A female resident at an assisted living facility experiences a falls in the middle of the night and has a deep cut on her forehead. Staff must call 911 and communicate their need for an ambulance. The goal is to help staff be more comfortable when unplanned changes in resident condition happen and to improve communication between themselves and EMS. By improving communication, we also hope to improve resident outcomes.

Learning Objectives:

Demonstrate effective communication between assisted living staff and 911 dispatcher.

1. Call from the bedside.
2. Ask for ambulance at the start of call.
3. Keep information simple.
4. Answer 911 dispatch questions in a timely manner.

Skills: Observations after a fall, communication with outside providers

Type of Learning Activity: Role-play Time: 15-20 minutes

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Review the following prior to the simulation session:

1. ECLEPS instructional video and supplemental materials of “good” and “bad” EMS interaction.
2. SBAR document.
3. 911 dispatch form.
4. Hospital envelope checklist
5. Assisted living to hospital transfer checklist

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Roles:

1. Staff member (ie. Med-tech, maintenance person, admin staff, or caregiver)
2. Caregiver
3. 911 Dispatcher
4. Resident

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Case Details: Mary Johnson, DOB: 09/20/1937

Resident History: Mrs. Johnson is an 80-year-old retired school teacher admitted two months ago due to a recent string of falls and advancing dementia that make it too difficult for her to continue living at home. She uses a walker and requires minimal to moderate assistance with her Activities of Daily Living (ADLs). Her husband is deceased, and she has three daughters who all live within an hour’s drive and are regular visitors.

Past Medical History: Hypertension (high blood pressure), Diabetes Type II, right total hip replacement related to a fall a year ago, arthritis, dementia

Height: 5’2” Weight: 170 lb.

Allergies: Penicillin

Home Meds: Lisinopril, Metoprolol, Metformin, Vicodin, Aspirin, Coumadin

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Simulation/Role-play:

Report to Start Scenario: It is Sunday morning about 8am. Mrs. Johnson has pressed her neck pendant. The caregiver responded and found her on the floor of her bathroom moaning in pain with a bleeding head wound. The caregiver notices that Mrs. Johnson is more confused than normal; thinking one of her daughters had arrived when it was not her normal visiting time. The second staff arrives to the room with the vital signs equipment and the caregiver gets the vital signs listed below while the other staff member dials 911.

Vitals: BP 143/90 HR 101 RR 22 T 36.8 C SpO2 95% RA

Script:

911 Dispatcher: 911, what is your emergency? Do you need fire or medical?

Staff:

911 Dispatcher: Is the resident male or female?

Staff:

911 Dispatcher: Is she conscious?

Staff:

911 Dispatcher: Is she having difficulty breathing?

Staff:

Goals:

1. Caregiver finds resident down, informs other staff member
2. Caregiver reports that resident has a bleeding head wound
3. Staff calls 911 from resident’s room and asks for ambulance
4. Staff reports resident status and answers 911 dispatcher’s key questions
5. Staff continues to monitor Mary for safety and comfort resident until EMS arrives.

Additional Character Notes:

Mary: After you have a fall, the staff will assess you and wait with you while someone calls 911 for help. You should appear confused and painful on the right side of your body. If the staff attempts to help you stand, you should have difficulty and remain on the ground. The pain and confusion make you more fearful and distrusting of staff. You do let staff apply some mild pressure with a clean towel to your head.

911 dispatcher: Follow the script, which outlines the key questions a 911 dispatcher will ask. If the staff asks questions that goes off that script, try to bring them back on script. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Debriefing

Debriefing Questions:

What worked well in this scenario? What did NOT work well?

What do you feel you got out of this experience?

What do you plan on incorporating into your care?

What are the take-home points in this simulation?

How did it feel to be in the role of the staff or the 911 dispatcher? How did conversational flow feel?

Did you feel that the needs of your resident were addressed in the quickest manner possible?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Author/s:

ECLEPS project

Institution:

Oregon Health & Sciences University (OHSU)

School of Nursing