

Research - R199

Poster

Abstract Title:

On the Spot: Implementation of a Trauma Team Activation Timeout in a Level I Trauma Center

Authors:

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Background & Purpose:

Effective provider communication during care transitions is a key component of patient care. Handoffs between paramedics and emergency department staff during trauma cases can be particularly chaotic. This study examined provider perceptions of a new communication tool used during transfer of trauma patient care at an urban Level I Trauma Center.

Study/Project Design:

This was a pilot study. The sample size included 51 paramedics and 45 trauma leads.

Setting:

The setting was the emergency department of an urban Level I Adult and Level I Pediatric Trauma Center.

Sample:

The participants included 51 paramedics and 45 trauma leads.

Procedures:

The local Regional Trauma Advisory Council led the design and implementation of a new communication process called a Trauma Team Activation Timeout (TTA Timeout). Prior to implementation of this pilot project, over 800 EMS providers viewed a YouTube video introducing the specifics of the protocol, including a mock scenario. The protocol required paramedics to verbalize "TTA Timeout" when entering the trauma bay at a single, urban Level I Trauma Center. Hospital staff was expected to remain quiet and attentive during the paramedic report, which was delivered in the MIST format (mechanism, injuries, symptoms, and treatments). Immediately following transfer of care, the lead paramedic and the trauma team leader completed a 7-item survey assessing their experience. Responses to survey questions were compared between EMS providers and trauma team leaders using rank sum correlation.

Findings/Results:

Data were collected from 51 paramedics (17 EMS agencies) and 45 team leaders between March 1 - April 30, 2013. Paramedics believed the benefit of the TTA timeout was higher to the EMS provider (100% v. 77%, $p<0.001$), patient (100% v. 75%, $p<0.001$), and team leader (100% v. 80%, $p<0.001$) than the trauma team leader's evaluation. Paramedics perceived the TTA Timeout to result in higher effectiveness in the transfer of the patient than trauma team leaders (Spearman's $\rho = -0.2$; $p=0.04$). Paramedics and trauma team leaders did not differ in their assessment of the following components of the timeout: 1) announcing "Time Out", 2) time limit for medic, 3) complete silence during medic report, 4) questions only coming from team lead and 5) dispatch information prior to EMS arrival.

Discussion/Conclusions/Implications:

Paramedics report greater benefit of the TTA Timeout process than the in-hospital trauma team leaders. In-hospital personnel may require more education about the importance of the EMS report with the critically-injured patient.