Evaluating factors related to effective interpersonal communication during mandatory paramedic patches

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Introduction

- Delegation of controlled medical acts by physicians to paramedics is an important component of the prehospital care framework.
- WHO recommends that “Bi-directional communication through wireless systems can also be used to improve quality of care by facilitating direct medical oversight of the ambulance crew.”
- The Southwest Ontario Regional Base Hospital Program (SWORBHP) provides this oversight and online medical control in the form of a “patch” between a Base Hospital Physician and paramedics.

Objective

- The aim of this study was to examine areas of potential improvement in communication between paramedics and physicians during the patch call.

Methods

- Prehospital paramedic calls that included a mandatory patch point (excluding requests for termination of resuscitation and those records which were unavailable) were identified through review of all patch records from January 1, 2014 to December 31, 2017 for Paramedic Services in our region (SWORBHP).
- Written Ambulance Call Reports (ACRs) and audio recordings of paramedic patches were obtained and reviewed.
- Pre-specified time intervals, clinical factors, specific patch requests and resulting orders from the BHP to the paramedics were extracted.
- Differences between groups were compared using t-tests.

Results

- The aim of this study was to examine areas of potential improvement in communication between paramedics and physicians during the patch call.

Conclusions and Discussion

- Some trends in this data set, although not statistically significant, suggest some novel targets for making prehospital-to-base hospital communication more effective and efficient.
- A standardized method of formulating and conveying information, for example the “SBAR” method, may make multiple clarifications unnecessary and improve comprehension by BHP.

References