

DMIST

**Standardizing the EMS to
Trauma Team Patient Hand-off
in Pennsylvania**

Why Standardize

- The transfer of care is an activity that has potential for medical error
- ACEP, NAEMSP, NAEMT, NASEMSO and ENA position statements suggest the transfer of care process should include verbal report, written report, and an opportunity for the receiving provider to ask questions
- The DMIST process is not just about trauma patients; it can be useful in all types of patient hand-off including medical, stroke and STEMI patients

Why Standardize

- Trauma centers receive patients from multiple EMS agencies with varied EMS agency reporting processes
- EMS agencies may deliver patients to multiple trauma centers with each center having its own verbal report process
- Comments, questions and inquiries for Pennsylvania trauma centers and EMS agencies regarding the possibility of streamlining the EMS hand-off procedure, specifically the verbal report

DMIST Process

- EMS arrival with patient in trauma bay
- Depending on patient condition, the trauma team may request the verbal report immediately or after an assessment and/or medical interventions (outlined in next 2 PPTs)

Critical Patient DMIST Process

- Patient transferred to hospital stretcher
- Hospital team performs critical interventions as needed
- When appropriate, Hospital Team Lead calls for “EMS Time Out”
- 30-second period of silence for EMS report
- EMS remains present for additional questions

Stable Patient DMIST Process

- Patient remains on EMS stretcher
- Hospital Team Lead calls for “EMS Time Out”
- 30-second period of silence for EMS report
- Patient is transferred to hospital stretcher and hospital team begins care
- EMS remains present for additional questions

DMIST

Rapid 15-30 second report

- D - Demographics
- M - Mechanism of Injury / Medical Complaint
- I - Inspection / Injury / Illness
- S - Signs (vital signs)
- T - Treatment

DMIST Defined

- D – Demographics include patient age, gender and weight (as appropriate)

DMIST Defined

- M – Mechanism of Injury / Medical Complaint
 - Trauma
 - Time of injury, type of injury (fall, MVC, assault, etc.) speed, type of collision, height of fall, type of weapon, safety devices
 - Medical
 - OPQRST

DMIST Defined

- I – Illness / Injury
 - Trauma
 - List injuries head-to-toe
 - Medical
 - ECG, Stroke Scale, SAMPLE etc.

DMIST Defined

- S – Signs
 - GCS, pulse, respirations, BP, SpO2, blood sugar etc.

DMIST Defined

- T – Treatment
 - Oxygen, wound care, splinting, tubes, IV's, chest decompression etc.
 - Response to treatment(s)

PA DOH EMS Transfer Of Care Form

The PA DOH EMS Transfer of Care (TOC) Form is also an important part of the hand-off process

Per regulation, EMS shall complete a TOC form and provide it to receiving facility staff prior to departing

The image shows a screenshot of the Pennsylvania Department of Health EMS Transfer of Care Form. The form is titled "pennsylvania DEPARTMENT OF HEALTH EMS Transfer Of Care Form". It includes fields for patient name, date of birth, sex, and EMS Agency Name. There are sections for "History / Exam", "Allergies", "Medications", "VITAL SIGNS", "ECG (if applicable)", and "EMS Treatment". The form also includes checkboxes for various medical conditions and a section for "Care Transferred To".

Time	Pulse	Blood Pressure	Resp	Glucose	SaO2	Pupils	Heart Rate (APFU)
							<input type="checkbox"/> Normal <input type="checkbox"/> Tach <input type="checkbox"/> Brad <input type="checkbox"/> Irregular
							<input type="checkbox"/> Normal <input type="checkbox"/> Tach <input type="checkbox"/> Brad <input type="checkbox"/> Irregular
							<input type="checkbox"/> Normal <input type="checkbox"/> Tach <input type="checkbox"/> Brad <input type="checkbox"/> Irregular

PA Statewide EMS Protocols

The DMIST Poster has been added to the appendix of the PA Statewide EMS Protocols

PENNSYLVANIA EMS HANDOFF REPORT

Give EMS 30 seconds, they'll tell you everything you need to know!!!

D	Demographics	Age, sex, weight (if pertinent)
M	Mechanism of Injury or Medical Complaint	Medical: OPQRST as appropriate Mechanism: Speed, Mass, Height of fall, Restraints, Type of Collision, Safety device use, Type of weapon
I	Injuries or Illness	<u>Injuries</u> : Head to toe, significant findings <u>Info</u> : ECG, Stroke Scale, SAMPLE
S	Vital Signs	GCS, Pulse, Resp., BP, SpO2, BSG if applicable
T	Treatments Provided	<u>Tx</u> : Tubes, Lines, Meds, Electrical Therapy, O2, wound care <u>Trends</u> : Responses to treatments

CRITICAL PATIENT

- * Patient transferred to hospital stretcher
- * Hospital team performs critical interventions as needed
- * When appropriate, Hospital Team Lead calls for "EMS TIME OUT"
- * 30 second period of SILENCE for EMS report
- * EMS remains present for additional questioning


STABLE PATIENT

- * Patient remains on EMS stretcher
- * Hospital Team Lead calls for "EMS TIME OUT"
- * 30 second period of SILENCE for EMS report
- * Patient is transferred to hospital stretcher and hospital team begins care
- * EMS remains present for additional questioning

Per regulation, EMS shall complete a *DOH EMS Transfer of Care* form and provide it to the receiving facility staff prior to departing.

Partnering Agencies

p e n n s y l v a n i a
**TRAUMA
SYSTEMS**
f o u n d a t i o n

 Celebrating the PAST.
Advancing the FUTURE.



pennsylvania
DEPARTMENT OF HEALTH



**PENNSYLVANIA EMERGENCY
HEALTH SERVICES COUNCIL**
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