ASSOCIATION OF AMBULANCE CHIEF EXECUTIVES

NASMeD
National Ambulance Service Medical Directors

NASMeD guidance: Delayed hospital handover

Unfortunately delays in handing over clinical care of patients at hospitals is an ongoing problem and poses a significant clinical risk to patients. Unrecognised deterioration and missed opportunities for early intervention and escalation during prolonged handover delays have resulted in harm to patients.

NASMeD and AACE continue to raise our concerns about hospital handover delays at national and regional levels, and will continue to do all we can, working with our partners, to return this element of the pathway of care to accepted national standards.

Everyone should work together to ensure handover delays are minimised and enable rapid release according to agreed local procedures.

Discussions at local level (in jointly agreeing hospital handover processes) need to incorporate considerations listed in this guidance, so that all groups of staff and leaders are aware of what is expected in maintaining effective and timely care whilst awaiting handover.

This guidance is aimed at ensuring all aspects of ongoing care are considered during extended handover times (more than 15 minutes) to reduce the risk of patient harm and ensure the best possible care is maintained.

Key points

- **ANY** actual or potential harm to the patient must be reported in line with jointly agreed local procedures.
- Senior/in charge hospital staff **MUST** be alerted of any clinical care concerns and any deterioration of the patient documented. Record the time, clinician and outcome of the discussion on the care record.
- All additional care whilst waiting to handover **MUST** be documented on the ambulance care record.
- A record must be kept by the attending ambulance clinician of any assessments and/or interventions by hospital clinicians prior to patient handover.

Additional patient care guidance

Request support from hospital clinicians for aspects of care where you need assistance and/or it is outside your scope of practice.

- Repeat appropriate clinical observations at least every 30 minutes or more frequently according to the acuity of the patient, including documenting the NEWS2 score. Ensure patients with diabetes have glucose requirements monitored.
- Regularly reassess pain and consider the need for additional pain relief, fluids, oxygen and any other medication or intervention.

- Pressure area care/skin integrity: remain vigilant to the occurrence of pressure damage which can occur within hours, especially patients that are frail, unable to change position, are incontinent and/or have been immobilised. If appropriate loosen or remove patient restraint straps whilst the vehicle and trolley are stationary. Consider using a pressure mattress, provided by the hospital, and under guidance from hospital staff.

- Consider asking the patient to mobilise, change position, turn, and assist them to do this if appropriate.

- Medications – consider the need for the patient to take their normal medications that may have been missed and liaise with hospital staff at initial triage around patients that need time critical medications e.g. anticoagulants, insulin, Parkinson's medicines.

- Toileting – liaise with hospital staff to support the patient's toileting needs, e.g. need to pass urine, catheter bag emptying, stoma care.

- Hydration/nutrition – consider the need to provide fluid and food and liaise with hospital staff. Regular sips of water may be appropriate to ensure hydration. Consider when the patient last ate, especially if insulin dependent diabetic.

- Provide support and reassurance for all patients and those that experience distress, anxiety, confusion, agitation due to the delay and particularly consider additional needs of patients with mental health conditions, dementia and communication difficulties.

Versions:

First developed by NASMeD and issued during Covid pandemic, January 2021.

Revised by NASMeD and reissued 6th November 2024