It has been discovered that a male resident at an assisted living facility experiences has sustained a deep skin tear injury and will likely need stiches. Staff must call 911 and communicate their need for an ambulance. 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 patient 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. No vitals are needed when talking to dispatcher.
4. Answer 911 dispatch questions in a timely manner.

Skills: Skin injury assessment, communication

Type of Learning Activity: Simulation/Role-play Time: 15-20 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.

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Participant Roles:

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

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Case Details: Bill Studer, DOB: 06/03/1940

Resident History: Mr. Studer is a 78-year-old man who has lived at your facility for almost 3 years. He is largely non-verbal due to worsening dementia but retains moderate strength and has been mostly able to remain independent in his Activities of Daily Living (ADLs). He enjoys walking the hallways as well as spending time outside on the patio. He does get agitated from time to time and will search through drawers, despite not looking for anything in particular. This restlessness has contributed to jerking motions that has led to past injury to self and others.

Past Medical History: dementia, depression, hypertension (high blood pressure), atrial fibrillation, congestive heart failure, chronic kidney disease stage 3.

Height: 5’11” Weight: 235 lb.

Allergies: no known allergies

Home Meds: Metoprolol, Losartan, Aspirin, Furosemide, Coumadin

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Simulation/Role-play:

Report to Start Scenario: Caregivers have discovered a small trail of blood on the hallway floor into Bill’s room, where they have found him sitting on his chair holding his arm. They have alerted a med-tech, who urgently visits the room to evaluate the extent of the injury. The resident is not able to report what happened, or communicate his discomfort, however there are non-verbal indicators of pain, including tearfulness, grimacing, and guarding of the injury.

Vitals: BP 137/85 HR 66 RR 18 T 36.6 C SpO2 95% RA

Script:

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

Staff:

911 Dispatcher: Is the patient male or female?

Staff:

911 Dispatcher: Is he conscious?

Staff:

911 Dispatcher: Is he having any difficulty breathing?

Staff:

911 Dispatcher: Do you need bells and whistles?

Staff:

Goals:

1. Caregiver finds resident in room with skin injury, informs other staff member
2. Med-tech discovers patient has sustained deep skin tear and is in need of emergency intervention to treat injury.
3. Staff calls 911 from patient’s room and asks for ambulance
4. Staff reports resident status and answers 911 dispatcher’s key questions
5. Staff continues to monitor patient until EMS arrives, provides interventions within scope of practice

Additional Character Notes:

Bill: You are clearly upset about the injury to your arm, but do not say anything. You initially will not let staff inspect your arm. Keep it covered with your hand.

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 practice?

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?

*Med-tech*: Did you feel that the needs of your patient were being addressed in the quickest manner possible?

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