

Smooth Operations

Epitomizing the EMS/Long Term Care Interface



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Disclosures

I have none – but if someone would like to pay me to sell something, see me afterward...



Disclosures

Paramedic Educator

Mercy EMS

Mercy Hospital Springfield



The Big Question

What will make this transition smoother
for the patient?

The Big Answers

(In my humble opinion)

- A good rapport (understanding each other)
- A good report (communications)
- Good written reports (paperwork)

A Success

- "Frank"

A Failure...or two...or....

- They all had a similar story
- No one to meet them, can't find pt
- No good report...vacation, not mine...
- Disheveled mess of papers

The Odd Couple

- Environment
- Medical Direction
- Perspectives



We Can Make Each Other

- Empathy
- Breach

For the
Patient!!!

are



Get to know us!

- Mercy EMS Operations Supervisor
 - On-duty 24/7/365
 - 417-844-4422
 - 417-820-5454 ext. 4 (EMS Office)
- If you ever have questions or concerns, PLEASE CALL!
- Get to know other EMS providers, too

Let's Get on the Same Page

- A good patient report is one of the very best things we can do for our patients.
- The patient report starts with what you tell the communications center

Communications

- Key questions asked by dispatch
 - Call back number
 - Address
 - Chief Complaint (what is the emergency right now that requires ambulance transport...)
- Other questions to expect
 - Age
 - Awake /Conscious (Change in mental status)
 - Breathing?
 - Has patient been evaluated by a doctor or nurse?

Communication

- Verbal Patient Report
 - Pick a good, concise format.
 - Have it prepared
 - Have a confident delivery
 - Make sure it's right!
 - IDDM, Preferred Hospital

IMIST-AMBO covers the standard way practitioners hand over information about patients to receiving ED staff:

I	Identification of patient	
M	Mechanism of injury or medical complaint	
I	Injuries or information related to complaint	
S	Signs	Pulse: _____ BP: ____ / ____ mmHg Resps: _____ Sats: ____ % GCS: E ___ V ___ M ___ BM: _____ Mmols Temp: _____ °C
T	Treatment and trends	
Pause for Questions		
A	Allergies	
M	Medication	
B	Background	
O	Other Information	
Any Further Questions		

Communication

I	Identification of patient	
M	Mechanism of injury or medical complaint	
I	Injuries or information related to complaint	
S	Signs	Pulse: _____ BP: ____ / ____ mmHg Resps: _____ Sats: ____ % GCS: E ___ V ___ M ___ BM: _____ Mmols Temp: _____ °C
T	Treatment and trends	

- 60 seconds
- Emergent info
- Grab their attention
- Ask for questions

Communication

A	Allergies	
M	Medication	
B	Background	
O	Other Information	

- Help get pt moved
- Report other info

Depending on the patient, you may not get passed the IMIST portion!

Communication

- Verbal Patient Report

Demand they give you the same courtesy when a patient is returning.

Traveling Papers

- Patient “face sheet”
 - Name, DOB, SSN, Physician
- OHDNR, TPOPP, or POLST orders
- Medication list including time last given! Allergies noted if any.
- Copy of Medical POA (legible with POA’s contact info)
- PCS

Traveling Papers

- The new “Green Form”
- Initiative started by CoxHealth – included 19 facilities that have their attending physicians
- EMS, and ER physicians love it so far
- SWEMS desire to expand

EMT, PLEASE GIVE THIS FORM TO ED STAFF UPON ARRIVAL

Skilled Nursing Facility to Emergency Department
TRANSFER FORM

Instructions:
 1. *Print only* and answer each question.
 2. Baseline section may be completed prior to the date of emergency.
 3. *Always* send this form, copy of medication record (MAR) / recent medications, and advance directive (DNR, TPOPP, other).

Facility Name: _____
Facility Address: _____

Resident's Last Name: _____ **First Name:** _____ **MI:** _____ **Sex:** M F **Date of Birth:** ____/____/____

Attending Physician at Facility: _____ **Physician Contact Number:** _____ **DNR Orders:** Attached

Name of Resident's Next of Kin/Health Care Power of Attorney: _____ **Phone Number:** _____

Baseline Mental Status (Check appropriate boxes):

Baseline Mental Status	Functional Status	Indep.	Asst.	Depend
<input type="checkbox"/> Alert <input type="checkbox"/> Oriented <input type="checkbox"/> Confused	<input type="checkbox"/> Feeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Aggressive <input type="checkbox"/> Elopement Risk	<input type="checkbox"/> Bathing/Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does Resident make own decisions?	<input type="checkbox"/> Transfer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> On O2 normally?	<input type="checkbox"/> Ambulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Past Medical History: DM CHF QCORD CAD/MI HTN QHD/ID
 QOther: _____

Chief Complaint: Chest Pain SOB/Cough Abdominal Pain / Nausea / Vomiting
 Mental Status Change Fall with injury to: _____
 Critical Lab _____ Other _____

Notes: _____

Recent for Acute Transfer: T _____ P _____ R _____ BP _____ / _____ Pulse Ox: _____

Pertinent Recent Labs: _____ **Allergies:** _____

Additional History: Acute - New Diagnosis / Recent Hospitalization

Transfer Nurse (Print Name): _____ **Provider Ordering Transfer (Print Name):** _____

Phone Number: _____ **Exchange Number:** _____

Final Checklist:
 1. Complete form - no blanks
 2. Copy MAR/medication list & staple to this sheet
 3. Copy of Advance Directives
 4. Call ER (417) 255-4791 Cox South, Cox Branson (417) 335-7216, Cox Mineral (417) 354-1150

NOT A PERMANENT PART OF MEDICAL RECORD 05/2017

Traveling Papers

EMS- PLEASE GIVE THIS FORM TO ED STAFF UPON ARRIVAL.	Skilled Nursing Facility to Emergency Department TRANSFER FORM
Instructions	1. <i>Print only</i> and answer each question. 2. Baseline section may be completed prior to the date of emergency. 3. <i>Always</i> send this form, copy of medication record (MAR) / recent medications, <u>and</u> advance directive (DNR, TPOPP, other)

Traveling Papers

Baseline (consider completing prior to unplanned emergency)	Facility Name:				
	Facility Address:				
	Resident's Last Name	First Name	MI	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth / /
	Attending Physician at Facility			Physician Contact Number	
	Name of Resident's Next of Kin/Health Care Power of Attorney				Phone Number
	(Check appropriate boxes)				
Baseline Mental Status		Functional Status			
<input type="checkbox"/> Alert <input type="checkbox"/> Oriented <input type="checkbox"/> Confused <input type="checkbox"/> Aggressive <input type="checkbox"/> Elopement Risk Does Resident make own decisions? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> On O2 normally?		Indep. Asst. Depend Feeding <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Bathing/Dressing <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Transfer <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Ambulation <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Past Medical History: <input type="checkbox"/> DM <input type="checkbox"/> CHF <input type="checkbox"/> COPD <input type="checkbox"/> CAD/MI <input type="checkbox"/> HTN <input type="checkbox"/> HD/PD <input type="checkbox"/> Other: _____					

Traveling Papers

Reason for Acute Transfer	Chief Complaint: <input type="checkbox"/> Chest Pain <input type="checkbox"/> SOB/Cough <input type="checkbox"/> Abdominal Pain / Nausea / Vomiting <input type="checkbox"/> Mental Status Change <input type="checkbox"/> Fall with injury to _____ <input type="checkbox"/> Critical Lab _____ <input type="checkbox"/> Other _____ Notes:	
	T _____ P _____ R _____ BP _____ / _____ Pulse Ox _____	
	Pertinent Recent Labs:	Allergies:
	Additional History: <i>Acute – New Diagnosis / Recent Hospitalization</i>	
	Transfer Nurse (Print Name):	Provider Ordering Transfer (Print Name):
	Phone Number:	Exchange Number:
	Final Checklist: <ol style="list-style-type: none"> 1. Complete form – no blanks 2. Copy MAR/medication list & staple to this sheet 3. Copy of Advance Directives 4. Call ER (417) 269-5791 Cox South; Cox Branson (417) 335-7218; Cox Monett (417) 354-1150 	



Your life is our life's work.

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