Trauma Handoff Communications and Case Studies

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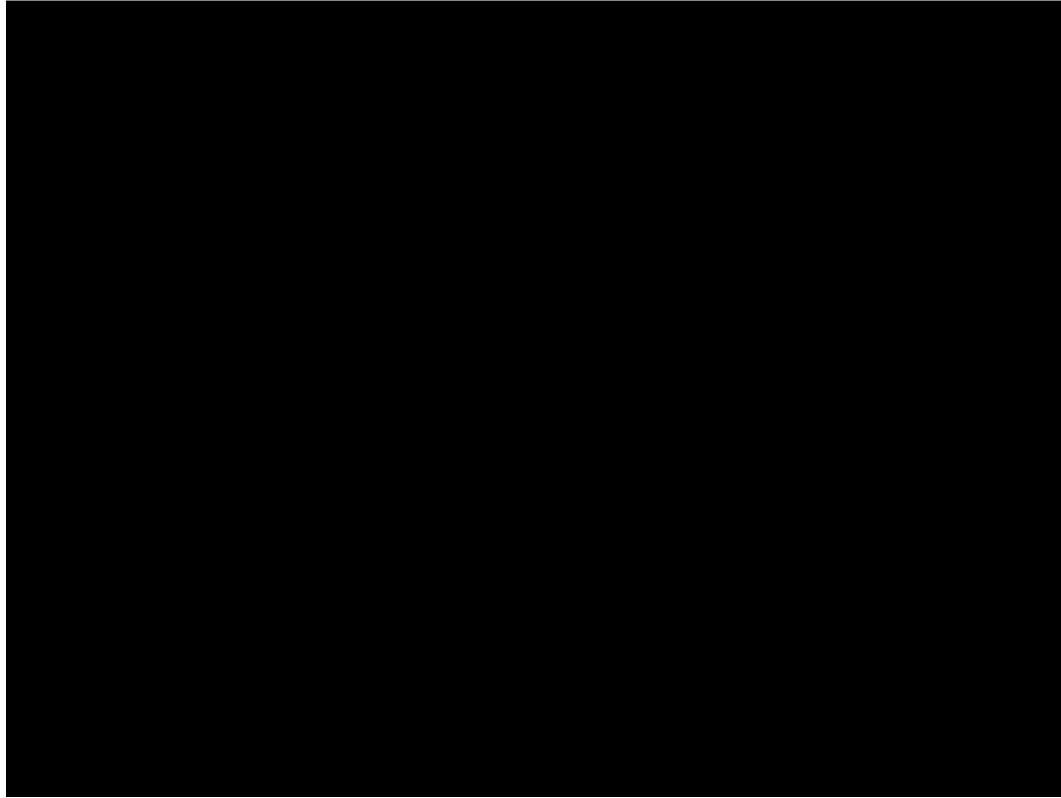
Learning Objectives

- Review of basic verbal communications.
- Understanding of EMS communications methods.
- Comprehension of EMS reports formats related to trauma patients.
- Verbalization and demonstration of practice communications scenarios.
- Evaluate medical needs of trauma patient in a rural setting.

What is wrong now?

- Inadequate preparation before reports
  - Prehospital
  - Bedside
- Lack of active listeners
- Distractions
  - IV lines
  - Tubes
- Important Information missing
  - Scene information
  - Patient history
  - Interventions performed
  - Response to interventions
  - Vital trends
- Multiple providers up through the levels of care



Video courtesy of Rural Trauma Team Development Course 4th Edition, American College of Surgeons,2015

Trauma Handoff Video Takeaways:

- Short inbound radio report
  - No follow up questions for clarification
- Staff not engaged
  - No trauma level call out
  - No support staff
  - Unprepared ER staff
- EMS report
  - Quiet on entry
  - Waited to long to start report
  - Unprepared to give report
- ER staff lacking basic listening skills
- MD starts assessment during report
- Lack of urgency by all involved

"Kevin! Put this clean underwear on before you get to the hospital!"

What’s the big deal?

- Increase risk of missed or omitted information especially with high acuity patients
- Multiple reports
  - First responder to EMT
  - EMT to Paramedic
  - Paramedic to Emergency Room staff
  - ER staff to specialty/trauma staff (including MD to MD)
  - RN to RN handoffs
    - ER to ICU
    - ICU shift change
    - ICU to Medical Floor
    - Medical Floor to Rehab Facility/Staff
    - Rehab stays can be months after incident

What’s the big deal? cont.

- A hospitalized patient, who would have had a single physician care for them 30 years ago, now may have dozens of physicians, consultants, specialists, residents and medical students take part in their care. (Clanton, Loggins, Herron, 2018)

COMMUNICATION
memegen.com

EMT's are taught:

- Introduction in EMT Basic Class
- Heavy focus on actual radio
  - Handheld
  - Mobile
  - Base Station
  - Repeaters
- Medical aspect or EMT to Hospital Report portion short.
- Interpersonal communications focus
  - Non Verbal cues
  - Reassurance
  - Violent patients/behaviour
  - De Escalation

RN's are taught:

- Communications focused on throughout stages of education
- Nurse to nurse
  - Support Staff
  - Doctors
  - Family
- Interpersonal aspects as well
- Emergency Room/Trauma Situation communication is all on the job training
  - TNCC
  - Role playing/practice scenarios
  - Precepted
- Relies on preceptors experiences/biases

Bad Communications = Medical Error?

- Handoffs at patient bedside led to information loss due to:
  - Busy receiving staff
  - Physical transfer of patient from cot to bed
  - Transfer of medical equipment
  - Maintenance of interventions
  - Assumption written reports will suffice
    - Not practical for timely information
    - Specialty services unable to access later
  - Specialty services rely on second and third hand reports of patient presentation.

(Woodson, 2018)

The Basics

- Sender
  - Speak Clearly
  - Volume
  - Tone/Inflection
  - Calmly
  - Non verbal cues
- Receiver
  - Eye Contact
  - Receptive
  - Acknowledge
  - Confirm
  - Non verbal cues

Inbound Report

Radio

- Impersonal
- Variable receiver
    - Nurse
    - Tech
    - HUC
- Congested
    - Multiple Units
- Public
    - HIPPA/Privacy
    - Critiquing by others
- Anxiety
- Inexperience

Cell Phone

- Personal
- Focused receiver
    - Charge Nurse
    - Medical Control
    - HUC
- Less Congested
- Private
    - Able to give patient demographics
- Receiver able to obtain more finite information
- Familiar process for both sender and receiver
- Less anxiety

NATO Alphabet

A - Alfa
B - Bravo
C - Charlie
D - Delta
E - Echo
F - Foxtrot
G - Golf
H - Hotel
I - India
J - Juliett
K - Kilo
L - Lima
M - Mike
N - November
O - Oscar
P - Papa
Q - Quebec
R - Romeo
S - Sierra
T - Tango
U - Uniform
V - Victor
W - Whiskey
X - Xray
Y - Yankee
Z - Zulu

How can we improve?

Use a systematic proven method:

- **MIST (Prehospital reporting)**
  - **Mechanism**
  - **Injuries**
  - **Signs & Symptoms (Including vital signs)**
  - **Treatments**
- **SBAR (In hospital generally nurse to nurse)**
  - **Situation**
  - **Background**
  - **Assessment**
  - **Recommendations**

M = Mechanism

Trauma scenario with audience participation

M = Mechanism

- History of the event
- Type of event
  - Car or Motorcycle crash
  - Gunshot
  - Fall
  - Assault
- Type of crash
  - Head on
  - T Boned
  - Roll over
  - Ejection
- Safety Equipment or lack of
  - Seat belts
  - Air Bags
  - Helmet

Other factors to consider:

- Death in same vehicle
- Prolonged extrication
- Amount of intrusion
- Impact
  - Fixed object
  - Animal
  - Another vehicle

Injuries Identified

- Major physical exam findings
- Patient on anticoagulants?
- Use ABCDE trauma assessment
  - Airway
  - Breathing
  - Circulation
  - Disability
  - Exposure
  - Inbound report does not need to include minor findings

Signs and Symptoms

- Chief Complaint
- Glasgow Coma Scale
- Blood Pressure
- Pulse
    - Quality and location
- Respiratory Status
    - Rate and quality
- Lung Sounds
- ECG rhythm if known
- Pulse Oximetry
    - Room air or with Oxygen
- End Tidal CO2
- Blood Glucose

Treatment(s)

- Care of life threats
  - ABC’s
- Major injuries
  - Splints, dressings, immobilization
- Response to treatments
  - Bleeding controlled
  - Improved vital signs
  - Decreased pain or anxiety

Lets practice.

Volunteers?

First Responder/EMT

Paramedic

Emergency Room Nurse

Visible Injuries:

Left Femur fracture with hemorrhage

Right Forearm fx

Right Humerus fx

Bilateral Eye Ecchymosis

Left sided rib fx with floating segments

Presentation:

Responses to Pain

Moans only

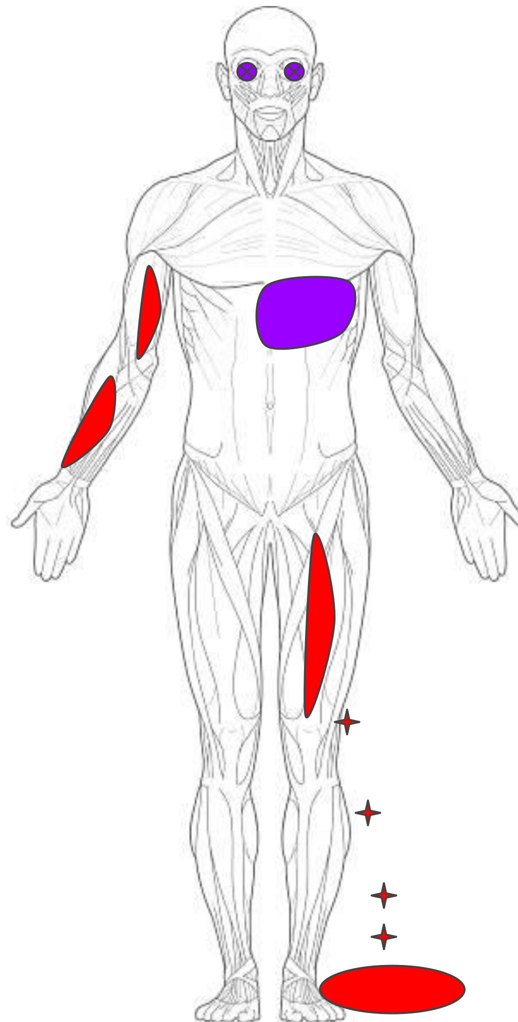
Breathing labored - 30 RR

Unequal chest rise

Central pulses only - 120 HR

Pale, cool, diaphoretic

Pupils unequal and sluggish



Blood Product

Pain Meds

IV Fluids

RSI Sedation Meds

TXA

IV

IV

Trauma Dressing

Tourniquet

Splint

Splint

Needle Chest

Oxygen NRB

Airway

C Spine

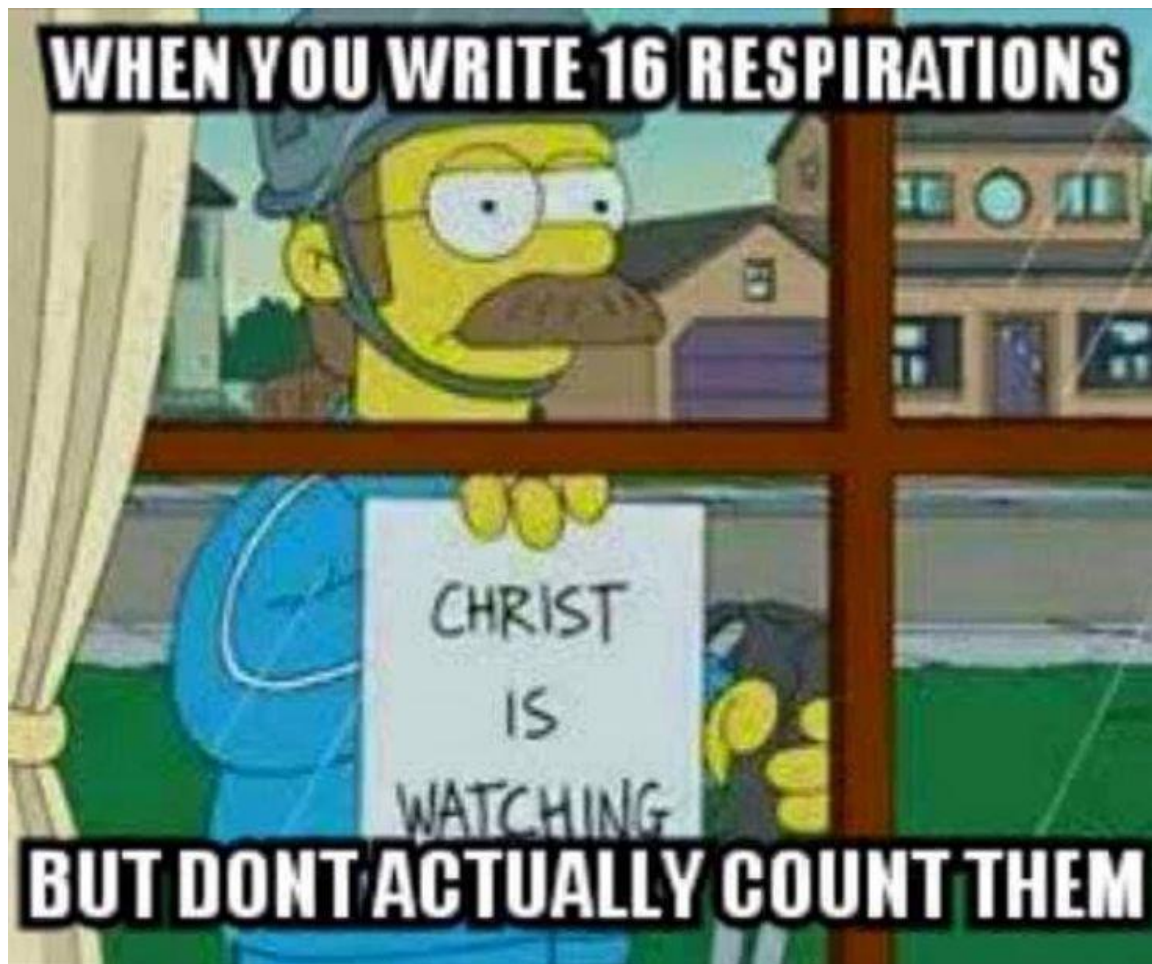
MIST in Action!

First Responder/EMT Interventions

-

Paramedic Interventions

-


WHEN YOU WRITE 16 RESPIRATIONS
CHRIST IS WATCHING
BUT DONT ACTUALLY COUNT THEM

MIST Report Enables

- Trauma Level
  - Red, Yellow or Green
  - Level 1 or Level 2
- Brings together
  - Physicians
  - Lab
  - Radiology
  - Anesthesia
  - Specialties
    - Peds
    - Ortho
  - Hospital Supervisor
  - Chaplains
  - Pharmacist

Take Aways:

- Practice makes perfect
- Preceptors rock! Lead the way and set an example
- Building a mental report while working will help make it flow
- Use the same process every time
- Call early
- Be confident. You can do it!

Questions?

Medical Afflictions OF THE Cartoon World

Parkinson's Disease

Anorexia

Amphetamine Addiction

A.D.D.

Gigantism

Senile Agitation

Narcolepsy

Sexual Addiction

Violent Mood Swings

Napoleon Complex

Severe Lisp