A female resident at an assisted living facility experiences a fall in the middle of the night and sustains a head injury. 911 has been called and now EMS is arriving. The goal is to help staff be more comfortable in these situations and to improve communication between themselves and EMS. By improving communication we hope to also improve resident outcomes.

Learning Objectives:

Effective and efficient communication with EMS

1. Have correct paperwork, printed and ready before EMS arrival. Based on facility specific protocol.
2. Current set of vitals on resident completed.
3. Communication between staff and EMS regarding the resident. Includes: SBAR (Situation, Background, Appearance, Ready to Report) form, information including: pertinent medical history, time resident was found down, any acute changes in resident condition since event occurred.

Skills: Falls assessment, communication

Type of Learning Activity: Simulation/Role-play Time: 10-15 minutes

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Review the following prior to the simulation session:

1. ECLEPS instructional video and supplemental materials of “good” and “bad” EMS interaction.
2. Use of the SBAR document
3. 911 Dispatch Communication Simulation/Role-play

Documents to be collected: Facility Transfer Form, Medication Administration Record (MAR), recent history and physical, pink POLST, and the SBAR Sheet.

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Participant Roles:

1. Staff (caregiver)
2. EMS
3. Resident

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

Resident History: Mrs. Johnson is an 80-year-old retired schoolteacher admitted to the assisted living facility 2 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

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Simulation/Role-play:

Report to Start Scenario: 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. She complains of pain to her right side, is asking for her daughter whom she thinks is in the next room, and is resisting care. The med-aid has already contacted 911 and an ambulance has just arrived. EMS needs report on the resident.

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

Script:

EMS: Which room is the person?

Staff: States room and escorts EMS to bedside.

EMS: What happened?

Staff: Uses SBAR to give key information:

Situation: This is Mrs. Johnson, she was found on the floor in her bathroom at (time) with a bleeding head wound after her pendant was pushed. She is complaining of pain in her right side and is more confused than usual.

Background: She does have some baseline dementia but she is usually pleasantly confused and knows where she is. She takes medication for high blood pressure, diabetes, and a blood thinner. She has a bad heart, diabetes, and brittle bones.

Appearance: She is more confused and resisting care.

Ready to Report: Her vitals are: BP 143/90 HR 101 RR 22 T: 36.8 C SpO2 94% on room air. I would like her to get checked out at the hospital.

Goals:

1. Staff verbalizes that another staff member will stay with resident until EMS arrival
2. Collects relevant medical documents and SBAR form, writes resident’s name, facility address, and phone number on envelope
3. EMS receives appropriate and relevant documents, including SBAR form
4. Staff will wait for EMS to arrive, and guides to resident’s room
5. Staff answers EMS questions, includes SBAR report

Additional Character Notes:

EMS: Ask the questions listed in the content i.e. “What happened?” “What are the vital signs?” If the staff doesn’t give you the paperwork automatically, ask for it.

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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 using that you’ve learned into your practice?

What are the take-home points in this simulation?

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

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

Describe your thought process for the actions you took.

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Author/s:

ECLEPS project

Institution:

Oregon Health & Sciences University (OHSU)

School of Nursing