

Approaches to difficult scenarios: Transfer and Simulation

LEARNING OBJECTIVES

By the end of this video, you should be able to:

- Describe best practices for transferring a patient to the hospital from an abortion clinic
- Explain the benefits and recommended structure of simulation exercises

TRANSFER

The abortion clinic that you will be working in will likely have existing protocols for the management of medical emergencies. This is a requirement of all NAF member clinics, as described in the NAF Clinical Policy Guidelines. Within these protocols, there will be:

- Indications for emergency transport/transfer to a higher-level facility
- Directions for contacting external emergency assistance, such as an ambulance

Some clinics have transfer agreements with nearby hospitals outlining the means of communication and transport and a protocol for emergent transfer of care.

During your orientation to the clinic, be sure to familiarize yourself with these existing protocols and the relevant forms.

One example of a Patient Transfer Report Form that can be used is shown here. You can access this template from the NAF Online Learning Portal. As you can see, the report form includes a place to write the patient's

- Name, age, the procedure that the patient underwent, and the reason for transfer.
- The patient's Emergency Contact Name and Phone number.
- There is space to indicate all the treatments that the patient has received thus far:
- IV access and where it is located, fluids received, whether there is a vaginal packing and an intrauterine balloon catheter in place, and the estimated blood loss.
- Clear notations of the timing, route, and dosage of all medications given and vital signs.

NAF has also shared a sample script to use when calling 911. It includes helpful reminders, such as:

- Informing the EMS dispatcher what the clinic address is and which door to use
- Remembering to notify building staff and security that 911 has been called
- Selecting someone to meet the ambulance and to record the timing of the 911 call, arrival of transport, and any other relevant info

Two final reminders:

1. Some states require reporting of certain patient transfers from an outpatient facility to a hospital, so find out if this is applicable to you.

2. It is also very helpful to have a designated person in the clinic follow up with the patient by phone, offer an in-person follow-up visit, and ask the patient for permission to obtain medical records from the hospital stay.

SIMULATIONS / EMERGENCY DRILLS

Moving on – let's discuss how and why to run simulations and emergency drills for these rare but serious emergency situations.

Many clinics run interdisciplinary team drills to train staff in emergency protocols, to refine protocols, and to identify and fix systems problems that would prevent optimal care. Research shows that simulation training improves competence and confidence. Simulation training can also be an important way to build team rapport and strengthen cooperation.

If you are a clinician starting to work in a clinic, it is important for you to check in about whether and how often simulation exercises are run in the clinic. It is also important for you to ask questions to understand the clinic's practices around these exercises.

In general, experts recommend that it is best for simulations to empower staff champions (such as nurses and health educators). Ownership of these drills and overall clinic confidence are heightened when the *staff* champion the drills.

By participating in simulation exercises early (such as during your orientation to the clinic), you will learn important information such as which staff are available during an emergency, improve communication amongst the team members, and identify unique features of the clinic site where you are working that might be different from other sites where you have worked.

The TEACH website has sample scripts and learning points for several simulated emergency scenarios. There are also sample scripts and learning points for emergency scenario drills for seizure, oversedation, and hemorrhage shared by the faculty at the University of New Mexico. The link to these resources can be found under "Outpatient Emergencies" on the Resources page of the Abortion Clinic Toolkit website.

In the article published in the American Journal of Obstetrics and Gynecology about the simulation curriculum at the University of New Mexico, the following pearls are shared about what it means to be a clinical leader in an emergency. These are skills that you can practice during a simulation:

- Call for help in a timely manner.
- Assume the role of the leader.
- Maintain a calm demeanor during the emergency.
- Anticipate and plan for worsening of the situation.
- Communicate clearly and appropriately with the team.
- Use all available resources and personnel.

CONCLUSION

We hope this video has helped you think about some key elements regarding patient transfer and regarding simulation exercises.

Thank you for viewing this presentation! For more information, please visit [The Abortion Clinic Toolkit](#) and [Innovating Education in Reproductive Health](#).



Patient Transfer Report Form

Patient Name: _____ DOB: _____ Age: _____

Emergency Contact Name: _____ Phone: _____

Procedure Name: _____ Gestational Age: _____

Reason for Transfer: _____

IV(1) gauge: _____ IV(1) site: _____ IV (2) gauge: _____ IV(2) site: _____

Fluids Given: _____ Rate: _____ Quantity: _____

Vaginal Packing: _____ Catheter Inserted: _____ Size: _____

Estimated Blood Loss: _____

Attending Medical Provider: _____ Pager/Phone: _____

Medications Administered (name/dose/route/time): _____

Vital Signs:

Time	B/P	Pulse	RR	Temp	O2

Sample Emergency Medical Systems (911) Script

Before calling 911:

- ☐ Write down all medications (name, dose, time, route) administered in your clinic to give to transport
- ☐ Write down known patient medical history including allergies, current medications to give to transport
- ☐ Give the patient or her support person the clinic after-hours contact number and a copy of any necessary discharge instructions
- ☐ Record the patient's phone number and emergency contact number if not done so already and have patient sign release to get medical information if possible
- ☐ Notify building staff and security that 911 has been called
- ☐ Select someone to meet the ambulance and to record timing of 911 call, arrival of transport, and any other relevant info

Sample 911 Call:

Hello. This is [**NAME***] I'm calling from [**FACILITY NAME**] to request emergency transport for a [**STABLE** or **UNSTABLE PATIENT**]. The patient is experiencing [**BRIEFLY DESCRIBE CONDITION**]. Our physical address is [**CLINIC ADDRESS**] and a staff member will meet you at [**EXPLAIN WHICH DOOR TO USE OR ANY OTHER IDENTIFYING INFORMATION ABOUT BEST PATIENT EXIT**]. Please do not use lights and sirens. You can reach us at [**PHONE NUMBER***]

*Remember that 911 calls may be recorded by outside scanners, subpoenaed, and may become public. Decide ahead of time which staff member(s) will make 911 calls. Also, provide phone numbers that can receive return calls, but avoid giving personal cell phone numbers, or numbers that may lead to voicemail or call centers.

References

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