**SERTAC Position Statement**: EMS verbal report for pre arrival notification and transition of care.

Effective communication between emergency medical services (EMS) and hospital staff is paramount in ensuring seamless, quality patient care, and patient safety. EMS pre-arrival notification or pre-arrival report allows the hospital to assemble the trauma team, prepare for interventions, and set goals. After arrival to the hospital, bedside handoff is the opportunity to ensure the receiving team has knowledge vitally needed to care for the patient. The exchange of verbal information during patient handovers is a critical step in the continuum of care, influencing clinical decisions and outcomes.

Therefore, we, the Southeast Trauma Advisory Council (SERTAC), advocates for the utilization of a standardized process for EMS providers to deliver comprehensive and consistent verbal report during

SERTAC, supports the standardized report template, just as the Statewide Trauma Advisory Council (STAC) and the Wisconsin Emergency Medical Services (EMS) Board support using a standardized reporting template during pre-hospital notification, hospital staff during bedside handoff, and any times where there is a changeover in patient care (EMS to EMS, or other) for handoff. This will also allow for consistent expectations and communication.

The recommended reporting template is DMIST.

* + D-Demographics
  + M-Mechanism of Injury and Illness
  + I-Injuries or Illness
  + S-Signs, including observations and monitoring
  + T-Treatment(s)

Additionally, after pre-arrival patient care report has been completed, SERTAC advises contacting the receiving facility to update patient condition for the following reasons:

* + GCS < 9
  + Blood pressure < 90
  + Heart rate > 120
  + Positive Shock Index ([see attachment](https://img1.wsimg.com/blobby/go/e1608bfe-8a5e-4618-9639-81c9ad8f95c5/downloads/SI%20Infographic%2010.2023%20PDF.pdf?ver=1737563326982))

This will allow the receiving facility to consider upgrading the trauma activation level, reset patient care priorities, and prepare for interventions.

A standardized process for emergency medical service verbal reports is crucial for optimizing patient care and safety, enhancing communication, and fostering a culture of continuous improvement. The goal is to improve collaborative efforts of pre-hospital and hospital healthcare teams, ultimately improving patient outcomes and ensuring the highest standard of care.

This recommendation also aligns with joint positions statements from the American College of Emergency Physicians (ACEP), Emergency Nurses

Association (ENA), National Association of EMS Physicians (NAEMSP), National Association of Emergency

Medical Technicians (NAEMT), and National Association of State EMS Officials (NASEMSO), Wisconsin Emergency Medical Services (EMS) Board and Statewide Trauma Advisory Council (STAC).

Reference:

SERTAC Shock Index: [SI Infographic 10.2023 PDF.pdf](https://img1.wsimg.com/blobby/go/e1608bfe-8a5e-4618-9639-81c9ad8f95c5/downloads/SI%20Infographic%2010.2023%20PDF.pdf?ver=1737563326982)

Trauma care facilities level I and II: Gray book criteria 8.3/7.2/2.1 [Resources for Optimal Care of the Injured Patient | ACS](https://www.facs.org/quality-programs/trauma/quality/verification-review-and-consultation-program/standards/)

Trauma care facilities level III and IV: DHS118 criteria 3(a)/1(a) [Wisconsin Legislature: Chapter DHS 118 Appendix A](https://docs.legis.wisconsin.gov/code/admin_code/dhs/110/118_a)

Resources: [transfer-of-patient-care-between-ems-providers-and-receiving-facilities.pdf](https://www.acep.org/siteassets/new-pdfs/policy-statements/transfer-of-patient-care-between-ems-providers-and-receiving-facilities.pdf)

Resources: [Transfer of Patient Care between EMS Providers and Receiving Facilities - NAEMSP](https://naemsp.org/position-statement/transfer-of-patient-care-between-ems-providers-and-receiving-facilities/)