



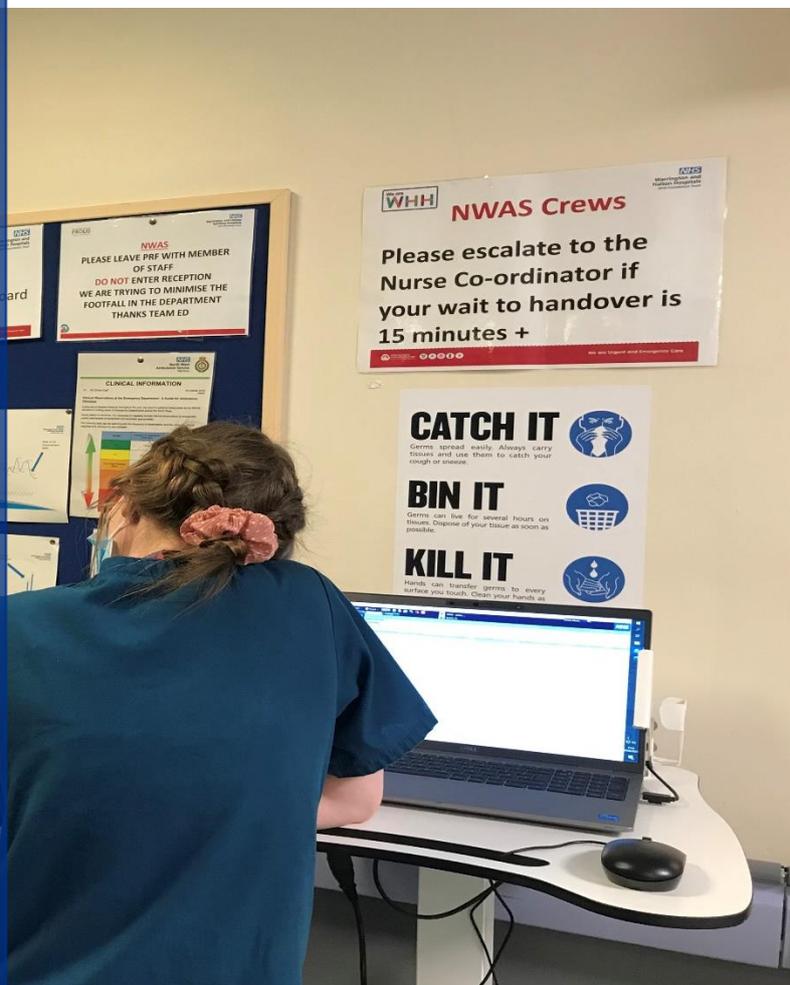
Hospital Handover Improvement

CASE STUDY – WARRINGTON HOSPITAL: MAY 2021

Reducing total turnaround time to 26 minutes by April 2022

‘We always knew what we had to do, we’d just forgotten. This improvement project has reminded us.’

Heather Williams, Matron, Emergency Department



THE CHALLENGE

Warrington ED has found the winter of 2020/21 extremely challenging for ambulance handover times. Work carried out during phase 2 of the Every Minute Matters (EMM) hospital handover collaborative identified issues with process and lack of consistency. Unfortunately, due to COVID-19 the team were unable to tackle these issues. In February 2021, an NWAS team got together with staff from Warrington hospital to tackle this challenge. Improvement methodology, along with learning from EMM was used to identify tests of change that the team wanted to carry out.



FOR FURTHER INFORMATION CONTACT:

Rachel Lamb, ED Matron;
rachel.lamb@nhs.net

Heather Williams, ED Matron;
heather.williams16@nhs.net

Simon Churchill, NWAS Advanced Paramedic;
Simon.Churchill@nwas.nhs.uk

THE SOLUTIONS

On Tuesday 4th May 2021, the team started a 2 week improvement test period, in order to carry out the PDSA cycles that they had identified and to put theory into practice. Results were measurable immediately and the team achieved marked reductions in arrival to handover, total turnaround and ambulance hours lost to delays.

OBJECTIVE

In January 2021, total average turnaround times at Warrington ED peaked at 39 minutes. In the year to May 2021, extended handover times caused the loss of 1648 hours or 143 full shifts of emergency ambulance

39 minutes
January 2021

SOLUTION

The average total turnaround so far in May 2021 is 25 minutes. This is from arrival at the ED until the ambulance is clear to accept another incident. This is the lowest figure recorded since 2017.

25 minutes
May 2021

THE SOLUTIONS

The changes tested by the team included:

- The creation of a new, clearly defined handover process followed by all staff on all teams.
- Senior nurse triage to utilise the appropriate assessment areas more efficiently
- Bringing the ambulance triage nurse forward, so that they were closer to the ambulance entrance and next to the HAS screen.
- Changing the role of the ambulance triage nurse. This role included that of traditional triage, but the was changed so that the dedicated ambulance nurse took handover and then decided which department/area the patient would best be treated in, allocating the patient to the most suitable area.
- Ensuring that sufficient hospital trolleys/chairs were available at the point of triage
- Allocating a health care assistant to support the ambulance triage nurse, with the role of moving the patients to the designated treatment area once handover had occurred. Traditionally this role had been carried out by the ambulance crews.
- Stationing an administrator/receptionist in the majors area, so that the patient report form was actively taken by that administrator and all booking in/patient checks were carried out by them and not by the ambulance crew.
- Introduction of a visual management board in the triage area, so that the triage nurse could see where there was free space for their patients to be allocated.
- Changing the role of the triage nurse to make them responsible for carrying out dual PIN/handover complete on the HAS screen as soon as handover was complete – this occurs at the time of triage in all but a few instances.
- Move an ambulance stretcher cleaning/linen replenishing/dirty linen disposal point to the ambulance entrance, so that the ambulance crew have no need to progress into the ED/search for these items.
- Ensure that the ambulance crews progress to the triage point and then return from there directly to the ambulance.

'Although this improvement project is aimed at ambulance handover times, it has helped to decompress ED as the patients have immediately gone to the right place.'

Rachel Lamb, ED Matron

During the **first week** of testing, average total turnaround time plummeted to just over **24 minutes**. Patients were handed over on average, just under **12 minutes** after arriving at hospital.

THE BENEFITS

- **Accurate reporting enabled focused improvement work**
Dual PIN numbers were inputted into the HAS screens for 91% of patients compared to 79% the previous week.
- **Reduced long waits for patients on the corridor**
The longest patient wait reduced by 1 hour 49 minutes compared to the previous week.
- **Better patient experience and safety**
The ambulance handover nurse had a better overview of department capacity; patients allocated cubicle spaces more efficiently
- **Better collaborative working between ED and NWAS**
A close working relationship was developed between ED and NWAS staff, enabling collaborative working which benefited staff and patients

135%

IMPROVEMENT



75% of patients were handed over within 15 minutes of arrival by ambulance compared to only 32% the previous week.

63%

REDUCTION



The longest total turnaround time was 1 hour 3 minutes compared to 2 hours 52 minutes the previous week.