

# Ambulance handover: tactical advice to hospitals and ambulance services

March 2017

Improving the quality and timeliness of ambulance handover for individual patients and for people in the community requiring an emergency ambulance.

## The consequences of ambulance queuing

Delayed handovers:

- increase the risk to patients because of delays in diagnosis and treatment, as well as the risk of deteriorating because of prolonged time on an ambulance trolley
- increase risk in the community when no ambulances are available to respond
- waste resources: last year, the equivalent of over 41,000 12-hour ambulance shifts was lost due to queuing.

## What do we want to achieve?

- improved safety of patients in the emergency department (ED) and those waiting for ambulances at home
- safe transfer of high quality handover-information from paramedics directly to ED nurses/clinicians
- timely care for patients to get the best outcomes
- improved patient experience

by:

- effective patient handover from the ambulance team within 15 minutes of arrival at ED
- ambulances being back on the road, ready to respond to further calls, 15 minutes later.

## Managing relative risk

Crowded EDs and hospitals are unsafe. There is plenty of evidence of increased mortality and length of stay where patients are admitted through crowded EDs and arrive as outliers on over-busy wards. Patients arriving by ambulance are at an increased risk if left unassessed. Critically unwell patients in the community waiting for ambulances are at even greater risk. It is crucial that patients are assessed on arrival in the ED and ambulance crews are freed up to attend the next emergency call. The principle is clear: tolerating ambulance handover delays is tolerating significant risk of harm to patients.

## Tactical advice

1. EDs must work on the principle that they always accept handover of patients within 15 minutes of an ambulance arriving. Leaving patients waiting in ambulances or in a corridor supervised by ambulance personnel should not be an option.
2. EDs should ensure prompt assessment by a trained clinician following ambulance handover. The handover and assessment processes should be actively managed to avoid queues for assessment.
3. Processes should enable crews to take patients directly to the most appropriate location in the hospital, avoiding ED where safe to do so. This may be to 'minors', co-located urgent care centres and to other departments as locally agreed. GP referrals should go direct to an assessment unit and be seen promptly by the clinical team.
4. Hospitals should implement a 'full capacity protocol' to balance the risk to patients when hospitals and their EDs are crowded. For example, patients may be 'pushed' automatically to wards between predetermined times (eg 11am to 4pm) to create space in the ED. There should be appropriate safeguards, based on patient acuity and condition (eg excluding frail older patients and those with NEWS>3). The protocol should be part of an escalation process and not normal working practice.
5. Use 'cohorting' as a temporary measure with a clear plan for de-escalation. The safest form of cohorting is *after* assessment to ensure departments are fully aware of the patients and their risk. Any area used for cohorting must have appropriate equipment and facilities, together with appropriate privacy. Plans for the required extra nurse staffing of any cohort area should be included in escalation plans.

## Who needs to act?

Commissioners: ensure alternatives to A&E are available.

Community and social care: give timely support to on-scene ambulance clinicians.

Ambulance services: maximise use of see-and-treat, self-care and community services, and ensure vehicles are made ready when released by the ED.

Primary care: be accessible for advice and appointments requested by ambulance staff.

Acute trusts: create a culture of receiving the patient promptly and releasing the crew.

Executive leadership is important to support tactical whole hospital decisions if delays are developing.

Mental health trusts: make services available to ambulance crews and develop street triage.

The Emergency Care Improvement Programme welcomes feedback to [ecip.pmo@nhs.net](mailto:ecip.pmo@nhs.net)

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