

Audit of Patient Handover from Ambulance Services to the Emergency Department at University Hospital Limerick

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Why monitor handovers?

- ◆ Patient Experience
- ◆ Public Perception
- ◆ Ambulance Resources
- ◆ Can Indicate State of Health Service
- ◆ Are we meeting the current guidelines?

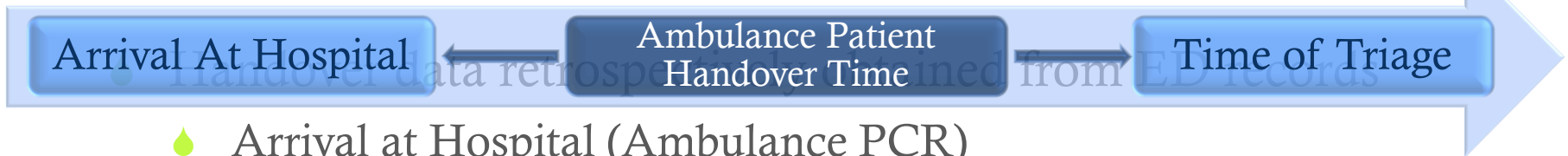


Key Objectives

- ◆ Do 95% of ambulance patient handovers take place in 20 minutes or less.
- ◆ If guidelines are not being met, what are the reasons preventing handover within the given timeframe?
- ◆ Is there consistent recording of handover times by the National Ambulance Service and the Emergency Department?

Methods

- ◆ All patients presenting by ambulance within a 10-day period (Must have PCR scanned and Time of Arrival documented)



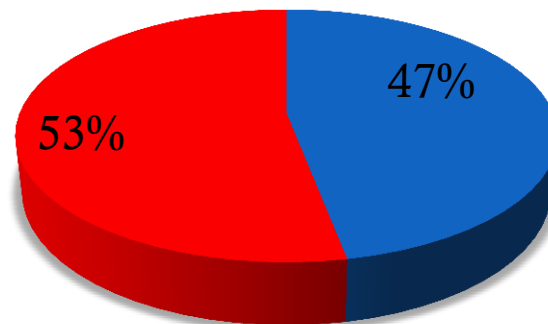
- ◆ Arrival at Hospital (Ambulance PCR)
- ◆ Triage Time (From ED Records)
- ◆ Also obtained NAS records for first phase data comparison (Time at Hospital, Time Ambulance Clear)

Phase One Results

- 222 patients met the inclusion criteria
- 104 in ≤ 20 minutes = 47%
- Average Handover Time: Approximately 30 minutes
- 95% of Handovers: 1 hour 22 minutes

Handover Times

■ ≤ 20 Mins ■ > 20 Mins



Issues Identified

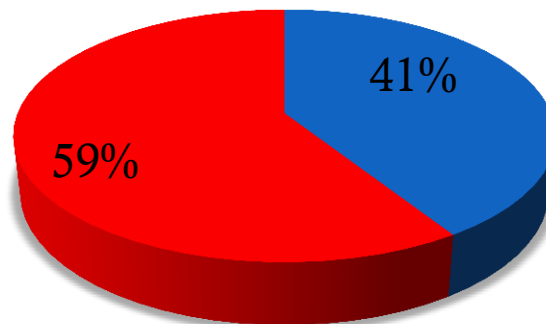
- ◆ Delays in Recording Triage Time on System
- ◆ Absence of Times on Ambulance Service PCR
- ◆ Increased Emergency Department Workload
- ◆ Lack of Designated Handover Area & Staff
- ◆ Failure to record reasons for handover delay

Phase Two Results

- 253 patients met the inclusion criteria
- 103 in ≤ 20 minutes = 41%
- Average Handover Time: Approximately 34 minutes
- 95% of Handovers: 1 hour 27 minutes

Handover Times

■ ≤ 20 Mins ■ > 20 Mins



Recommendations



Improving Handover Performance:

- ◆ Increase awareness of guidelines among staff and increase staff engagement with the process of improvement.
- ◆ Improved methods of recording handover data. Recording should be integrated into current system to avoid extra workload.
- ◆ Clearly defined handover area within the ED with necessary space and IT facilities. Should be used only for this purpose.
- ◆ ED staff who are responsible for taking ambulance patient handovers should be clearly identifiable and available to perform this duty when necessary.

Conclusion

- ◆ Handovers are not meeting key performance indicators as set out in current guidelines (National Emergency Medicine Programme)
- ◆ Difficult to implement change given the environment in the health system at present
- ◆ The area will require continued input and further monitoring, as well as active engagement from staff and management

Questions



Thank You