Effective care transitions from Emergency Medical Services (EMS) to the Emergency Department (ED) is critical to providing safe and quality patient care. Both EMS and the ED team must develop the necessary skills to efficiently handover patients to provide appropriate care and has the potential to save lives and improve patient eligibility for time-sensitive therapies such as stroke or acute myocardial infarction care. Conversely, an Australian study showed that nearly one in 10 patients may be adversely affected as the result of poor handovers. Effective care transitions actually start before a patient is even encountered. Here are a few important points:

- EMS leaders and medical directors, working with ED physician leadership, should communicate regularly to plan, train and assess how transitions of care should be performed. They should agree on the minimum information expected to be shared about the patient from the scene, both en-route to the ED and upon arrival at the ED.
- Mutual respect and an understanding of our roles is necessary. Both pre-hospital and ED teams work hard to do their best to care for patients and a recognition that we have different work environments, equipment, personnel resources and time pressures in which we provide care is critical. We are all members of the same team in providing excellent care.

Before the patient arrives at the ED: EMS providers have a critical role in gathering and transferring essential information and should gather as much relevant information as feasible about the patient to share with ED providers. This includes:

- Information that was available only to the EMS crew, including the patient’s living and social conditions (including indications of abuse or neglect), accident circumstances, key contacts, witnesses to events, and medication and problem lists.
- When circumstances suggest that advance directives are in effect, EMS personnel should ask if a document is available and whether a copy can be transported with the patient.

While on scene or en-route to the ED, EMS agencies attempt to contact the ED by radio or phone. This brief report helps the ED staff know what resources to have in place when the patient arrives and can set the tone for the rest of the interaction and will impact care the patient receives. The call by EMS should include:

- A brief, but relevant history including why EMS was called and the chief complaint.
- What EMS observed while on scene.
- Relevant vital signs and assessment.
- Treatment initiated so far and the patient’s response to treatment.

ED staff should respond to the call by EMS by:

- Responding in a timely manner. This shows respect for the EMS crew.
- Listening carefully.
- If possible, assign a room number or treatment area so the crew and patient is not left waiting in a hallway when they arrive.
- Using a professional tone. Remember, the EMS crew observed things you did not. And, the patient or family may be listening.
Upon arrival at the ED both EMS and ED staff should demonstrate professional behavior during announcement of patient arrival, history and handover of the patient. Below are some communication tips for both EMS and ED staff. The EMS crew should:

- Provide a succinct yet complete history of the patient.
- Share any changes since the initial report.
- Include additional information that may help the ED team.
- Show gratitude and appreciation for the work of the ED team.
- Transmit all information from pre-hospital EMS transports for real-time review and use, whether in print or electronically. This can be accomplished by equipping emergency departments with docking stations/printers compatible with EMS computers or by fully enabled electronic transfer to the department’s EMR system.

Upon arrival at the ED, the ED staff should:

- Immediately assess each patient upon arrival and assign a bed or treatment location quickly. The EMS crew will likely be under pressure to get back in the field.
- Keep a cordial tone and treat EMS team members with respect.
- Be receptive to their findings and the individuals themselves.
- Show gratitude and appreciation for the work of the EMS team. They may influence where patients receive care.

We also recommend both EMS and ED teams use Key Words at Key Times when completing care transitions. For example, the EMS team can introduce and manage up the ED caregivers by saying “Ms. Jones, you are in good hands with Dr. Smith and the ED team here.” The ED team can reciprocate by sharing “The paramedics did a great job in caring for you. We plan to continue that excellent care while you are in our emergency department.”

Our goal is to ensure a smooth and efficient transfer from prehospital care to Emergency Department care. This model of communication can decrease the risk of communication failures and improve the care we provide our patients. This also improves the working relationship between EMS and ED teams.

Sources:

