PILOT PROJECT – DATA COLLECTION ONLY:
COTS REGIONAL EMS WORKGROUP ON HAND-OFFS

Patient hand-off (EMS to EM staff) Developed - August 15, 2016

CASE TYPE: _____Trauma _____ Medical _____ Stroke _____ AMI STEMI

Was the patient _____Stable ________Urgent ________Emergent?

WAS THE FOLLOWING INFORMATION GIVEN?

CALL IN? YES / NO N/A
Name: YES / NO N/A
DOB: YES / NO N/A
Past medical history: YES / NO N/A
Mechanism of Injury: YES / NO N/A
Allergies: YES / NO N/A
Medications: YES / NO N/A
Events surround presentation: YES / NO N/A
Injuries/Problem specifics: YES / NO N/A
Vital signs:
  Blood pressure YES / NO N/A
  Pulse YES / NO N/A
  Respiratory status YES / NO N/A
  Pulse Ox YES / NO N/A
  GCS YES / NO N/A
  Consciousness YES / NO N/A
IV access / Fluids YES / NO N/A
Treatment/interventions: YES / NO N/A

TOTAL TIME HAND-OFF:

REPORT GIVEN TO ______RN _________ MD _______UNKNOWN

Note – mark all that apply above

Observer transfer of care worksheet for objective data collection.

Return 20 observations (5 in each of the above categories) by Sept ____, 2016 to:
This is an optional part of the survey to be completed if time permits.

ASK QUESTIONS TO EMS:
“Hi, I’m ______. We are doing a quality assessment project concerning transfer of care in the ED. Your answers are anonymous.

1. How effective was this transfer of care? (1-10, worse-best)
2. Do you believe staff was listening to your presentation? (1-10)

ASK QUESTIONS TO PHYSICIAN / NURSE:
“Hi, I’m ______. We are doing a quality assessment project concerning transfer of care in the ED. Your answers are anonymous.

1. How effective was this transfer of care? (1-10, worse-best)
2. Do you believe you were listening to the presentation? (1-10)
3. Nurse / Physician

ASSESSMENT OF CARE TRANSFER

1. Were pertinent aspects of the transfer of care presented: YES / NO
   a. If no, what was missing?

2. Was professionalism maintained between EMS and staff?
   a. 1-10, worse-best
   b. What happened?

3. Were there significant interruptions/distractions during the transfer of care
   YES / NO

4. Did these interruptions/distractions jeopardize a good transfer of care?
   a. 1-10, worse-best