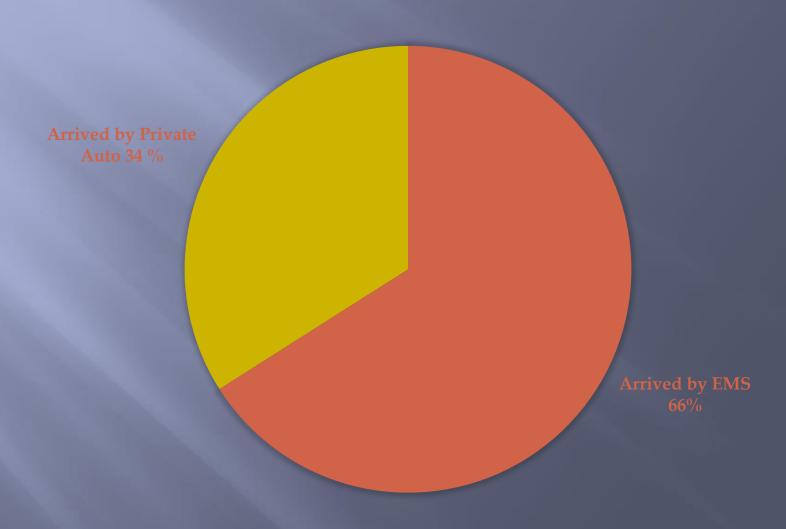
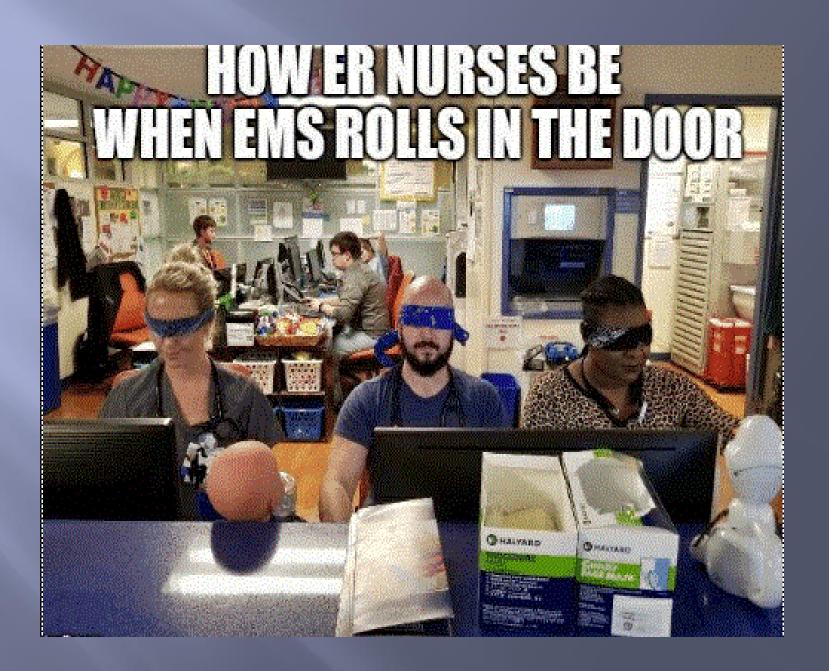
MARY LANNING'S ADOPT A SQUAD

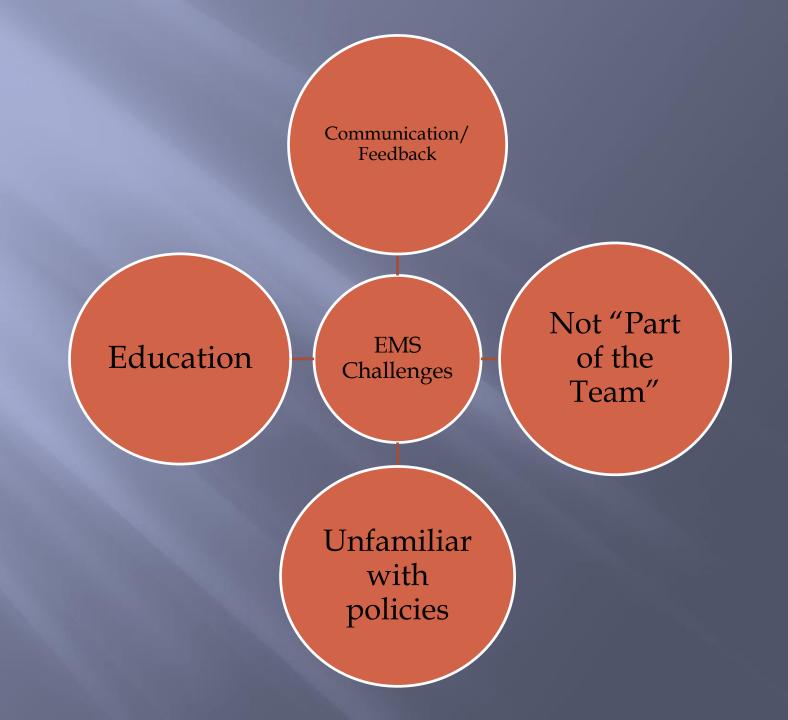
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NUMBER OR INJURY PATIENTS







Communication/ Feedback

- Focus on building a relationship with the squad
- Bring run reports to review- good, bad, trauma and medical- at least 3
- Want to let them know we are a liaison for them- if any issues with the transport or delivery of the patient- they have someone in the ER to talk to. Then follow up on those issues

Not "Part of the Team"

- Follow up on issues
- Bring thoughts back to the ER for improvement in processes
- Incorporate them into the ER team
- EMS invited to spend time in ER for more hands on patient time

Unfamiliar with Policies

- Bring ER policies to them- when they are familiar with our policies they will understand more why they might be asked to tier with ALS
- Ask what resources they are lacking
- Ask if there something they would like the ER to know

Education

- Ask what education they need
- Sometimes this education is limited to one squad but sometimes it is a larger request that needs to be addressed and can be addressed at EMS night at the hospital
- Always follow up with their needs

How we picked liaisons for squads

- We have many nurses that live spread out through the area
- We designated a nurse to a squad nearby where they live
- This helps because that nurse is already an integrated part of the community
- For the other squads that didn't have a nurse in their community- we took volunteers

- Initially, nurses were going to visit their squad quarterly and I would go as well
- As the squads got used to the visits and had less questions, the visits have dropped down to twice a year unless requested.

Benefits

- Increased turn around time in EMS reports and proficiency
- Increased attendance to EMS Education Night
- Better engagement
- Less frustration reported EMS and ER staff
- Feeling like they are a cohesive team