Contra Costa EMS is adopting a county-wide prehospital model for communicating patient care information between EMS and ED providers with the purpose of improving patient safety through effective communication.

This model was approved after a year long effort of reviewing best practice communication models and building consensus between all our Fire-EMS provider agencies.

It is one of the most important Quality Improvement efforts our county has ever embarked on.

It was vetted with providers in the field and was adopted as part of our STEMI system standards for activating a STEMI alert and STEMI patient handoff.

It is now going system wide.
SBAR is a evidenced-based communication model developed in the military and is widely used in many industries including aviation and health care to make sure the right information gets to the right people in the shortest timeframe. It is currently the communication standard of care in many emergency departments in the United States because it has been so effective in improving communication between all types of health care providers.

- These guidelines outline the priority information that needs to be related during patient care handoff to the receiving party so that information critical to patient care is not missed.

- The format emphasizes urgent concerns be brought to the forefront and empowers the EMS provider to advocate for the patient.

- These guidelines are to be used in a flexible way that meets the needs of the situation encountered.
Nationally 70-85% of patient safety events are due to communication failures with grave consequences to patient care.

In everyday situations and in disasters it is the most common reason things go sideways.

Practicing SBAR in day to day operations will enhance our MCI and disaster communication effectiveness.
The need for effective patient care communication is vital to safe patient care.

- Handoffs on scene can involve up to 3 first responders & at least 2 transport medics. Handoffs in the ED involved at least one medic and 2 or more nurses and physicians.

- EMS system is complex with lots of variables and many different types of interactions between providers. Add to that base communications for destination and communications between medics and the receiving hospital the total number of communications relaying vital patient information is enormous.

- When the patient is critical the risk of ineffective communication increases. This increases of problems in the delivery of patient care.
• State why calling? STEMI, High risk criteria, AMA, Field guideline variation, Destination, MD on scene, Additional orders

• Although the format is split into separate sections (Situation, Background, Assessment and Rx Recap) the information is relayed as a conversation.

• Typically it takes less than 1 minute to relay this information.

• Organizes communication so it is effective

Takes longer to explain than actually to do!
Refer participants to handouts that shows examples of SBAR communication.
SBAR Patient Handoff Works Everywhere..In the Field or in the ED

<table>
<thead>
<tr>
<th>S</th>
<th>Pt ID, age, gender, MR# if known</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Chief complaint/ mechanism of injury</td>
</tr>
<tr>
<td></td>
<td>Urgent concerns and needs up front</td>
</tr>
<tr>
<td>B</td>
<td>Presenting complaint/ symptoms</td>
</tr>
<tr>
<td></td>
<td>Pertinent past medical history, Drugs, ETOH</td>
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<tr>
<td></td>
<td>High Risk Medications, Allergy, Meds</td>
</tr>
<tr>
<td></td>
<td>Advanced directives if known</td>
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<tr>
<td>A</td>
<td>General Impression</td>
</tr>
<tr>
<td></td>
<td>Pertinent Findings, VS, LOC, etc</td>
</tr>
<tr>
<td>R</td>
<td>Treatments given &amp; pt response</td>
</tr>
<tr>
<td></td>
<td>Restate concerns &amp; respond to questions</td>
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</tbody>
</table>

Your hospital handoff will be a little more detailed than your hospital contact report and will vary a bit depending on what type of patient you are bringing in eg: STEMI, Trauma, Stroke, etc. SBAR supports effective communication no matter what type of patient you have.
**Situation:** Agency name & unit#. State “Trauma Destination Decision” or patient meeting “High Risk” criteria. ETA to trauma center. Pt age and gender. Urgent concerns & immediate needs up front. If trauma destination request-state destination you believe is needed. If trauma destination request-state destination you believe is needed.

**Background:** Mechanism of Injury/Injuries Sustained. Chief Complaint. State patient’s major injuries and LOC Basic scene information: Seatbelt or helmet use Airbag deployment Prolonged extrication. Estimated MPH in known

**Assessment:** Primary Survey and pertinent positives: ABCD (can report as ABCD normal except….) Report if abnormal: Airway (if not patent), Breathing (labored, shallow, or rapid), Circulation (altered perfusion, shock),Estimated blood loss, Disability; AVPU include any changes. If pertinent VS, ALOC.

**Rx/Recap:** Treatment(s): Prehospital treatments & patient response.Restate concerns as needed.Respond to questions. Request direct online MD consultation as needed.

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The MIVT (Mechanism, Injuries, Vital Signs, Treatment) report is given at the trauma center upon arrival. MIVT works with SBAR to efficiently relate the most critical prehospital information to the trauma physician or ED physician in the trauma room in a time frame of 30 seconds or less. The SBAR MIVT report puts urgent concerns & immediate needs of the trauma patient needs up front.

If there are major issues the paramedic feels are critical to the first minutes of care that needs to be relayed upfront. The paramedic should remain available to provide more detailed or additional information to the scribe in the trauma room.

Pt identification, age and gender & MR # (if known)

**Situation:** (M) Mechanism of Injury: eg: MVA, rollover, ejection, GSW, blunt trauma

**Background:** (I) Injuries Sustained/Level of Consciousness

Injuries: Major Anatomy involved, major patient complaints-does not have to be all inclusive

• Level of Consciousness: AVPU format. Should include changes noted on scene and en route.

**Assessment:** (V) Vital Signs.

• Blood Pressure: If known, otherwise quality/location of pulse
• Pulse: Rate and quality
• Respiratory Rate: Add abnormal lung sounds if noted
• ECG rhythm: if anything other than NSR or sinus tachycardia
• Pulse oximetry: If known
SBAR supports....
Effective team communication

- Gets the right information to the right people!
- Empowers prehospital providers

Builds on what we already do
Helps prioritize what is important
What EMS providers think is important to patient care! Your opinion counts…communicate it!
Break into small groups and practice scenarios. Use examples of routine patients, trauma, STEMI, arrest, pediatric

Review wave files and have group identify how SBAR report could have made the communication more effective