

CASE STUDY – Stepping Hill Hospital Relaunching Rapid Handover

Reducing average total turnaround
time to 26 minutes by April 2022

*'The quicker we're releasing the
ambulance crews, the quicker they
can be free to help somebody else.'*

**Beverley Burnett, Assistant
Business Manager, UC**



THE CHALLENGE

Stepping Hill ED has high numbers of ambulance patient arrivals, in comparison with their small ED footprint. They needed to make sure that patient flow was optimised and that patients were encouraged to Fit2Sit whenever possible. One of the barriers to this was that there was a consistent lack of wheelchairs available to ambulance crews. Other issues encountered included developing a different mind-set amongst ambulance and hospital staff, as the rapid handover Fit 2 Sit process required ambulance staff to apply specific criteria to each patient, and to leave those that passed these criteria in the Fit2Sit area without the need for a verbal handover from ambulance crews to nursing staff. Trust needed to be developed that this process was safe.

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THE SOLUTION

A Fit 2 Sit rapid handover checklist was developed, maximising the number of patients able to follow this process, while ensuring that patient safety was never compromised. The checklist was initially introduced for a two-week trial period in February 2021. This proved to be extremely successful. Following this, longer term trials were introduced, before finally it was adopted as business as usual.

Process

It is the responsibility of the NWAS crew to undertake the following actions; supported by the ED Team

Ambulance arrival - Review if patient
suitable for RHP

Escort patient to RAU and advise to
take a seat in the waiting room. Make
senior RAU nurse aware of patient

Book patient in at RAU / Main
Reception. Handover green copy of PRF

Dual pin on HAS screen using rapid
handover function

RESULTS

34.4

Quarter 2
2019/20

In Quarter 2 2019/20 the number of ambulance patients triaged within the 15-minute national target was 34.4% of the total

57.6

Quarter 2
2021/22

By Quarter 2 2021/22 this figure had increased to 57.6% of ambulance patients brought into the department. This is despite a deteriorating national and regional picture, with long delays in ambulance handover becoming commonplace at many hospital sites

THE SOLUTION

The changes tested by the team included:

- The criteria for rapid handover
- Availability of wheelchairs was increased. Changes to the location of the wheelchairs was trialled, in order to make ambulance access to them easier and more efficient
- A bed space within the ambulance rapid assessment area was identified as suitable for 'Fit 2 Sit'. The change from bed space to sitting area was piloted for one month to ensure there were no patient safety incidents
- The Fit 2Sit area was in the eye line of the nurses' station to allow patient monitoring

Having a visible ambulance/ED manager presence and support through these changes facilitated the change in mind-set required for this test of change to be successful. The first action of ambulance staff on arrival at ED is now for them to review their patient to see if they are suitable for rapid handover.

KEY BENEFITS

- Patient flow throughout the department has improved
- When handover issues are raised, the collaborative working has enabled them to be addressed more efficiently and effectively
- There has been a significantly positive impact on handover times and the quicker release of ambulance crews from hospital
- Increase in patient safety as through the use of the Fit 2 Sit checklist, staff can now differentiate between patients with different levels of clinical concern. This allows focus to be placed on those where there are clinical risk factors present
- Promoting more discussion around clinical conditions and applying MTS, decision making and the next steps in ED with ambulance clinicians. For example, if now presenting with a chest pain patient with a concerning ECG, the ECG is then reviewed in ED, and if no concern is found the patient is safe to be left
- Patient expectations are managed using an explanation of a clearly defined process. Patients are no longer left on stretchers in the corridor and consultants are immediately available if the patient were to deteriorate
- Improved working relationships as hospital staff trust the judgement of ambulance clinicians. This enables surges in activity to be better managed
- A reduction in ambulance "batching," as ED triage nurses no longer receive handover from ambulance crews in batches, before returning to other tasks. This means that ambulances tend to clear individually rather than in groups, and therefore ambulance arrival at ED is driven by demand, rather than by ambulance availability

FIT2SIT RAPID HANDOVER CHECKLIST

Criteria

Patients have to meet all of the following criteria:

- **Pathfinder amber or MTS yellow outcome [PC inaccessible or unable to accept patient]**
- **MTS yellow ED outcome [use of taxi transport or own transport is not appropriate]**
- **MTS green outcome – [PC is inaccessible or unable to accept the patient]**
- **Able to self-mobilise or sit in a wheelchair with no concerns**
- **GCS of 15/15**
- **NEWS2 score of 4 or less**
- **No immediate safeguarding concerns?**
- **Has 10 minutes past since the last administration of medication?**

NWAS to make the decision on suitability for RHP in the first instance; however Senior Nurse Team can also identify patients suitable for RHP in the event of high demand

'Working relationships have improved – there is clearer understanding of risks, particularly in times of surge'

The national target time of 30 minutes for total turnaround is now being achieved. This improvement is being sustained despite the challenges of COVID

AE Average Turnaround Time By Week

