Wisconsin Emergency Medical Services (EMS) Board and Statewide Trauma Advisory Council (STAC)

Position Statement: Verbal Report for Transition of Care

Background:

Effective communication between emergency medical services and hospital staff is paramount in ensuring seamless, quality patient care, and patient safety. The exchange of verbal information during patient handovers is a critical step in the continuum of care, influencing clinical decisions and outcomes. Therefore, we advocate for the utilization of a standardized process for emergency medical service (EMS) providers to deliver comprehensive and consistent verbal reports to other EMS provider and hospital staff when transporting a critically injured trauma patient.

Purpose:

Currently there are seven Regional Trauma Advisory Council (RTAC) regions. Each region has different standards and practices related to patient care handoffs. As a result of these inconsistencies the Statewide Trauma Advisory Council (STAC) and the Wisconsin Emergency Medical Services (EMS) Board have met and are proposing the following recommendations in order to create consistency from region to region. This will also allow for consistent expectations and communication when an ambulance transports a patient out of their home region.

Recommendations: Development of Standardized Reporting Templates:

- The recommended reporting template for all RTAC regions will be DMIST.
  - D-Demographics
  - M-Mechanism of Injury and Illness
  - I-Injuries or Illness
  - S-Signs, including observations and monitoring
  - T-Treatment(s)

Training and Education:

- Implement training programs to educate emergency medical services, trauma centers, and receiving hospitals on the importance of standardized reporting and the use of reporting templates.
- Create literature and training videos to be shared statewide by each RTAC.
- Ensure ongoing education and skill development to maintain proficiency in effective communication.

Technology Integration:

- Explore the integration of technology for capturing the EMS handoff, such as electronic health records (EHRs), to enhance the efficiency and accuracy of information transfer.

Regular Review and Updates:

- Establish a system for regular review and updates of the standardized reporting process to incorporate advancements in healthcare and feedback from frontline providers.
- Engage stakeholders in the ongoing refinement of reporting templates and procedures.

Conclusion:

A standardized process for emergency medical service verbal reports to other EMS providers and hospital staff is crucial for optimizing patient care and safety, enhancing communication, and fostering a culture of continuous improvement. By endorsing and implementing such a process, we can strengthen the collaborative efforts of pre-hospital and hospital healthcare teams, ultimately improving patient outcomes and ensuring the highest standard of care. This recommendation also aligns with joint positions statements from the American College of Emergency Physicians (ACEP), Emergency Nurses Association (ENA), National Association of EMS Physicians (NAEMSP), National Association of Emergency Medical Technicians (NAEMT), and National Association of State EMS Officials (NASEMSO).

Reference:

Trauma care facilities level I and II: [Gray book criteria 8.3/7.2/2.1](#)

Trauma care facilities level III and IV: [DHS118 criteria 3(a)/1(a)](#)

Resources: [transfer-of-patient-care-between-ems-providers-and-receiving-facilities.pdf (acep.org)](#)

Resources: [Transfer of Patient Care between EMS Providers and Receiving Facilities - NAEMSP](#)

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