

SOP Title	Standard Operating Procedure for Ambulance Handovers		
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Approved by			
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V1	14/12/2021	Jayne Robinson	Draft	
V2	22/12/2021	Jayne Robinson	Draft	Updated Escalation Process

SOP Objectives	Safe, timely handover between the Yorkshire Ambulance Service (YAS) and the Emergency Department (ED) at Calderdale & Huddersfield NHS Trust (CHFT)
Scope	Escalation of staff groups this SOP will relate to:- Nurse in Charge Clinical Commander ED Matron / Duty Matron Tactical Lead
Performance Measures	<ul style="list-style-type: none"> • Demonstrate compliance in reducing the number of ambulance handover delays to ensure that all measures are in place to lower the clinical risk that impacts upon patient safety • Ensure all staff members are aware of their role and the escalation process • Ensure compliance in accordance with NHSI / NHSE guidance • Facilitate a timely, flawless handover of patients
Background	The Emergency Department is committed to achieving the national, mandatory 15 minute ambulance handover target. This prioritises the

	<p>release of ambulance crews back into the community to respond to other emergencies. The ED will utilise all its resources available at that time to enable a rapid turnover of ambulance crews. Delayed handover time increases the risk to patients because of a delay in diagnosis and delay in treatment. This may put patients at risk of deterioration due to a prolonged wait on an ambulance trolley.</p> <p>The effectiveness of the SOP will be monitored by the number of ambulance handovers that occur over 15 minutes, 30 minutes and 1 hour. These breaches of target will be reported back to the Senior ED Team via the QI board which meets on a monthly basis. A root cause analysis will be undertaken to identify any steps which may be taken in the future to avoid such breaches and for learning to take pa</p>
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Work Instruction – To triage and safely locate all patients arriving by ambulance into an appropriate area within 15 minutes of arrival to the ED.

No.	Action	Responsibility
1	Upon arrival, outside the ED the patient immediately becomes the responsibility of CHFT.	Triage Nurse
2	The Triage Nurse will take a brief handover from the crew and sign the PDR.	Triage Nurse
3	Whilst handover is given the second crew member will attend reception and book the patient in.	Triage Nurse
4	Reception staff will print the ED patient wrist band and register the patient as being in the department.	Triage Nurse
5	Once the patient has been allocated a cubicle / fit to sit area / resus bay the patient should be moved from the ambulance trolley and onto either a seated area or hospital trolley. Once this has occurred the ambulance crew MUST immediately complete the handover on the YAS screen located outside ambulance triage and majors areas.	Triage Nurse
6	When transferring patients straight to resus the handover should be recorded and signed for as soon as possible (this will always be within 15 minutes).	Triage Nurse
7	Where handover within 15 minutes is not achievable then the ED Triage Nurse must implement the handover escalation process.	Triage Nurse

Actions for Delayed Ambulance Handovers		
No.	Action	Responsibility
1	NIC and ED Consultant (or Deputy) to risk assess all cubicles, remembering the biggest risk lies with the unseen / unassessed patients. This risk assessment at times of critical escalation may include moving patients into the corridor on a 1 in 1 out basis if no other suitable, available area. Consider opening fit to sit area and utilising resus bays to increase capacity as patients may be stepped down at a later time. Ensure one bay available to receive a P1.	NIC / ED Consultant (or Deputy)
2	NIC to review the inbound ambulance screen and review the patients who are en-route – how many are expected and expected time of arrival.	NIC
3	NIC to inform Clinical Commander and ED Consultant (in and out of hours). This escalation process should include the number of patients this is expected to impact e.g. “I am currently expecting 3 ambulances to breach the 30 minute handover time due to the department being at capacity”	NIC
4	NIC to inform ED Matron / Duty Matron of the need for additional staffing	NIC / Maton
5	NIC to await plan from Clinical Commander in relation to steps that can be taken to avoid / reduce further ambulance delays.	NIC / Clinical Commander
6	The following day the data analytical team will identify all patients who breached the target and the Lead Nurse will complete a Root Cause Analysis and ask for the delays to be added to the agenda for the ED Quality Improvement board meeting for discussion.	THIS / Lead Nurse