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:

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