A female resident at an assisted living community is more confused than normal and is demonstrating aggressive behavior. 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. Concise and relevant communication about resident’s condition between caregiver/staff and EMS. Should include: SBAR (Situation, Background, Appearance, Ready to Report) form, pertinent medical history, time resident was found, any acute changes in resident condition from ‘normal’ or usual.

Skills: Noticing change in condition, communication

Type of Learning Activity: 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: Evelyn Smith, DOB: 10/10/1933

Resident History: Mrs. Smith is an 85-year-old woman, who has lived at your facility for a year. Evelyn is 85 and has Alzheimer’s disease. She is usually very quiet but joins in on group activities. You have known her for several months. She uses a walker and requires minimal assistance with her Activities of Daily Living (ADLs). Her husband is deceased, and she has one son who lives on the East coast.

Past Medical History: Alzheimer’s disease

Height: 5’9” Weight: 162 lb

Allergies: Aspirin

Home Meds: Donepezil

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Simulation/Role-play:

Report to Start Scenario: You walked into Mrs. Smith’s room for her care and she was sitting in her recliner near her bed. She turned to you and yelled at you. She was hard to understand and wasn’t making sense. The room smells of urine. You walked towards her to see if she was hurt and she stood up, almost falling, and tried to hit you. She has urinated in her pants. Mrs. Smith seems very angry and you cannot calm her down. She has never yelled at you before or ever seemed angry in any way. Another staff contacted 911 and an ambulance has just arrived. EMS needs report on the resident.

Vitals: BP 98/64 HR 91 RR 26 T 37.8 C SpO2 95% RA

Script:

EMS: Which room is the lady?

Staff: States room and escorts EMS to bedside.

EMS: What happened?

Staff: Gives warm hand off using SBAR form:

Situation: This is Mrs. Smith. I came into her room earlier, and she is not acting like herself. She is more confused than normal, she is angry, and trying to hit me.

Background: She is 85-year old with Alzheimer’s disease. No other medical issues. She has never yelled at me before, and is usually very pleasant.

Appearance: She is agitated and not able to follow directions. She looks like she will fall down when she walks. She has a strong urine smell and appears to have urinated in her pants.

Ready to Report: Her vitals are: BP 98/64 HR 91 RR 26 T 37.8 C SpO2 95% on room air. I would like her to get checked out at the hospital.

Goals:

1. Caregiver stays 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:

Evelyn: You should appear confused and angry. When the staff start talking to each other you interrupt them by hollering or saying ‘let me along’ or get out of my house’ etc.. If the staff attempts to help you move, you should yell out and push them away. The confusion makes you fearful and distrusting of staff.

EMS: Ask 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 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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