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## Handover of Ambulance Patients in Emergency Departments

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### Purpose

This document describes a standard national protocol for the handover of care of patients transported by ambulance to the Emergency Department (ED). Patient handover is a key component of quality patient care as the information gathered during this process will influence the patients' pathway through the emergency department. The handover process is underpinned by general principles of mutual respect, courtesy and professionalism been demonstrated by all members of the multidisciplinary team involved in patient care

### Introduction

The protocol is intended for use by Ambulance Personnel and ED nurses and doctors who are involved in ambulance patient handover. It also provides direction to administrative and reception staff who complete ED patient registration records and record ED process data. It provides guidance to ED Clinical Operational Groups as to how ambulance patient handover procedures should be structured, monitored and quality assured. It applies to all patients who are brought by ambulance to an ED.

### Objectives

- The primary objective is to ensure that patient safety and quality of care is optimised during the transition of care between Pre-Hospital and Emergency Department (ED) teams.
- The protocol will support timely and efficient patient handover, optimising ED compliance with the EMP Ambulance Patient Handover Time key performance indicator (KPI).
- It provides a standardised and reliable process for data capture to monitor Ambulance Patient Handover Time KPI.

### Key Definitions

Clinical Handover

“Clinical Handover refers to the transfer of information from one health care provider to another when:

- A patient has a change of location or venue of care, and/or
- When the care of / responsibility for that patient shifts from one provider to another”

(Australian Commission for Safety and Quality in Health Care, *Passing the baton of care – a patient relay* – May 2005)

#### Ambulance Arrival Time

Ambulance Patient Handover Time is an EMP Key Performance Indicator. It is to be measured from the time the ambulance arrives at the ED to the time patient handover occurs from the ambulance crew to nursing or medical staff in the ED. The time of handover is the time of triage for ambulance patients. The target is 95% of all patients to be handed over within 20 minutes of ambulance arrival at the ED (Appendix 18 page 512, the National Emergency Medicine Programme Report)

The Ambulance Patient Handover Time KPI that requires handover to be completed within 20 minutes of ambulance arrival for 95% of ambulance borne patients.

The Ambulance Handover KPI is measured from ambulance arrival time to handover time for ambulance patients. Handover time is recorded as triage time for ambulance patients (*vide infra*).

#### Scope

This protocol covers the communication aspects of the patient pathway from the point of pre-hospital alert of patient arrival, through the handover process from Pre-Hospital to ED team and ends when with the completion of Ambulance Patient Handover Time fields in the ED patient’s clinical record.

#### Protocol structure:

The protocol covers environment, preparation, communication, patient care, data capture and analysis, governance, education and training.

#### 1. Environment

- 1.1. Suitable clinical areas for patient handover should be identified such that patient confidentiality, privacy and comfort are assured during the handover period. Handover may occur in a clinical cubicle or in a designated handover area.
- 1.2. The handover environment should support optimal infection protection and prevention practices.

#### 2. Preparation :

- 2.1. The CNM on duty should clarify which nurse(s) is/are responsible for the reception of patients who arrive by ambulance for patients and ensure that all staff are aware of the need for timely, high quality patient handover;

- 2.2. For patients requiring resuscitation a pre-alert message should be given to the receiving ED, using a dedicated telephone line. The mnemonic ASHICE should be used to communicate the appropriate information to the receiving ED
  - Age
  - Sex
  - History
  - Injuries/illness Condition ETA — Estimated Time of Arrival to the hospital
- 2.3. For patients requiring resuscitation, the Team Lead responsible for reception of patients should be pre-identified and the ambulance team directed to the Team Lead who will receive patient handover;
- 2.4. In the case of major trauma the receiving ED should be alerted by the ambulance team no less than 15 minutes prior to arrival if a travel time of greater than 15 minutes is anticipated;

### **3. Communication**

Two communication scenarios are recognised – resuscitation and routine handover.

- 3.1. Resuscitation/unstable patient handover:
  - 3.1.1. The Resus Team Leader is identified and receives handover of all relevant information from the ambulance lead
  - 3.1.2. The Resus Team Leader indicates if further handover should be deferred until after immediate ED resuscitation is commenced
  - 3.1.3. The Resus Team Leader indicates when it is clinically appropriate to receive further handover and when handover is complete.
  - 3.1.4. A Resus Team member will sign the pre-hospital PCR, ensuring that ambulance arrival time has been recorded
  - 3.1.5. The time of handover is noted retrospectively in the ED clinical notes (Triage time for Resus patients). Any delays > 20 minutes associated with ambulance involvement in resuscitation should be noted retrospectively in the ED casenotes.
- 3.2. Routine handover:

The quality of routine handover communication can be optimised through the following:

  - 3.2.1. Allowing a 30-40 second “face to face” period between the Pre-hospital and ED personnel to concentrate fully on the information being given; accompanying relatives / friends may additional information
  - 3.2.2. Using a standard mnemonic (Appendix A) to ensure all essential information is communicated and that ambulances can use the same approach in all EDs.
  - 3.2.3. Ensuring the handover is interruption free;
  - 3.2.4. Deferring questions until the end of handover, so as not to distract the person giving handover;
  - 3.2.5. Verbally acknowledging that the handover is finished, completing and signing the handover time (Appendix B).

### **4. Patient care during handover**

- 4.1. Handover should be completed within 20 minutes of ambulance arrival at ED;
- 4.2. Infection prevention and control measures must be observed during handover;

- 4.3. Patient handover may occur while the patient is still on the ambulance stretcher but patients must be transferred immediately to an ED trolley if they need one;
- 4.4. Triage should occur at the time of handover for ambulance borne patients undergoing routine handover and should include only basic Manchester Triage; triage documentation will be completed retrospectively for resuscitation patients.
- 4.5. Ambulatory patients should be referred to an appropriate clinical area following handover.

## **5. Data capture and analysis**

- 5.1. The receiving nurse should check the Incident Number and the ambulance arrival time are recorded on the Patient Care Report (PCR);
- 5.2. The receiving nurse and the ambulance lead should agree the handover time and the ambulance lead records it in the 'At Handover' time field on the patient's Pre-hospital Patient Care Report, which the receiving nurse then signs;
- 5.3. A copy of the PCR is included in the patient's ED care record and a stored within this record. The patient's name/identity and the date/time of recording should be checked on any other other essential pre-hospital clinical data (e.g. rhythm strips) to be included in the patient's ED care record.
- 5.4. Recording Ambulance Patient Handover Times in the Emergency Department Information System
  - 5.4.1. The 'Ambulance Arrival' time is recorded from the 'At Destination' field in the Pre-hospital PCR;
  - 5.4.2. The Handover complete time is recorded in the 'Triage Time' field in the EDIS, as triage has occurred contiguously with (or immediately after) handover;
  - 5.4.3. Recording of these data points may be undertaken by either by the receiving nurse immediately after handover or retrospectively by ED reception/administration staff using the PCR.

## **6. Governance**

- 6.1. This protocol should be reviewed and updated by the National EMP and the National Ambulance Service;
- 6.2. The protocol may be adapted for local use within Emergency Care Networks (ECNs) and EDs, but the core elements of the protocol and the standardised reporting of KPIs must be included.
- 6.3. ED Clinical Operational Groups(COGs) should monitor the quality of Ambulance Patient Handover data.
- 6.4. ED COGs must ensure that all relevant ED staff are trained in handover procedures.
- 6.5. The Ambulance Service Provider is responsible for ambulance staff training in handover procedures.
- 6.6. ED COGS and the Ambulance Service Provider will ensure that arrangements are in place within ECNs to manage that any problems that may occur in regard to handover procedures.

## **References**

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3. Murray, S.L., Crouch, R., Ainsworth-Smith, M. (2012) Quality of handover of patient care: A comparison of Pre-Hospital and Emergency Department notes. *International Journal of Emergency Nursing* (2012) **20**, 24 – 27
4. NSW Ambulance / Emergency Department Handover Project Report  
<http://www.archi.net.au/resources/safety/clinical/nsw-handover/ambulance-ed>
5. Talbot and Bleetman (2007) in Quality of the handover of patient care: A comparison of Pre-hospital & Emergency Department notes. Stephen L. Murray, Robert Crouch, Mark Ainsworth-Smith. *International Emergency Nursing* (2012) 20 24-27
6. The National Emergency Medicine Programme Report 2012

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**Appendix A –  
IMISTAMBO**

- I Identification
- M Mechanism / Medication complaint
- I Injuries /Illness information
- S Signs
- T Treatment & Trends
- A Allergies
- M Medication
- B Background
- O Other information

Optional aide memoire for mnemonic **TO BE CHANGED TO IMISTAMBO** Appendix B:

Pre-Hospital Emergency Care Council												PATIENT CARE REPORT											
INCIDENT INFORMATION																							
Date Of Call						Time Of Call						Passed											
DD	MM	YY	YY	HH	MM	HH	MM																
Dispatch Classification Reference																							
Priority Response																		Inter Facility Patient Transfer					
ECHO	DELTA	CHARLIE	BRAVO	ALPHA	OMEGA	E	D	C	B	A													
Mobile			At Scene			At Patient			Depart Scene			At Destination											
HH	MM	HH	MM	HH	MM	HH	MM	HH	MM														
At Handover			Destination						Clear														
HH	MM	NAME OF FACILITY						HH	MM														
CC	INCIDENT NUMBER						VEHICLE CALL SIGN			PATIENT NO. ENTER A,B OR C													
Practitioner Attend				Practitioner Support				Other				Station Code											
PIN				PIN				PIN				CODE											