

# Ambulance Handover at Leicester Royal Infirmary

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Thursday 12 March 2015

10am-2pm



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To observe the handover of patients from the ambulance service to the hospital

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To observe the ambulances arriving and departing from the six ambulances

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To observe the handover process in the A&E Department at LRI



# Handover and turnaround observation

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Over the four-hour period, we observed 28 ambulances arriving on site and we collected full data on 22 vehicles and had incomplete data for six vehicles.



From the data captured, there is a 50/50 split for handover times to LRI, with 11 ambulance crews handing over patients within 15 minutes and 11 ambulance crews taking over 15 minutes.



The longest delays in handovers occurred during 11.30am-12pm and 1pm-1.30pm.



# Summary of Findings

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- We saw evidence that having the ambulances and pedestrians using the same area to access the hospital was chaotic
- We saw unauthorised vehicles using the same road as the ambulances and causing obstructions to the Ambulance bays
- We saw the attendant in charge of ambulance flow working diligently to direct vehicles and guiding pedestrians for their safety
- We saw evidence of hospital staff working together within the ED department
- From the data captured there was a 50/50 split for handover times to LRI
- Ambulance crews raised concerns about access routes inside the hospital and the problems they encounter when transporting a patient to the hospital



# Additional observations

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The narrowness of the passage behind the ambulance bays - a passage used by both the public and the ambulance staff transferring patients from the vehicles to hospital - results in the interference of ambulance staff carrying out their duties.



(Ambulance crews) have to have eyes in the backs of their heads due to cars, taxis and particularly pedestrians being all around them when they are reversing into the bays and especially when leaving on emergency calls.



There appears to be insufficient space for taxis and vehicles to drop off/ pick up patients, which results in tailbacks inhibiting incoming ambulances.

