



London Ambulance Service **NHS**  
NHS Trust

## **Procedure Relating to the Clinical Handover of Patients**

## DOCUMENT PROFILE and CONTROL.

**Purpose of the document:** To provide guidance when patients are handed over to hospital departments or treatment centres.

**Sponsor Department:** A & E Operations

**Author/Reviewer:** Senior Clinical Advisor. To be reviewed by July 2011.

**Document Status:** Final

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**\*Version Control Note:** All documents in development are indicated by minor versions i.e. 0.1; 0.2 etc. The first version of a document to be approved for release is given major version 1.0. Upon review the first version of a revised document is given the designation 1.1, the second 1.2 etc. until the revised version is approved, whereupon it becomes version 2.0. The system continues in numerical order each time a document is reviewed and approved.

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## **1. Introduction**

The London Ambulance Service NHS Trust (LAS) conveys patients, using the Accident & Emergency (A&E) and Urgent Care services fleet, to a variety of departments/units. The majority of patients are, however, conveyed to Emergency departments. It is therefore essential that a close working relationship is sustained between LAS and hospital staff to ensure the patient is handed over in a safe and timely manner. Delays may arise through difficulties in patient placement which can affect the hand over process, delaying ambulance activity.

The principles of this document should be used as guidance when patients are handed over into any other department or treatment centre. It is, however, accepted that there may be times when the transfer of patients to the designated receiving units may take longer than the LAS standard of 20 minutes. In these circumstances the respective control room should be informed so that they can appropriately record the reasons for the delay and actions taken to resolve it.

The LAS also conveys patients to other units for humanitarian reasons, e.g., a hospice. In these cases the patient's comfort and dignity will be the factors guiding hand over.

## **2. Objectives**

1. To provide clarity for both LAS and hospital staff of their role in the hand over of a patient, ensuring the provision of seamless patient care.
2. To ensure the patient is handed over in a safe and timely manner within the 20 minutes LAS hospital handover time standard.
3. To identify when responsibility for the patient transfers from the LAS to the receiving hospital.
4. To improve communication between LAS staff and receiving unit staff.

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### **3. Procedure**

#### **3.1 Clinical Hand Over**

3.1.1 A clinical hand over of the patient should be given to the Emergency department nurse/doctor taking responsibility for that patient using the Patient Report Form (PRF) to provide structure and clarity over the information provided. The information should include the patient's vital signs, history, injuries, name and age, further guidance on the completion of the PRF can be found in the PRF user guide which can be located on "The Pulse"

3.1.2 The patient's privacy must be maintained at all times. Ideally the handover should not take place in a public area.

3.1.3 Once the clinical hand over is complete, the receiving clinician should retain a copy of the PRF. At this point responsibility for the patient is transferred to the hospital staff.

3.1.4 Ambulance staff should also hand over any information on the patient's social circumstances to the receiving clinician which may help hospital staff with discharge planning. All medication and the patient's property must be placed in the relevant patient bag and be handed over at this time along with any other medical information that may be relevant to the patient's condition or treatment.

3.1.5 It is the responsibility of the hospital to ensure that their administrative process is fulfilled. Ambulance staff will leave the PRF with the hospital in the pre-arranged location, but should not be involved in the generation of the hospital patient record. LAS Staff should not carry out a verbal handover to reception staff enter details on the hospital computer or source the patient's hospital notes.

3.1.6 It is critical that the copy of the PRF is clearly legible. Staff should use a black ball point pen; press on a firm surface and sufficiently hard. If this copy is not legible, it should be over-written before being handed in.

#### **4. Completion of Documentation**

4.1 Wherever possible the PRF should be completed whilst en route with the patient to hospital, in accordance with the LAS user guide. If this cannot be achieved then the PRF should be completed as soon as possible on arrival at hospital. In the event that a FRU has attended the call prior to an ambulance, a copy of their HRF (handover report form) should be given to the crew conveying the patient so that it forms part of the overall patient record.

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4.2 In some situations a clinical handover precedes completion of the PRF, particularly where patients are taken directly into the resuscitation room. If this is the case the PRF should be completed as soon as possible and then left with the receiving clinician to form part of the patient's record.

## **5. Reporting Availability**

5.1 It is essential that ambulance staff ensure their availability is reported promptly to the Emergency Operations Centre (EOC) after patient hand over by the use of the 'green mobile' status button.

5.2 After reporting their availability to the EOC, the ambulance crew may request to remain on active area cover at the hospital and avail themselves of local facilities. This is acceptable providing they remain immediately available to respond to a call.

## **6. Delays due to assisting Hospital staff when necessitated by the Patient's condition**

6.1 Ambulance staff should inform the EOC as early as possible of any potential delays as a result of the patient's condition. Any other delays should also be reported to the EOC at the time of the delay (not retrospectively) a note will then be added to the electronic call log, this should also be documented on the PRF. Actions taken to mitigate and reduce such delays should also be recorded.

## **7. Staff Welfare**

7.1 If ambulance staff subsequently feel they need further support or assistance once the hand over is complete, they should contact the EOC who will contact the appropriate officer.

## **8. Delays for Patients who are 'Not Ready for Transfer'**

8.1 There are times when ambulance staff are committed to the transfer of a patient and the patient is not ready. If the delay is expected to exceed 20 minutes then the EOC must be informed immediately and the crew should remain in contact with the EOC. The final decision on whether ambulance staff should be re-deployed rests with the Operations Centre Manager (OCM). Effective liaison between ambulance staff and the EOC is essential.

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## 9. Hand Over of Adult Patients Where Death has occurred

9.1 In certain circumstances, and in accordance with the National Clinical Guidelines, ambulance staff are authorised to recognise patient death by implementing the recognition of life extinct (ROLE) procedure. Form LA3 must be completed for all patients where death has been recognised. This constitutes legal confirmation of patient death. Copies of both the LA3 and the PRF relating to the patient must be handed to the attending police officer. In circumstances where death is expected and the ambulance crew feel able to leave the scene before the arrival of the police, this documentation must be handed to the responsible person who will remain on scene with the deceased. EOC must be informed of the name of this person, it must be also be documented on the PRF.

9.2 The introduction of Recognition of Life Extinct (ROLE) for ambulance crews now eliminates the need for patients to be taken to Emergency Departments in order to pronounce life extinct.

9.3 When ROLE has been initiated the deceased patient then becomes the legal responsibility of the Coroner and must not be removed from scene without their authority. This authority is given via the attending police officer. In some circumstances the Coroner may permit the deceased patient to be removed to a pre-determined mortuary of the Coroner's choice.

9.4 When a deceased patient is permitted to be removed to a public mortuary, copies of the LA3 and the PRF should be handed to the police officer escorting the patient, or the mortuary attendants.

9.5 Any delays should be reported to the EOC as normal.

## 10. LAS Equipment Taken into the Emergency Medicine Department

10.1 All non-disposable equipment and blankets taken into Emergency departments should be retrieved, where possible, before leaving. This may be achieved by a direct swap. In the event of any essential equipment being left this must be documented on the LA1 and EOC staff informed. All equipment must be identifiable to the LAS. Any equipment not retrieved by the end of the shift must be verbally reported to the oncoming crew and documented in the station Occurrence Book. Every attempt must be made to retrieve the equipment during the course of the shift.

**NOTE:** This procedure adheres to current JRCALC guidelines. Section 9 will be expanded when agreement is reached between Coroners' Courts and the Local Authorities concerning a common approach to Sudden Unexpected Death in Infancy (SUDI).

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| <b>IMPLEMENTATION PLAN</b> |  |
|----------------------------|--|
| <b>Intended Audience</b>   | For all operational staff  |
| <b>Dissemination</b>       | The Pulse  |
| <b>Communications</b>      | Routine Information Bulletin (RIB)   |
| <b>Training</b>            | Annual CPD Updates and via team leaders  |
| <b>Monitoring</b>          | Staff use and compliance with the content of this policy will be monitored by Team Leaders as part of their day-to-day role. In addition, the bi-annual Operational Workplace Review will also help identify any issues associated with the practices of staff, which can be further developed through the Personal Development Review process as necessary. |