

Transfer of Care

System protocol for transfer of care from EMS providers to
Emergency Department providers

Transfer of Care Protocol

- Hospital emergency departments receiving 9-1-1 transported patients shall be prepared to receive patients from Emergency Medical Services (EMS) providers and accept care of patients upon arrival.
- The transfer of care process will support:
 - best practices of safe handoff communication
 - a goal of facilitating EMS departure within 20 minutes of arrival to Emergency Department (ED)

Goals

- To promote the understanding that handoff is a crucial point of time in patient care during which information and responsibility is transferred from one provider to another.
- To establish evidence-based standards and expectations for handoff communication and interaction.

Elements of Transfer of Care

- Pre-hospital observation of scene, illness/accident circumstances, initial interventions
- Radio alert to hospital
- Bedside handoff communication
- EMS written report (paper or electronic)
- Hospital actions supporting EMS return to service

Barriers and Challenges

- Communication between report sender and receiver
- Timeliness of
 - bed assignment
 - RN availability
 - Bedside handoff report
- Provision of EMS patient care record (written or electronic)
- Facilitation of EMS return to service

Transfer of Care/Handoff

- Handoff is the transition of care between two or more providers with the exchange of information, responsibility, and authority.
- Effective transfer of care/handoff communication from EMS to the ED is critical to providing safe and quality patient care.

Handoff Communication

- Handoff is a critical component of quality patient care
- Failures of communication during handoff are major drivers of error and patient harm within all parts of the healthcare system.
- In 2014 the American College of Emergency Physicians observed that, “The most dangerous point in a patient’s ED journey is the handoff and transition of care.”

Consequences of Handoff Failure

- Patient handoff failure may cause consequences from minor inconvenience to significant patient harm - including death.
- Poor patient handoff has been shown to cause:
 - Treatment delays
 - Treatment errors
 - Increased lengths of hospital stay
 - Increased treatment costs
 - Additional issues of minor, and major, patient harm and care inefficiencies

Transfer of Care/Handoff

- The goal of handoff communication is to develop a shared understanding among providers, providing a clear framework of the patient's:
 - clinical picture
 - level of illness/injury
 - treatments given
 - medications administered
 - response to therapy.
- Effective communication is essential to safe transfer of care.

Key Research Findings

- In an observation study of patient handoff with direct verbal contact between EMS providers and hospital clinicians, an average of more than 25% of key information was not documented by hospital staff.
- Key report elements such as pre-hospital hypotension, GCS score and other pre-hospital vital signs were often not recorded by hospital staff.
- One study showed ED staff typically *remember less than half* the information EMS crews give them during verbal handoffs.
- Three studies showed EMS providers did not feel ED staff paid attention when patients were being handed off.
- On the EMS side - some EMS verbal reports failed to include up to 50% of essential report elements.

Key Research Findings

Investigations by the Joint Commission (JC) found that:

- The root cause of 70% of hospital-related sentinel events involved communications
- 50% of those events occurring during patient care handoffs.

“Patient care handoff communication,” JC asserted, “has been identified as a critical safety and quality problem.”

Consensus Statement: A Call for Change

- American College of Emergency Physicians (ACEP)
- Emergency Nurses Association (ENA)
- National Association of EMS Physicians (NAEMSP)
- National Association of Emergency Medical Technicians (NAEMT)
- National Association of State EMS Officials (NASEMSO)

Issued the following joint statement:

“Clearly defined processes for the concurrent face-to-face communication of key information from EMS providers to ED health care providers is critical to improving patient safety, reducing medico-legal risk, and integrating EMS with the health care system.”

Call for Change

“The handoff between EMS and the ED is a critical moment in patient care. As clinicians working in the pre-hospital environment, emergency department, or both, we must change both the process and culture surrounding verbal and written documentation if we are to do the best for our patients.”

Benefits of Effective Patient Handoff

Effective patient handoff:

- Improves continuity of care
- Reduces gaps in information transfer
- Enhances patient safety
- Reduces frustration

‘Transfer of Care’ Best Practices

identified by the American College of Emergency Physicians

- In addition to a verbal report, the minimum key information required for patient care must be provided by EMS in written or electronic form at the time of transfer of patient care.
- All members of the health care team, must communicate with mutual respect for each other, and respect the verbal and written communication from EMS.
- During the transfer of patient care, receiving health care providers should have an opportunity to ask questions to clarify information.
- Health care facilities should receive patient care transfer reports in a timely manner, facilitating return of EMS units to service.
- The *complete* EMS patient care report must be available to the receiving facility within a clinically relevant period of time.

Handoff Communication Best Practices

Handoff communication best practices include:

- Standardization of verbal and written handoff
- Face-to-face verbal communication & interactive questioning with the next provider of care.
- Mutual focus of providers on the exchange of information, held in a setting with minimal interruptions
- The receiving ED provider utilizes:
 - active listening
 - note-taking interactive questioning
 - focused read-back of high priority itemsto develop full and accurate content from information provided by EMS.

HEMS Transfer of Care Protocol

The HEMS Transfer of Care Protocol is based upon:

- Recognition that handoff is identified as a frequent failure point in medical care by virtually every health agency (ACEP, ENA, NAEMSP, NAEMT, NASEMEO)
- Evidence based effective communication practices
- Understanding that mutual respect and appreciation for the contributions of all providers enhances communication and patient care safety

HEMS Transfer of Care Protocol

The HEMS Transfer of Care Protocol defines collaborative standards for handoff:

- EMS *and* ED radio communication
- EMS *and* ED provider bedside report communication
- EMS written report (written or electronic)
- EMS/ED/Hospital management of delays in transfer of care

HEMS Transfer of Care Protocol

The HEMS Transfer of Care Protocol outlines problem resolution steps for ED handoff delays:

1. When a delay in transfer of care occurs, EMS personnel will make face-to-face contact with the ED supervisory staff regarding ED bed availability timing, and to inquire for potential offload delay reason.
2. EMS personnel will notify their EMS supervisor when wait times are ≥ 20 minutes *and they have not received satisfactory resolution* from ED supervisory staff.
3. EMS supervisor, once notified by EMS personnel, will make contact with the ED supervisory staff to communicate urgent need to release ambulance resources.
4. ED supervisory staff will provide situational awareness to Hospital/ED administration of periods of high ED demand associated with unusual or escalating offload delay situations.

Transfer of Care Protocol: Desired Outcomes

- A more focused, efficient, and professional handoff that is a more collegial and pleasant experience for everyone involved.
- When handoff is done properly:
 - errors and omissions be avoided
 - the experience can be a positive one for the *reporting* and *receiving* teams
 - the patient's care, safety and overall experience is improved

**HEMS
System Protocol
TRANSFER OF CARE**

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I. **Purpose:** The purpose of this policy is to establish standards for the transfer of patient care from Emergency Medical Services (EMS) providers to emergency department (ED) providers in the HEMS Medical Control Authority.

II. **Policy:** Acute care hospital emergency departments receiving 9-1-1 transported patients shall be prepared to receive patients from EMS providers and accept care of patients upon arrival. The transfer of care process will support best practices of safe handoff and a goal of EMS departure within 20 minutes of arrival to ED.

III. **Definition:**

Transfer of Care- Transfer of Care will be noted when:

1. The patient is removed from the EMS stretcher and transferred to the ED stretcher, bed, chair or other acceptable location.
2. EMS personnel provide a face-to-face verbal report to the accepting ED approved person.
3. Accepting ED approved person signs the Prehospital Patient Care Record (PCR).

IV. **Provider Communication:**

1. Priority 1 and 2 radio communication

EMS provider will notify the hospital of patient transport (reference HEMS protocol **General Considerations**)

EMS radio communication responsibility:

- Unit number
- Priority
- Age/Sex
- Chief complaint. As appropriate state STEMI, Stroke, Cardiac/respiratory arrest, Trauma or Sepsis alert
- GCS / Vital Signs / Physical findings
- Other pertinent information (mechanism of injury, scene observations, medical history etc.)
- Treatments initiated
- ETA

The signal for report end is the question "Are there any questions or further orders?"
As appropriate request Security assist, Lift assist, or Infectious Disease isolation.

Hospital staff radio communication responsibility:

- The hospital will respond to EMS communication and prepare to receive the patient.
- Respond to radio alert in a timely manner.
- Listen carefully.
- Ask for relevant missing information

Hospital signals transmission end by stating "we will be expecting your arrival Hospital X is clear." When possible assign room number, treatment area, or external triage.

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2. Priority 3 radio communication

EMS responsibility: EMS provider will radio HEMS operator Priority 3 information.

- EMS unit number
- Chief complaint
- Need for a stretcher
- ETA

HEMS Operator responsibility: relay and repeat Priority 3 transfer information to receiving hospital.

- Alternatively the EMS provider may utilize HEMS radio to establish contact with the hospital for providing a direct Priority 3 report.

V. Transfer of Care Communication

1. Effective transfer of care (handoff) from EMS to the ED/EC is critical to providing safe and quality patient care. Structured communication during the transfer of care is essential to prevent missed information. A handoff is more than the transfer of patient care information; it is also the transfer of professional responsibility.

2. Optimal transfer of care communication staging

- The goal of the transfer of care report is to develop a shared understanding among providers.
- Handoff should be face-to-face and held at the patient bedside to provide mutual understanding of current clinical appearance and VS; and to include the patient in the report.
- Report should be provided and received in a professional and mutually respectful manner.
- The clinician receiving transfer of care information should be:
 - the next giver of care
 - clearly identifiable
 - prepared to receive the handover uninterrupted and with limited distractions

3. EMS provider verbal report responsibilities

- Identify the next direct caregiver. "Are you the nurse that will be caring for the patient?"
- Provide a succinct, relevant, complete report in 45-60 seconds
- Utilize CHEATED acronym to guide report and documentation.
 - C – Chief Complaint. Why was EMS called?
 - H – History. Medical/surgical history, allergies, medications, Advance Directive
 - E – Examination. Relevant physical exam findings
 - A – Assessment and field diagnosis. What is perceived to be wrong with patient?
 - T – Treatment provided. What did you do for the patient?
 - E – Evaluation. Response to treatment. Did patient get better/ worse during transport?
 - D – Disposition. Document transfer of care to the medical facility/care provider.
- Share any changes since the initial report.
- Include additional information that may help the ED team.
- Show gratitude and appreciation for the work of the ED team.

The signal for EMS provider report end is the question: "Are there any questions?"

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4. EMS personnel shall provide continuity of treatments upon arrival at the ED. If a change in patient condition or other situation arises in which EMS personnel believes additional care is required, EMS will notify ED staff on arrival.

5. Hospital provider verbal report responsibilities

- Make yourself available to receive report in a timely manner
- Signal readiness to receive report.
- Offer focused, respectful attention, allowing complete provider report without interruption.
- Show gratitude and respect for the work of the EMS team
- Summarize and “speak-back” key aspects of priority information
- Ask questions to clarify information

6. Patient Care Report

- A Patient Care Report (PCR) will be completed and provided to the ED staff for each patient transport via HEMS approved documentation delivery methods, i.e. email, fax, or paper report. (reference HEMS protocol Patient Care Record, Electronic Documentation & EMS Information System).
- The PCR or Field Note will include at least the minimum data required by protocol.

V. Collaborative management of delays in transfer of care

EMS/ED/Hospital responsibilities:

1. ED personnel will work with the EMS personnel and/or EMS supervisor to:
 - assure optimal transfer of care
 - resolve instances of offload delays and/or extended offload delays
 - provide, as requested, communication of reason(s) offload delays
2. When a delay in transfer of care occurs EMS personnel will make face-to-face contact with the ED supervisory staff, regarding ED bed availability timing and to inquire for potential offload delay reason.
3. EMS personnel will notify their EMS supervisor when wait times are ≥ 20 minutes and they have not received satisfactory resolution from ED supervisory staff.
4. EMS supervisor, once notified by EMS personnel, will make contact with the ED supervisory staff to communicate urgent need to release ambulance resources.
5. ED supervisory staff will provide situational awareness to Hospital/ED administration of periods of high ED demand associated with unusual or escalating offload delay situations.

Transfer of Care Protocol Quiz

- 1 Elements of transfer of care include which of the following:
 - a) Pre-hospital observation of scene, illness/accident circumstances, initial interventions
 - b) EMS written report
 - c) Emergency department parking
 - d) Bedside handoff communication
 - e) All except C
- 2 True or false: Effective care transitions from Emergency Medical Services (EMS) to the Emergency Department (ED) is critical to providing safe and quality patient care
- 3 True or false: Research has shown that some EMS providers fail to verbalize fewer than 50% of essential report elements.
- 4 True or false: Failures of communication during handoff are major drivers of error and patient harm within the all parts of the healthcare system.
- 5 Poor patient hand off has been shown to cause:
 - a) Treatment delays
 - b) Treatment errors
 - c) Increased lengths of hospital stay
 - d) Increased treatment costs
 - e) All of the above
- 6 True or false: All observation studies of EMS reporting off to ED providers demonstrated ED staff always paid close attention to the report.
- 7 All of the following agencies support improvement of the handoff process except:
 - a) American College of Emergency Physicians (ACEP)
 - b) Emergency Nurses Association (ENA)
 - c) National Association of Electrical Engineers
 - d) National Association of EMS Physicians (NAEMSP)
 - e) National Association of Emergency Medical Technicians (NAEMT)
- 8 True or false: The HEMS Transfer of Care Protocol outlines problem resolution steps for ED handoff delay.
- 9 The first step in delay in transfer of care problem resolution is:
 - a) Call your EMS supervisor
 - b) Call the hospital administrator
 - c) Make face-to-face contact with the ED supervisory staff regarding ED bed availability timing, and to inquire for potential offload delay reason.
 - d) Ask for the ED physician to find a bed
- 10 When wait times are ≥ 20 minutes for transfer of care to ED, EMS providers should:
 - a) Always call their EMS supervisor to ask them to call the ED charge nurse
 - b) Notify their EMS supervisor only when wait-times are ≥ 20 minutes and they have not received satisfactory resolution from ED supervisory staff.

Transfer of Care recording tool

- A Transfer of Care recording tool was developed to support implementation with a draft title of “Emergency Department Patient Transfer Record”.
- The Patient Transfer Record includes data capture of desired radio and bedside handoff communications.
- The Patient Transfer Record is an adjunct to the Transfer of Care protocol, utilization of the tool is recommended but not mandated.
- The Patient Transfer Record is an Emergency Center/ Department tool completed by ED staff.

Transfer of Care recording tool

- The Patient Transfer Record does not replace the EMS Patient Care Record (written or electronic) or EMS Patient Field Note.
- The Patient Transfer Record may be modified as needed for ED needs.
- Individual hospitals/hospital systems will determine whether the Patient Transfer Record will be added to the chart as part of the official medical record.

**Emergency Department
Patient Transfer Record**

Radio Report

Date: _____ Time: _____ Unit Number: _____

Priority: 1 2 3

Age: _____ Chief Complaint: _____

Alert?: STEMI Stroke Code Trauma Sepsis

Vitals:

BP	Pulse	Resp	Temp	O2 Sat	BS	LOC	GCS	Pain

Treatment/ MOI/ Notes etc:

IV	O2	monitor	12 lead	C-collar	airway	dressing	splint

Initials taking Radio Report

Bedside Handoff Report

EMSAgency: _____ Sending Facility Name/Address : _____

PT Name: _____ DOB: _____

History: _____

Meds: _____ Allergies: _____

Assessment Details: _____

Other Findings/ Changes: _____

Additional Treatment: _____

Treatment Response: _____

Additional questions? _____

ED Staff Initials

EMS Initials