



Reducing ambulance handover delays

Working together To drive excellence in care for our patients and communities

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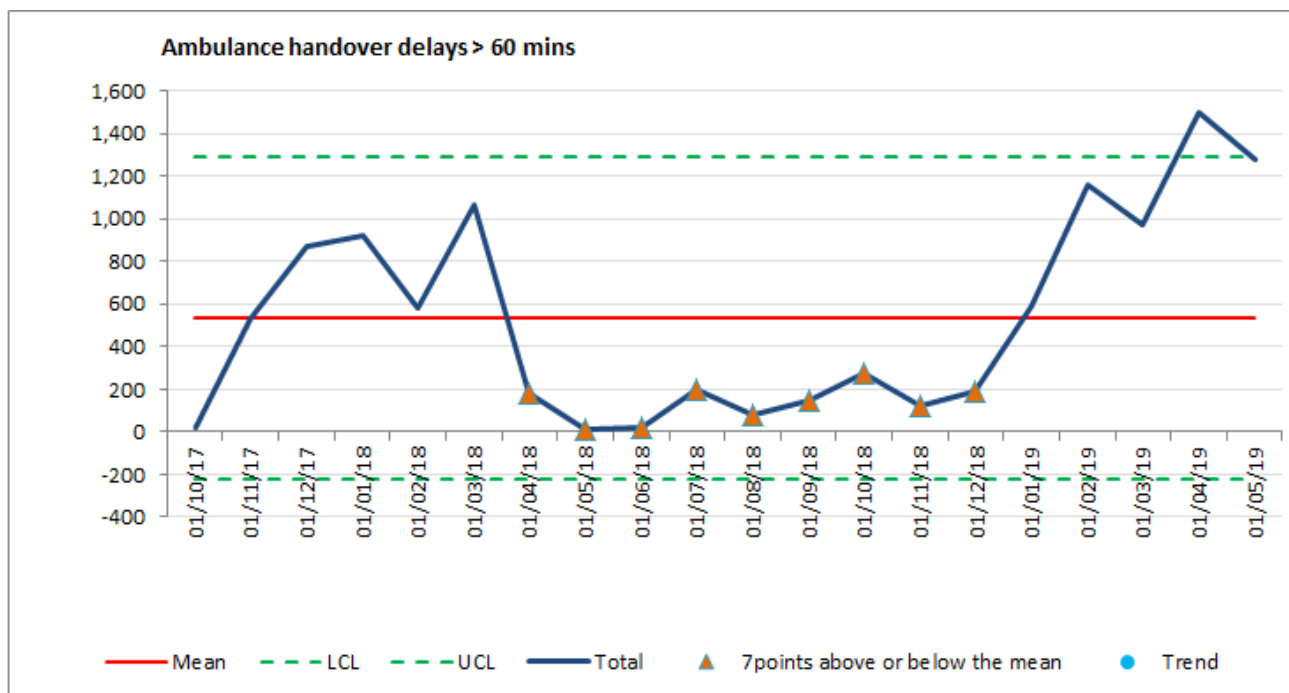
09/07

Context

- Ambulance handovers have been a long standing challenge for the local health system. Recently urgent care performance has been driven by a steep rise in demand.
- PHT experienced a significant increase in attendances in 2018/19
 - type 1 attendances per day have increase 6.3% year on year
 - type 1 admissions have increased 13.4% year on year
 - type 1 conversion rate has increased 6% year on year
- During January-March 2019 ED type 1 attendances were 12.3% higher than the same period in 2018. This equates to an additional 36 type 1 ED attendances per day.

Context

- Performance on handover delays has been challenging, although recently there have been signs of improvement:



Current performance:

Last week - 30-60m delays: 109, >60m delays: 25

w/c 24/6 - 30-60m delays: 189, >60m delays: 128

w/c 17/6 - 30-60m delays: 135, >60m delays: 79

Drivers of Performance

- Queen Alexandra Hospital estate

The current layout of our Emergency Department is not conducive to helping to avoid handover delays- in particular limited space for cohorting. Addressing the layout is a critical part of our new urgent care development on site.

- Bed occupancy

Whilst our length of stay has been reducing, PHT has higher bed occupancy than its peer group which impacts on patient flow and ED performance.

- ED processes

Includes factors such as higher admission rates compared to peers and understaffing in our medical workforce.

Objectives relation to reducing ambulance handover delays

- We recognise the impact ambulance handover delays have on both our patients and our partners and are working hard to improve them.

Overarching Objective:

Achieve upper quartile national performance for ambulance handovers

- Immediate objectives:
 - Eliminate delays >60mins
 - Maintain level of 30-60minute delays

IT specific actions

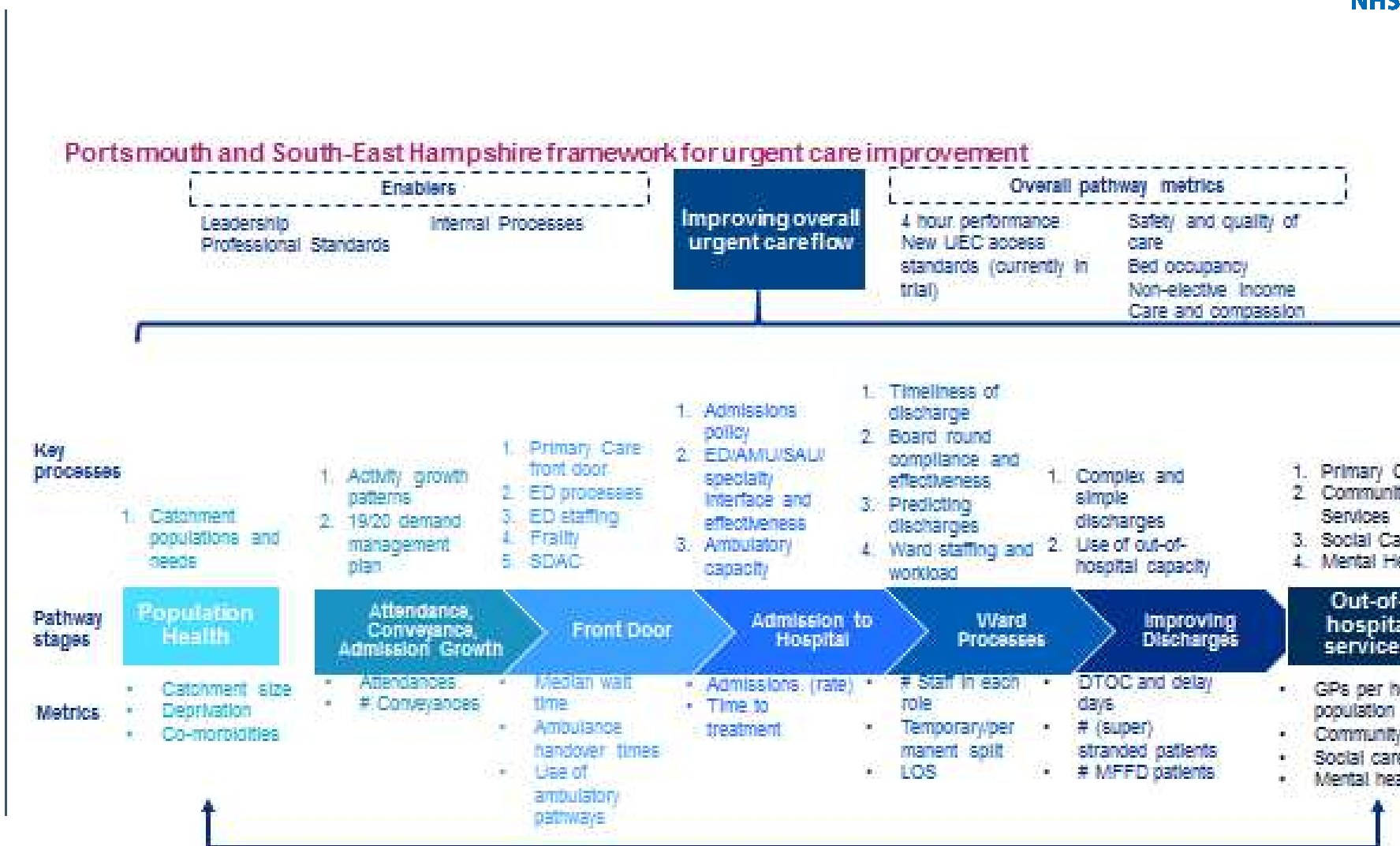
- Current actions:
 - Develop previously agreed/implemented ‘winter’ actions e.g. Frailty Assessment Unit, alternative (to ED) care provision, etc (impact: decongest main Emergency Department by transferring patients to specific services)
 - Occupancy project: Increase number of discharges earlier in the day (impact: decongest Emergency Department enabling prompt handover)
 - Proactive escalation for surges in demand within Emergency Department and throughout hospital (impact: increase short term handover space)
- Long term: Urgent care transformation programme includes £58million capital allocation to rebuild our urgent care facilities and enable us to transform the way we deliver urgent care services

Whole system response

- Developed an overarching urgent care improvement plan
- Focuses on key drivers of urgent care performance:
 1. Population health and demand
 2. ED processes
 3. Bed occupancy
 4. Out-of-hospital service

Note: there is significant interdependency between the drivers, therefore, change in one area cannot be fully isolated from another.

Whole system response (2)



mediate next eps

- Portsmouth and South East Hampshire response
 - Achieve agreed daily discharge targets for both simple & complex discharges
 - Reduce number of medically fit patients in QA beds to agreed levels (no more than 10% of bed base) through enhanced patient tracking and escalation to remove delays
(impact: improve hospital flow, reduce delay in time for admission and decongest Emergency Department)
 - Increase paramedic access to alternative care provision (impact: reduce conveyances to QA hospital)
 - Implement agreed out-of-hospital schemes (£7million investment) agreed as part of system wide aligned incentives contract (impact: reduce hospital demand)

oversight of elivery

- Local Health & Social Care Partners
 - Portsmouth and South East Hampshire A&E Delivery Board: agreed system wide urgent care improvement plan and monitoring progress
- NHS England & NHS Improvement
 - Regular review of system performance against all urgent care standards (including ambulance handover).

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