Analysis and Standardization of Non-Transport Collegiate EMS Unit Verbal Handoffs to Responding ALS

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The quality and consistency of patient handoff reports are critical for effective communication between basic life support (BLS) collegiate emergency medical services (EMS) and advanced life support (ALS) units. Miscommunication during handoffs risks omitting vital information, potentially delaying treatment as non-transport units add another layer to patient care. This study evaluates the content and quality of oral patient handoff reports by Gator Emergency Response Unit (GEMRU) leads, licensed EMTs serving as touchpoints between the Unit and responding ALS teams. Present on every shift, these leads are cleared by supervisors for mastery in assessments, treatments, and operations within GEMRU protocols.

A survey of EMS professionals, including emergency medicine physicians and paramedics, identified essential components for patient care reports: patient demographics, chief complaint, signs and symptoms, vitals, interventions, response to treatment, and pertinent medical history. Trauma and medical scenarios were developed to test leads' ability to prioritize critical details and adhere to medical protocols. The recorded handoff reports were analyzed for inclusion of these components and consistency.

Despite professional consensus on critical components, GEMRU leads frequently omitted essential details, including demographics, vitals, and chief complaints, while averaging quick delivery times of 27 seconds. No significant similarities were observed in report delivery based on call type (medical or trauma) and leads often included extraneous information not deemed important by higher levels of care. These findings highlight gaps in training and the absence of a standardized approach to handoff communication.

To address these gaps, a structured mental training checklist tailored to call type is proposed. Such a checklist would serve as a cognitive framework for leads, guiding them to deliver a structured and concise report to ALS for medical and trauma calls. Implementing this training protocol could significantly improve the quality and consistency of collegiate EMS handoffs, enhancing ALS readiness and improving patient outcomes.

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