessment or ward rather than A&E)
- Speed and quality each hospital's response to escalation and surges in demand
- Choice of priorities and risk preferences (balancing risks in hospital against those to patients in community who have not yet presented)

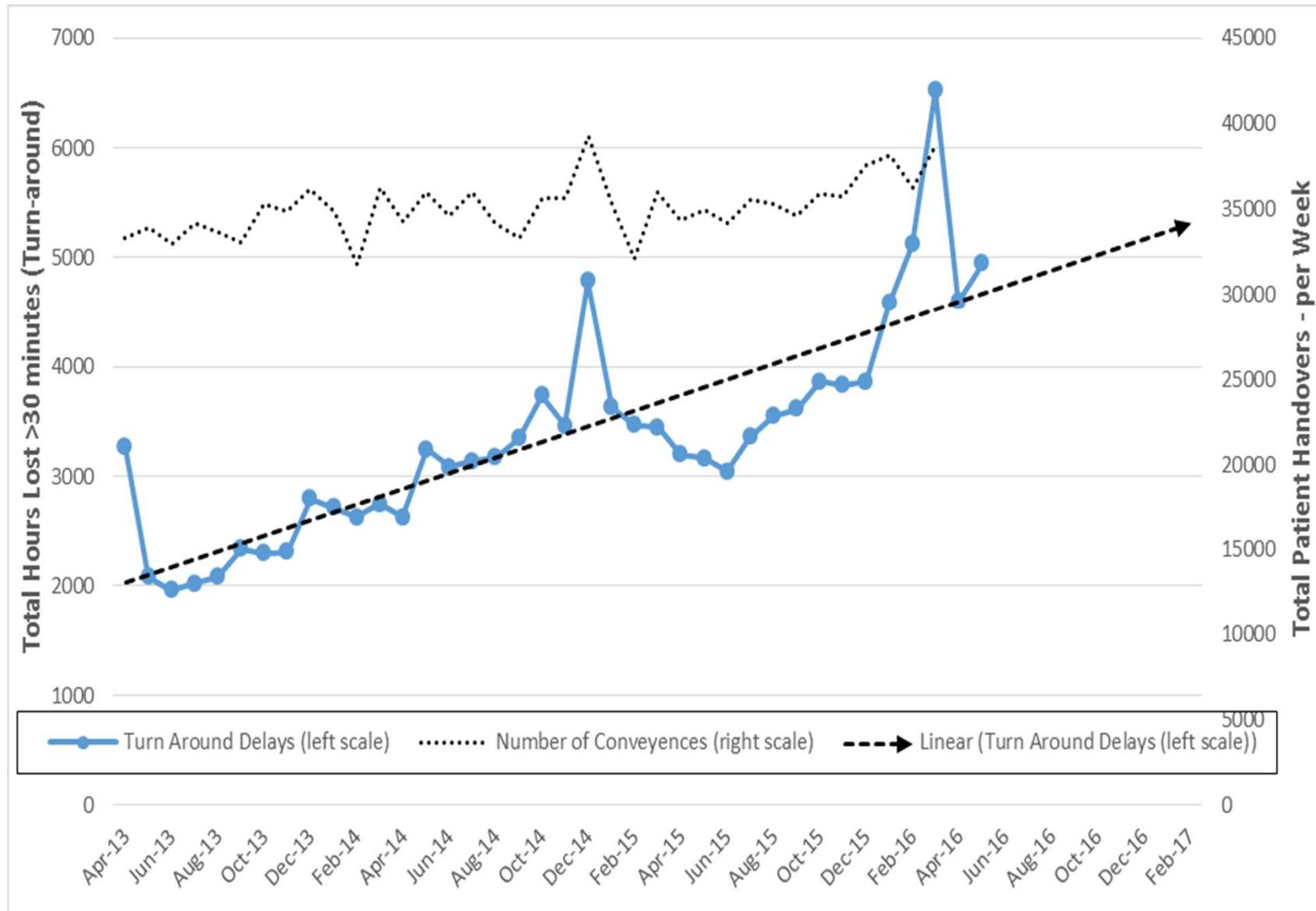
Driving Improvement

Whole system focus on the issue can reduce handover delays and improve patient safety. There is a collective need to:

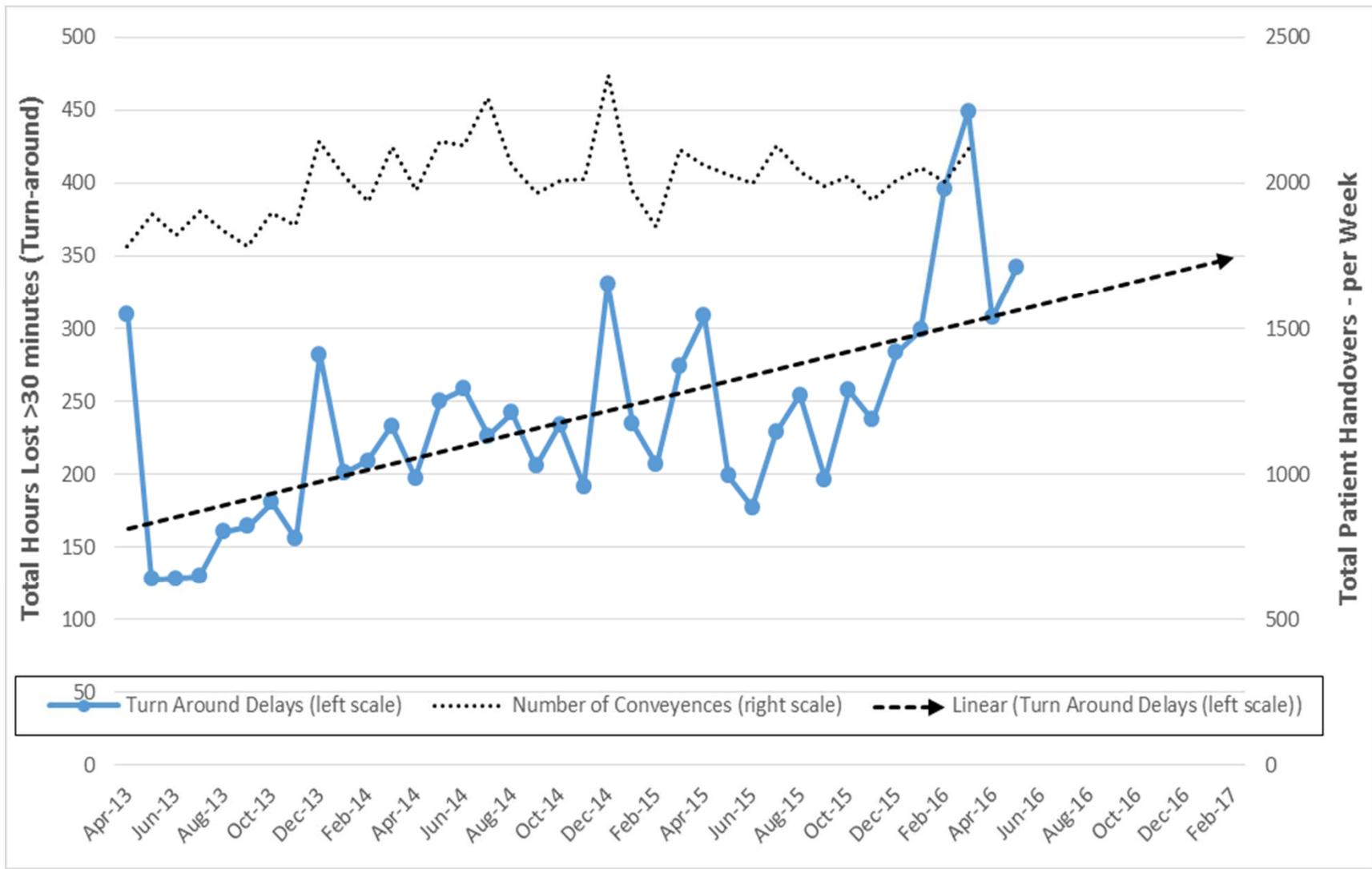
- Address factors above, particularly speed and quality of response to escalation
- Review process and quality in Emergency Departments and identify opportunities to improve (external support such as that provided by ECIP has proved useful)
- Evaluate whether current 'balance of risk' is right – when Emergency Departments are full, ambulances tend to queue up. This pushes risk on to the community and the system should consider more appropriate ways to manage that pressure.
- Ensure ambulance handover is treated with the same priority as the 4 hr A&E standard and agree clear trajectories and action plans to improve performance

Hospital Handover and Turnaround Performance

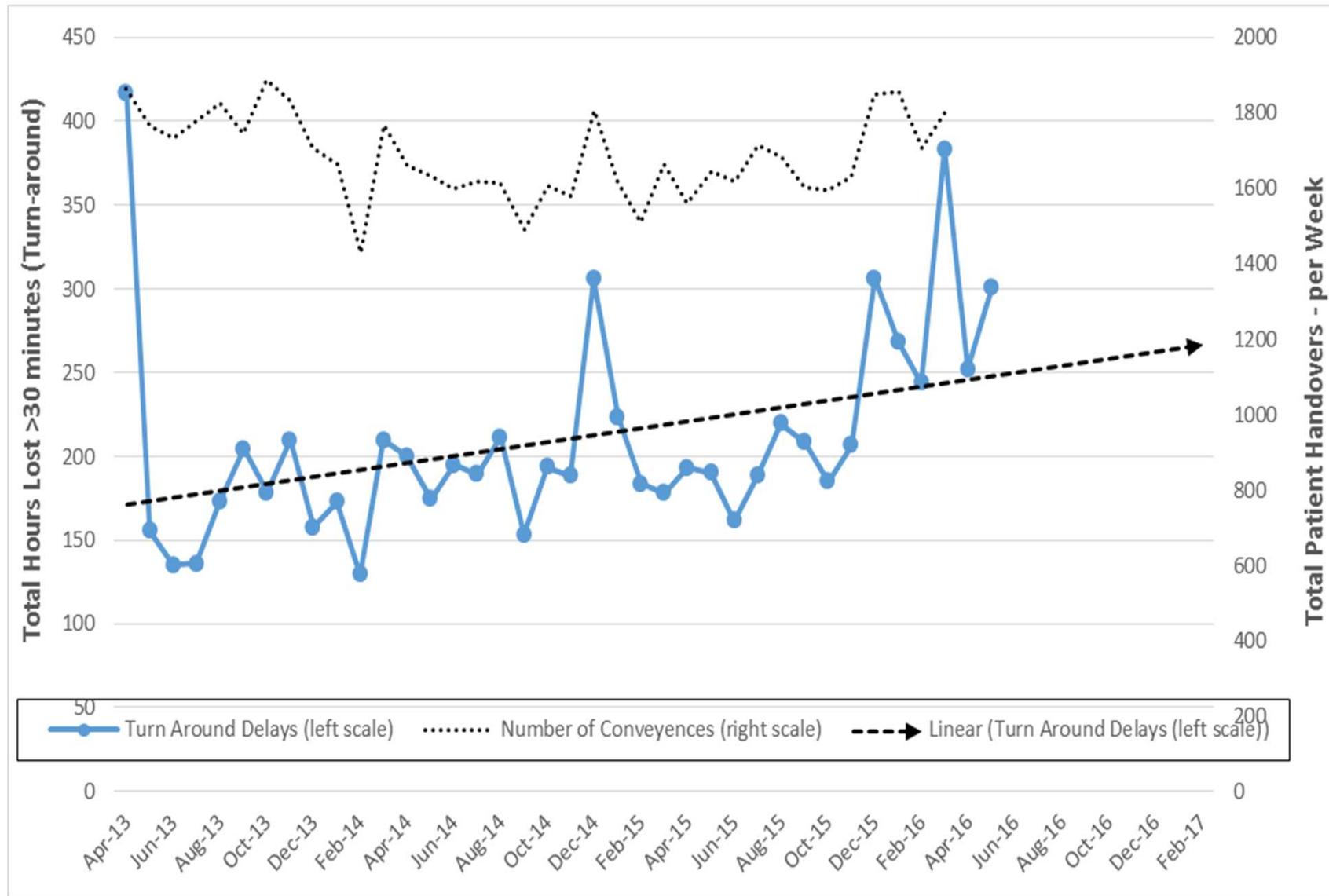
The graphs and table below show the trends in hours lost to delays at key hospital sites across Kent & Medway, Surrey & Sussex from April 2013 to June 2016:



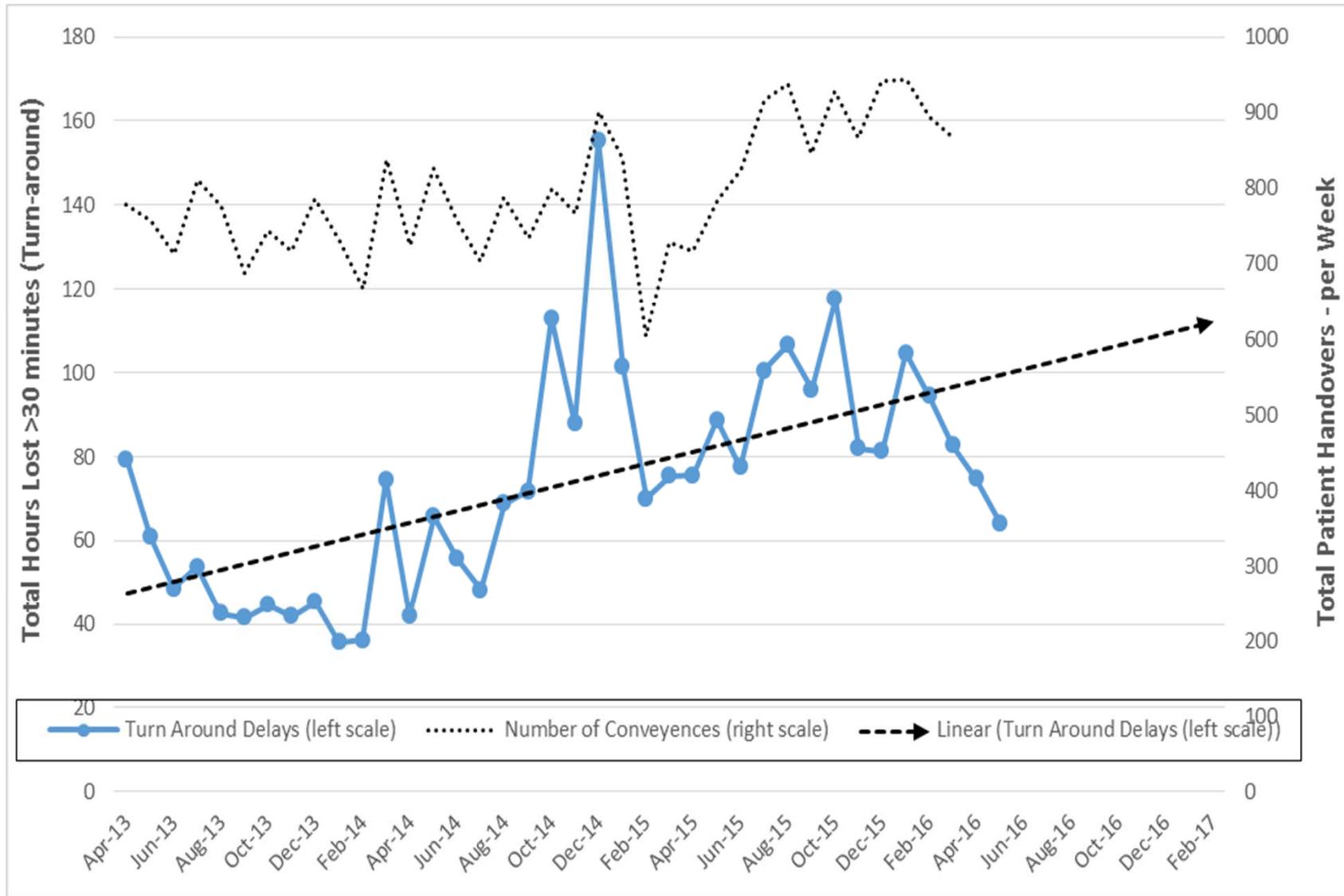
SECamb Area Overall – hours lost to delays by month



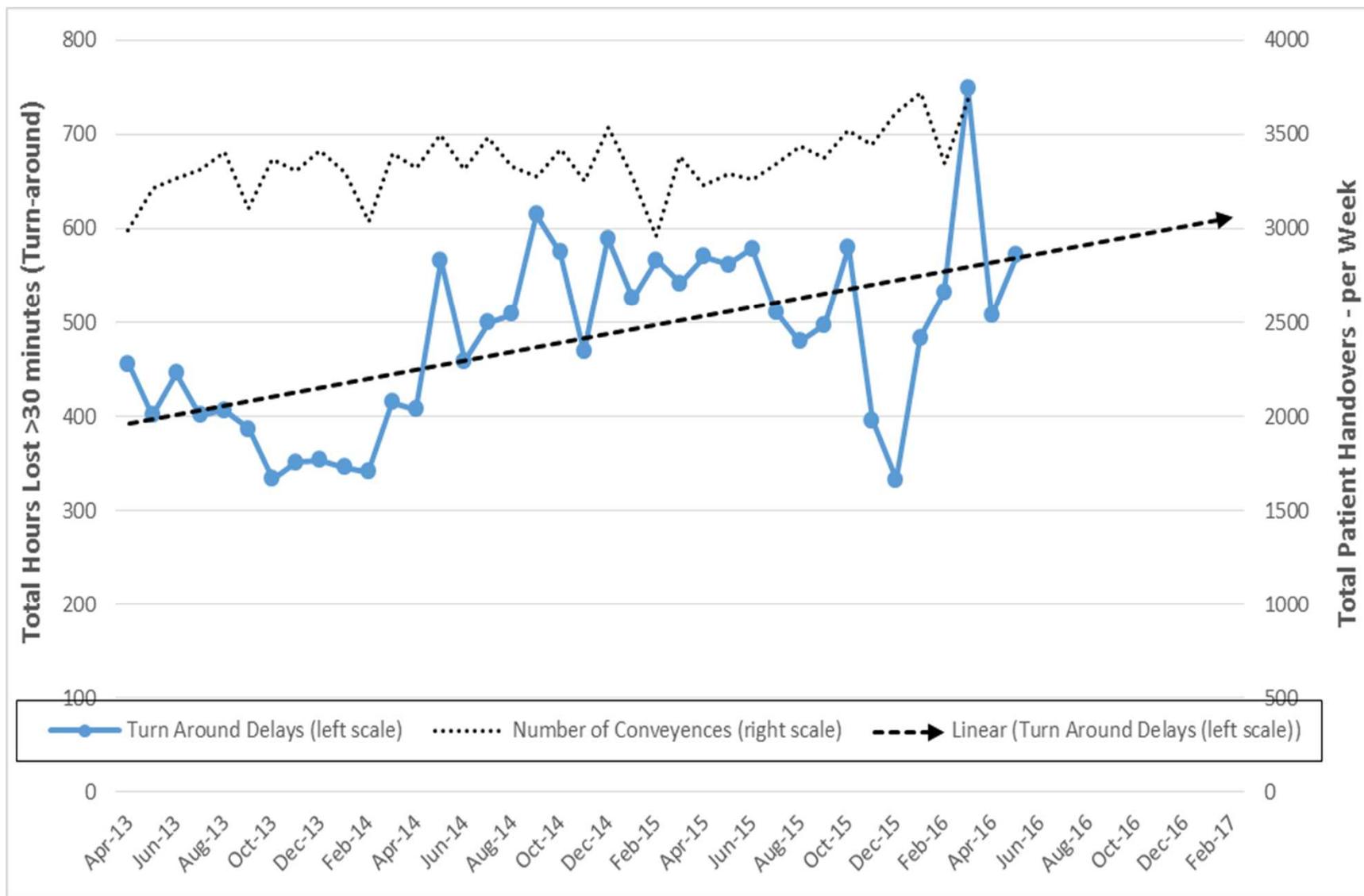
Conquest Hospital – hours lost to delays by month



Eastbourne District General Hospital – hours lost to delays by month



Princess Royal Hospital – hours lost to delays by month



Royal Sussex County Hospital – hours lost to delays by month

The table below shows year on year trends for the period April to March for hospitals across the SECAMB area:

Area	2013-14 (to specified month)	2014-15 (to specified month)	2015-16 (to specified month)	% Growth From 2014-15 to 15-16	% Growth From 2013-14 to 15-16
SECAMB (Hours Lost)	29251	41134	47720	16%	63%
Kent Area	9247	12132	14337	18%	55%
Darent Valley Hospital	1780	2254	3245	44%	82%
Kent and Canterbury Hospital	426	651	869	34%	104%
Maidstone Hospital	376	656	627	-4%	67%
Medway Hospital	3562	3987	3185	-20%	-11%
Queen Elizabeth The Queen Mother Hospital	684	1072	1549	44%	126%
Tunbridge Wells Hosp	1103	1666	1984	19%	80%
William Harvey Hospital (Ashford)	1315	1846	2877	56%	119%
Surrey Area	7731.61	12751.98	15447.41	21%	100%
East Surrey	2187	3757	5248	40%	140%
Epsom General Hospital	585	914	1124	23%	92%
Frimley Park Hospital	1461	2439	2979	22%	104%
Royal Surrey County Hospital	1314	2132	2592	22%	97%
St Peters Hospital, Chertsey	2184	3511	3505	0%	60%
Sussex Area	12272.42	16249.45	17935.58	10%	46%
Conquest Hospital	2279	2850	3284	15%	44%
Eastbourne DGH	2279	2396	2755	15%	21%
Princess Royal	605	955	1107	16%	83%
Royal Sussex County	4635	6320	6269	-1%	35%
St Richards	972	1358	1854	37%	91%
Worthing	1502	2371	2667	12%	78%