

# Reducing ambulance handover delays: key lines of enquiry

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The key lines of enquiry (KLOE) for ambulance handover cover six domains.



Their purpose is to invite critical review of relevant aspects of ambulance handover, and to identify opportunities to improve care at the interface of the emergency department (ED) or other hospital acute pathway and ambulance service.

Support in using the KLOEs is available from your regional ECIST ambulance lead.



## Ambulance handover standards

Ambulance handover (clinical handover and offload) is reliably completed within 15 minutes of arrival; delays are rare and are the result of an extraordinary peak in demand.

- The handover escalation process is enacted where time to handover exceeds or is likely to exceed 30 minutes.
- Handover delays of 60 minutes or more are escalated at a regional level in a timely manner by the ambulance trust.
- A breach analysis is conducted where ambulance handovers exceed 60 minutes.
- Patients are registered on the ED information system within 15 minutes of arrival, (or on handover, whichever is soonest), without relying on the ambulance staff to undertake clerical duties on behalf of the hospital.
- Handover processes are consistently structured and clinically focused.
- Ambulance staff have access to welfare facilities such as toilets, hand-washing and refreshments such as drinking water.
- Hospital and ambulance staff have a clear and shared understanding of what each stage of the handover process involves and its purpose.
- Hospital and ambulance staff understand that clinical responsibility for the care of the patient transfers to the hospital at the point the ambulance arrives.
- Handover standards are consistently applied in all areas of the hospital, eg maternity units, admission units and heart attack centres.
- Patients are never held in ambulances outside hospital buildings.
- Handover capacity matches forecasted demand and is responsive to variation in that demand, including for senior review.

## Fit2Sit

- In order to optimise independence and maximise treatment and management pathways, a challenge of the patient's ability to mobilise should occur at every stage of the journey including community, primary care, pre-hospital, ED, assessment areas and in-patient wards.
- Ambulance crews avoid using ambulance trolleys for clinically appropriate patients who are able to walk or who use a wheelchair.
- There is a shared recognition and understanding of the risks of deconditioning and the cognitive biases associated with trolley use.

- There is a data driven shared understanding of the case mix of patients arriving by ambulance.
- Ambulance clinicians can access out-of-hospital care pathways appropriate to the clinical needs of ambulance patients.
- Ambulance clinicians are trusted assessors and can access urgent treatment pathways directly, including urgent treatment centres, using clear and uniform criteria.
- Ambulance clinicians can access an up-to-date directory of services, with service provision matched to ambulance case mix and pattern of demand.
- Ambulance clinicians have access to a care co-ordination service that can accept and transfer care for suitable patients.
- Facilities and equipment available to ambulance staff are adequate to avoid unnecessary trolley use, eg hospital wheelchairs.
- Frailty is assessed pre-hospital, or at the front door, with all providers using the same tool to do this.

## Healthcare professional referred ambulance arrivals who are expected

- Patients referred to specialties are accepted directly in assessment units and do not attend the ED, unless they need resuscitation. The decision to divert expected patients to the ED can be made by paramedics who are already skilled at identifying patients requiring this level of care.

## Senior review

- There is an established process which facilitates a clinical review by an appropriately skilled clinician, who can initiate investigations, treatment and stream patients within 30 minutes of arrival, eg as part of a rapid assessment and treatment (RAT) model.

## Site escalation

- Escalation plans do not rely on system diverts and focus on enabling patients with a decision to admit to move along the acute pathway, with a view to creating capacity in ED.
- Plans ensure patients are managed in a clinical space that reflects their acuity as assessed by prompt clinical triage, with care provided by hospital staff and never by

ambulance staff or managers. Cohorting is safer following assessment and decision-to-admit, eg where patients are waiting for an inpatient bed.

- There is recognition that managing patients on ambulance trolleys in non-designated areas constitutes 'corridor care', and escalation plans effectively prevent this from occurring.
- The urgent and emergency care (UEC) system has a single integrated escalation plan with established warnings and trigger responses, including a clear policy for the safe management of patients who are waiting.

## System risk

- System leaders and clinician(s) in charge are aware of the risk across the acute pathway, including patients en route to hospital, awaiting an ambulance response as well as those already in the department.
- Ambulance handover delays and the numbers of patients waiting for an ambulance response are reported at site-wide bed meetings to facilitate a system-wide response.
- Named senior leads from both the acute and ambulance trust are responsible for overseeing the development and implementation of clinical handover processes which focus on patient safety.

## Further resources

### Guidance on reducing ambulance handover delays

- [Addressing ambulance handover delays: actions for local A&E delivery boards](#)
- [Addressing ambulance handover delays: Letter from Professor Keith Willett](#)
- [Ambulance handover: tactical advice](#)

### Guidance on improving flow in UEC, including the ambulance setting

- [Safer, faster better: good practice in delivering urgent and emergency care](#)
- [Good practice guide: Focus on improving patient flow](#)
- [Principles of ambulance flow](#)
- [Rapid Improvement Guide to System Challenge Events](#)
- [Fit2Sit Guidance](#)
- [Hospital Ambulance Liaison Officer \(HALO\) Guidance](#)

## **Emergency Care Intensive Support Team ambulance offer**

- [The Emergency Care Intensive Support Team \(ECIST\) ambulance offer](#)

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