

Reducing ambulance handover delays across London

LAS Patients Forum
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Background & Introduction

National emergency care performance metrics have, for several years, had a standard for emergency patients arriving at hospital by ambulance to be handed over, and the ambulance trolley cleared by the receiving acute trust within 15 minutes.

Historically, hospital handovers have been a national issue which increases throughout the winter months.

Hospital handovers across London remained challenged throughout 2015/16 and 2016/17, which has continued into 2017/18 with patient's frequently experiencing handover delays in excess of 15 minutes following arrival at emergency departments (ED).

The increasing pressure on EDs with higher acuity of patients and increased demand meant that a different approach had to be taken to manage hospital handovers across London for winter 17/18.

Approach to reducing handover delays across London

It was recognised that hospital handover delays are multi-factorial and require a collaborative and whole system approach for any improvements to be sustained.

A project group was launched in September 2017 and meet weekly from October to February 2018, where stakeholders could work together to solve problems and share good practice.

Objectives of the project group:

- Alignment regarding national requirements, regional initiatives and local analysis relating to hospital handover
- Early identification of performance flags regarding hospital handovers
- Delivery of Hospital Handover plans sustainably and at pace
- Shared learning and sharing of best practice relating to hospital handover

Raising awareness

A number of communications channels were employed to arise awareness of hospital handovers across the system.

- **Workshops** – to share the extent of the problem, allow for protected development time with the system to look at the issues and engage relevant partners with the programme. Workshops were delivered at the following events;
 - Urgent and Emergency Care collaborative on the 20th September
 - UEC Improving Patient Flow event on the 26th September
 - ECIP collaborative event on the 10th October.
- **Letters to the system** – National and local letters were sent to the CCG Accountable Officers and Trust CEOs highlighting the importance of addressing handover delays.

Raising awareness (continued)

- **Weekly winter briefing & LAS forecasting activity** - a weekly briefing was created by LAS highlighting key issues likely to impact on acute trusts.
 - This was circulated via the London winter room to ensure executive and operational managers received this information.
 - Also circulated was forecasting data for acute trusts to highlight the number of conveyances they will receive October 2017 to April 2018. The data was presented by hour, day and week for each ED in London and was shared daily via the winter room.
- **London Winter Room** – LAS representative in the winter room (managed by NHSE) to strengthen the link between LAS and the wider system.

Improvement interventions

Emergency Care Improvement Programme (ECIP) visits

- ECIP completed a series of site visits to 14 hospitals from August 2017 based on their performance in 16/17 and 17/18.
- Visits were completed in collaboration with the acute trust and LAS. Each trust received a report with clear recommendations for an action plan to be monitored at their A&E Delivery Boards.
- Follow up visits commenced in October 2017 to measure progress against the ECIP recommendations which featured in the site visit reports.

Hospital Handover self – assessment tool

- An integrated self-assessment tool was designed to enable all acute trusts to test their systems and processes.
- The self-assessment tool was based on the;
 - *Addressing Ambulance Handovers national letter (2017)*
 - *Good practice guide: Focus on improving patient flow (2017)*
 - *Zero Tolerance Making ambulance handover delays a thing of the past (2012)*
- The self-assessment tool was disseminated to acute trusts, LAS and CCGs to help them ensure that they were following best practice.

Improvement interventions (continued)

CCGs

- The lead commissioner for LAS worked with CCGs across London to raise awareness and the importance of reducing hospital handover delays.
- The priorities for CCGs over the winter period were;
 - Ensure hospital handovers were a standing agenda item at the system wide A&E Delivery Boards to maintain the focus on improvement
 - Hours lost were monitored alongside the 60 minutes breaches
 - Commissioners continued to review and promote the use of Appropriate Care Pathways as a form of LAS demand management

Improving escalation and managing patient safety

Revised LAS cohorting process

- Patient cohorting is a process whereby ambulance clinicians handover the care of their patient to an ED clinician immediately after triage, even when bed availability is challenged.
- This can allow ambulance crews to attend other incidents more quickly; it is the responsibility of acute trusts to implement and staff this.
- LAS, NHS E & NHS I agreed and signed off a standard process with triggers and clear processes for winter 2017.

Improving escalation and managing patient safety (continued)

NEWS pilot at Northwick Park (NWP) -

- The NEWS pilot commenced on the 21st December 2017. This is where during periods of delayed handovers, patients would have their NEWS assessed.
- NEWS is based on a simple scoring system which allocates a score to physiological measurements in adult patients. The aggregate NEWS score provides an indication of how unwell the patient is. Patients are assessed and attributed a score and category (Red ≥ 7 , Amber 5-6 and Green < 5); the categories are regarded as high, medium and low risk respectively.
- A NEWS card is then attached to the patient whilst waiting where handover is delayed and/or cohorting is implemented to further improve patient safety.
- Staff began the use of NEWS cards where the anticipated wait is likely to exceed 30 minutes and in all cases where cohorting is commenced. The NEWS is reassessed every 30 minutes until the patient is handed over to ED staff.

Results and analysis

Table 1

Number of breaches & hours lost	2016/17	2017/18	% improvement
Total Number of 60 min breaches	8490	5830	31% reduction
Time lost to handovers >15mins (hours)	33349	28442	14.7% reduction

The impact of the hospital handovers project has been marked compared to 16/17 performance. Table 1 shows a comparison between 1st October and 9th February 16/17 and 17/18 for 60 minute breaches and hours lost after 15 minutes across London.

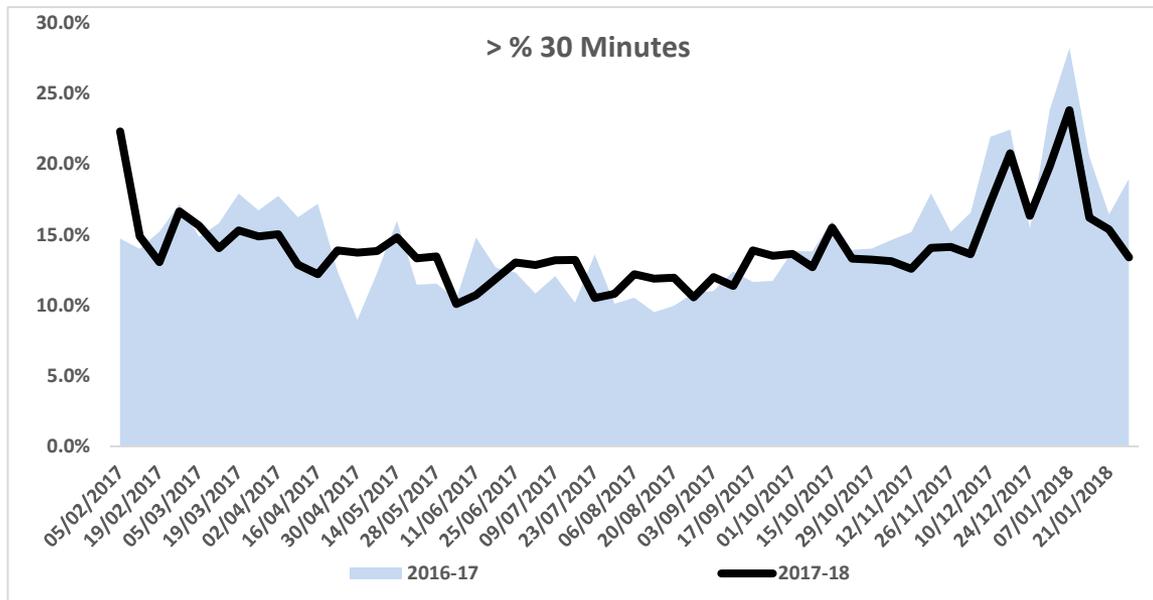
Table 2

Weekly metric	2016/17	2017/18	Weekly Improvement	Statistical confidence of change in means
Mean % 30 min breaches	15.8%	14.9%	0.9%	62%
Mean % 60 min breaches	3.0%	2.3%	0.7%	91%
Mean total time lost to handovers >15mins	1,529 hrs	1,427 hrs	102 hrs	67%

The comparisons of mean values in table 2 shows a 91% confidence that 60 minute breaches have improved by at least 0.7% each week on average. Improvements in 30 minute breaches and total time lost have a significantly lower statistical confidence however, due to the inherent variation over the seven months.

Results and analysis

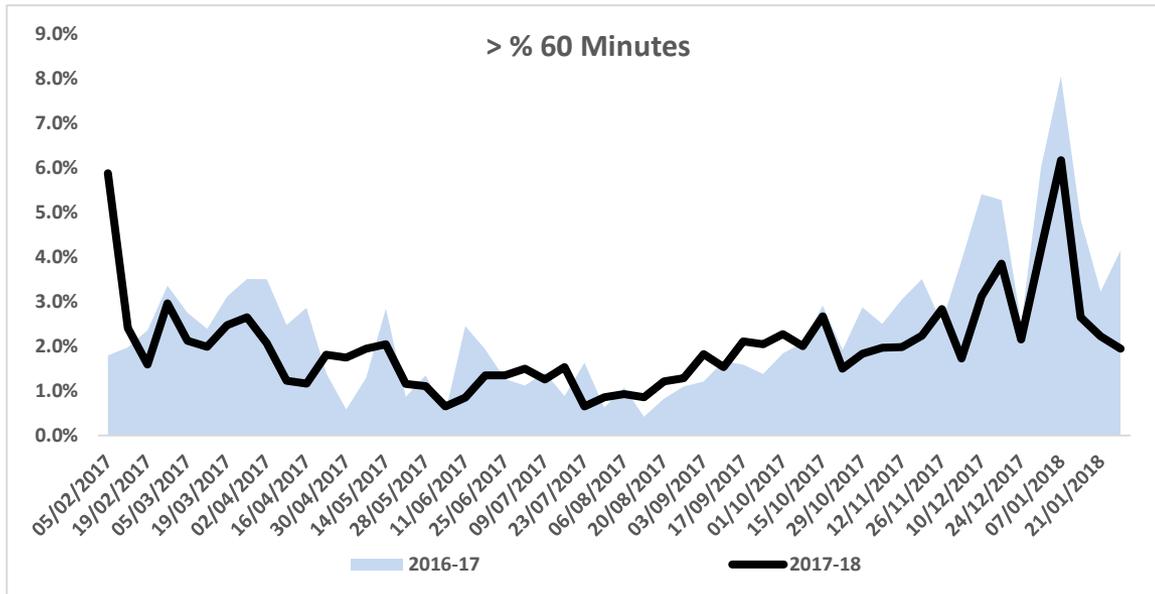
Graph 1 - % of hospital handovers over 30 minutes



There has been a ~10% reduction in 30mins breaches during 17/18 compared to 16/17.

Results and analysis

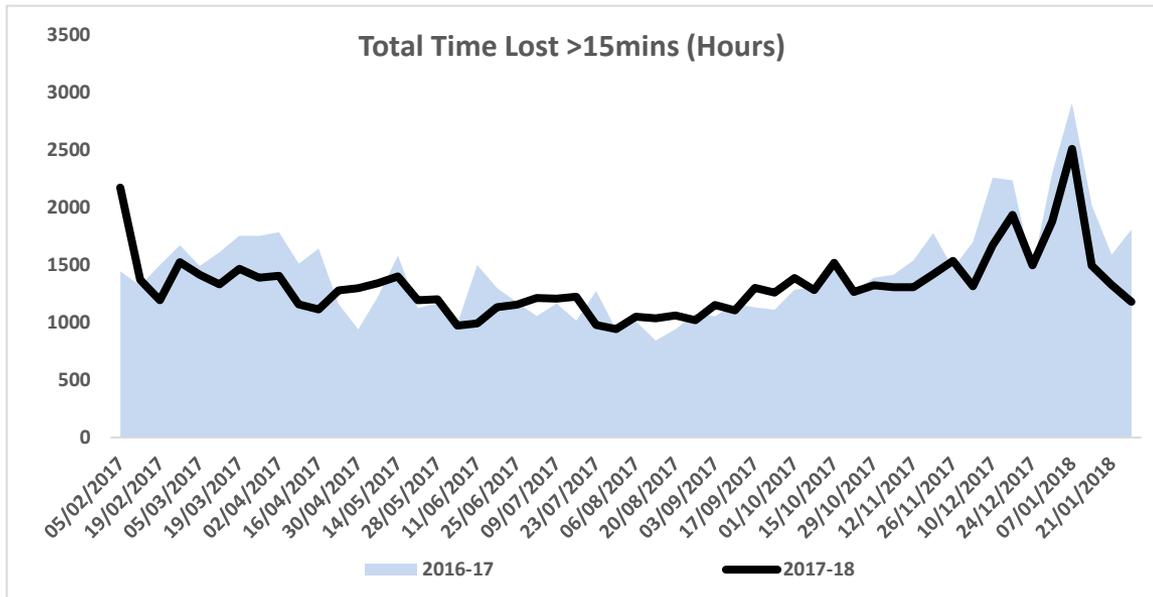
Graph 2 - % of hospital handovers over 60 minutes



There has been a ~30% reduction in 60mins breaches during 17/18 compared to 16/17.

Results and analysis

Graph 3 – Total number of hours lost for hospital handovers over 15 minutes



There has been a ~14% reduction in 15mins breaches during 17/18 compared to 16/17.

Next steps

The hospital handovers project has delivered improvements as a result of taking a collaborative and whole system approach across London. The following steps will be taken to ensure that improvements are sustained;

- Monthly meetings and increased frequency dependant on time of year.
- Setting a new breach target at 30 minutes and develop appropriate trajectories.
- NHS I to maintain oversight of hospital handovers with acute Trusts via A&E Delivery Boards and escalation meetings.
- ECIP to continue to work with trusts who are challenged and provide on-site support if required.
- LAS will maintain local relationships with acute trusts via SEMs and Assistant Directors of Operations, and refine internal processes such as cohorting and management of serious incidents at acute trusts.
- Planning for all ambulance drop off sites to be monitored against the national 15 minutes standard e.g. acute admission units, UCC, maternity units.
- Reviews of acute trust escalation plans to ensure they include all the best practices.

Performance against new response times (ARP) in March

Category	Measure	LAS Monthly Performance	National Standard	Variance
Category 1	Mean Response Time	00:07:26	7 minutes	00:00:26
	90 th centile	00:11:59	15 minutes	00:03:01
Category 2	Mean Response Time	00:23:20	18 minutes	00:05:20
	90 th centile	00:49:20	40 minutes	00:09:20
Category 3	90 th centile	02:52:26	120 minutes	00:52:26
Category 4	90 th centile	02:35:57	180 minutes	00:24:03

Performance against new response times (ARP) Year to Date

YTD Performance	C1 Mean (00:07:00)	C1 90 th Centile (00:15:00)	C2 Mean (00:18:00)	C2 90 th Centile (00:40:00)	C3 90 th Centile (02:00:00)	C4 90 th Centile (03:00:00)
Current YTD (2017/18)* from 1 st November 2017	00:07:16	00:11:48	00:21:41	00:45:21	02:37:54	02:32:43

- The Mean response time for C1 was **7 minutes 26 seconds**. This is a marginal decrease when compared to the previous month.
- The C1 90th Centile was **11 minutes 59 seconds**. This has remained **within the 15 minute** national standard each **week** since the implementation of ARP.
- The Mean response time for C2 was **23 minutes 20 seconds**, this is above the 18 minute national standard.