

EMSI Use of Patient Refusal Forms



Southwestern PA's Regional EMS Council



EMSI Patient Refusal Checklist

111-BLS-Adult/Inf

111-BLS-Adult/Inf

Pennsylvania Department of Health Operation 111-BLS-Adult/Inf

**REFUSAL OF TREATMENT / TRANSPORT
STATEWIDE BLS PROTOCOL**

Criteria:

- Patient with illness or injury refuses treatment or transport.
- Individual with legal authority to make decisions for an ill or injured patient refuses treatment or transport.

Exclusion Criteria:

- Patient involved in incident but not injured or ill. See Protocol #112.

System Requirements:

- [OPTIONAL]** An EMS agency or region may require its providers to complete an EMS Patient Refusal Checklist as part of the PCR for every patient that refuses transport. Regional medical treatment protocol may require contact with medical control physician for all patients refusing treatment and/or transport.

Procedure

- All Patients:**
 - Assess patient using Initial Contact and Patient Care Protocol #201.
 - If the patient is combative or otherwise poses a potential threat to EMS practitioners, retreat from the immediate area and contact law enforcement.
 - Consider ALS if a medical condition may be altering the patient's ability to make medical decisions.
- Attempt to secure consent to treatment / transport. ^{12.4}
- Assess the following (use EMS Patient Refusal Checklist if required by regional or agency):
 - Assess patient's ability to make medical decisions and understand consequences (e.g. alert and oriented x 4, GCS=15, no evidence of suicidal ideation/anger, no evidence of intoxication with drugs or alcohol, ability to communicate an understanding of the consequences of refusal).
 - Assess patient's understanding of risks to refusing treatment/transport.
 - Assess patient for evidence of medical conditions that may affect ability to make decisions (e.g. hypoglycemia, hypoxia, hypotension).
- If acute illness or injury has altered the patient's ability to make medical decisions and if the patient does not pose a physical threat to the EMS practitioners, the practitioners may treat and transport the patient as per appropriate treatment protocol. Otherwise contact medical command. See Behavioral Disorders/Agitated Patient (Restraint) protocol #301 if appropriate.
- Contact medical command, when available communication technology permits, if using the EMS Patient Refusal Checklist and any response is completed within a stated box (e.g. if patient assessment reveals at least one of the following):
 - EMS practitioner is concerned that the patient may have a serious illness or injury.
 - Patient has suicidal ideation, chest pain, shortness of breath, hypoxia, hypoxis, or evidence of altered mental status from head injury/intoxication or other condition.
 - Patient does not appear to have the ability to make medical decisions or understand the consequences of those decisions.
 - The patient is less than 18 years of age.

REQUEST FOR NON-TRANSPORT/TREATMENT

111-BLS-Adult/Inf

111-BLS-Adult/Inf

111-BLS-Adult/Inf

EMSI Region 04

- **10 County Region**
Allegheny, Armstrong, Beaver, Butler, Fayette, Greene, Indiana, Lawrence, Washington and Westmoreland Counties
- **Over 400,000 EMS Patient Contacts in 2011**
(EMS Charts only)
- **24,000 to 80,000 patients contacted and not transported to the hospital or 6% to 20%**
(varies from each EMS agency)

Pennsylvania Statewide EMS protocol

111-Refusal of treatment/transport

- Is the minimum standard of care in Pennsylvania
- Refusal Checklist included/Spanish version also
- Not mandatory to utilize the refusal checklist
- Refusal forms are not new to EMS
- Many different forms being used regionally
- Allegheny County form developed in 1996-97, available to all EMS
- Do all other forms meet minimum content of state refusal checklist?
- Does it matter?

Why should we care about this group of patients?

- **Patient condition -could worsen if left by EMS and not transported**
- **EMS Liability- was everything possible done to convince patient of continued care and transport?**
- **Cost- Estimated EMS revenue loss \$10-\$35 Million in 2011 in reimbursements, don't transport, no money**

PLUS!

- **Cost of Operations-Cost of EMS responding with personnel, equipment and ambulance per EMS call varies, worksheets available to EMS agencies to do a cost analysis**
- **We should CARE!**

Patient contacts by EMS but Not Transported

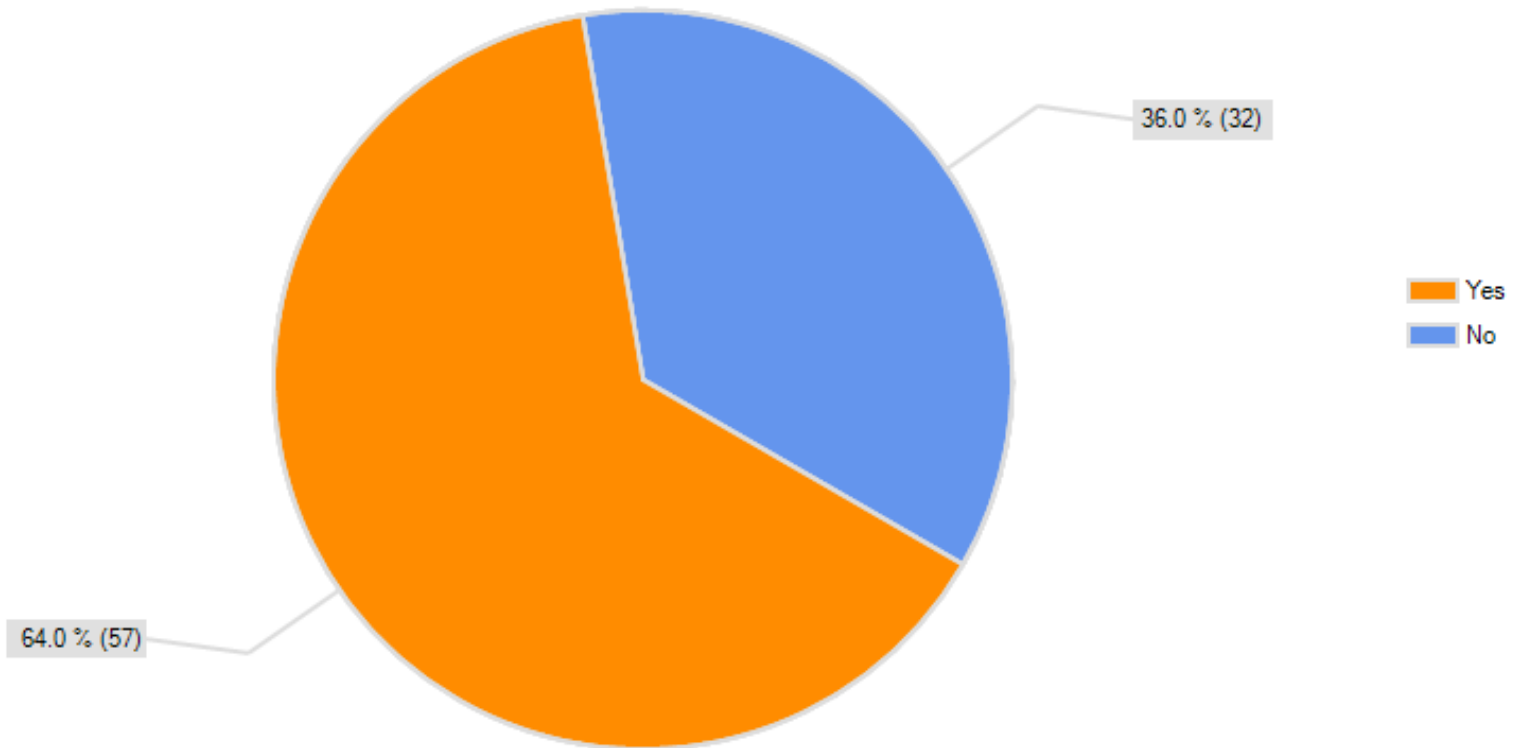
(* = Category that cause concern)

- Outcome categories:
- Cancelled
 - Dead on scene
 - No patient found
 - *No treatment required
 - *Patient refused care
 - *Treated and released
 - *Treated transferred care
 - Treated transported by EMS
 - *Treated transported by law enforcement
 - *Treated transported by private vehicle
- **How many are not documented?

Most Common Medical Categories of non transport outcomes

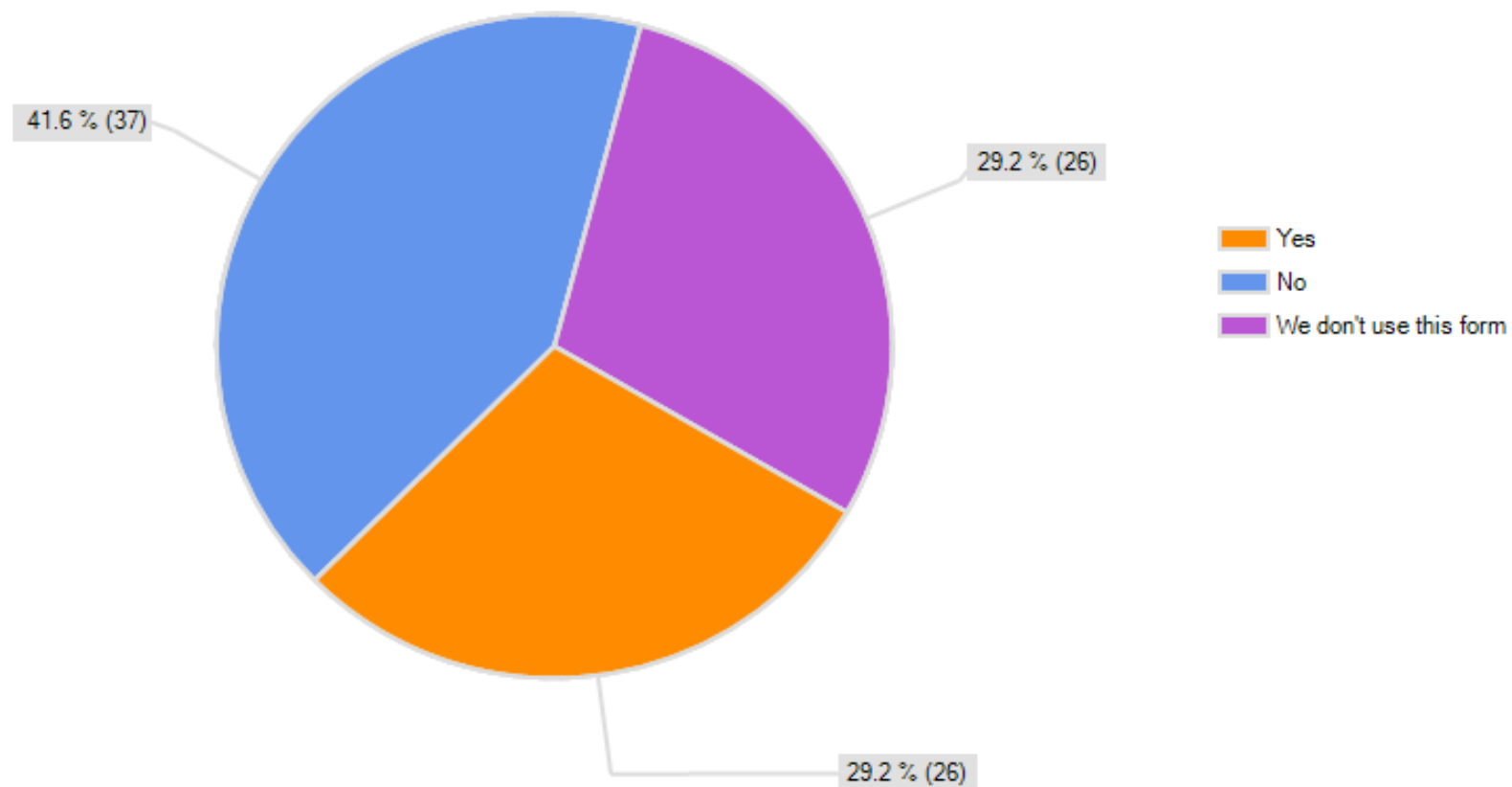
- **Other** (*obvious documentation issue*)
- **Falls**
- **Traffic Accidents**
- **Diabetic Problems**
- **Unconscious/fainting**

Does your EMS agency use the EMS patient refusal checklist included in the BLS refusal protocol #111?

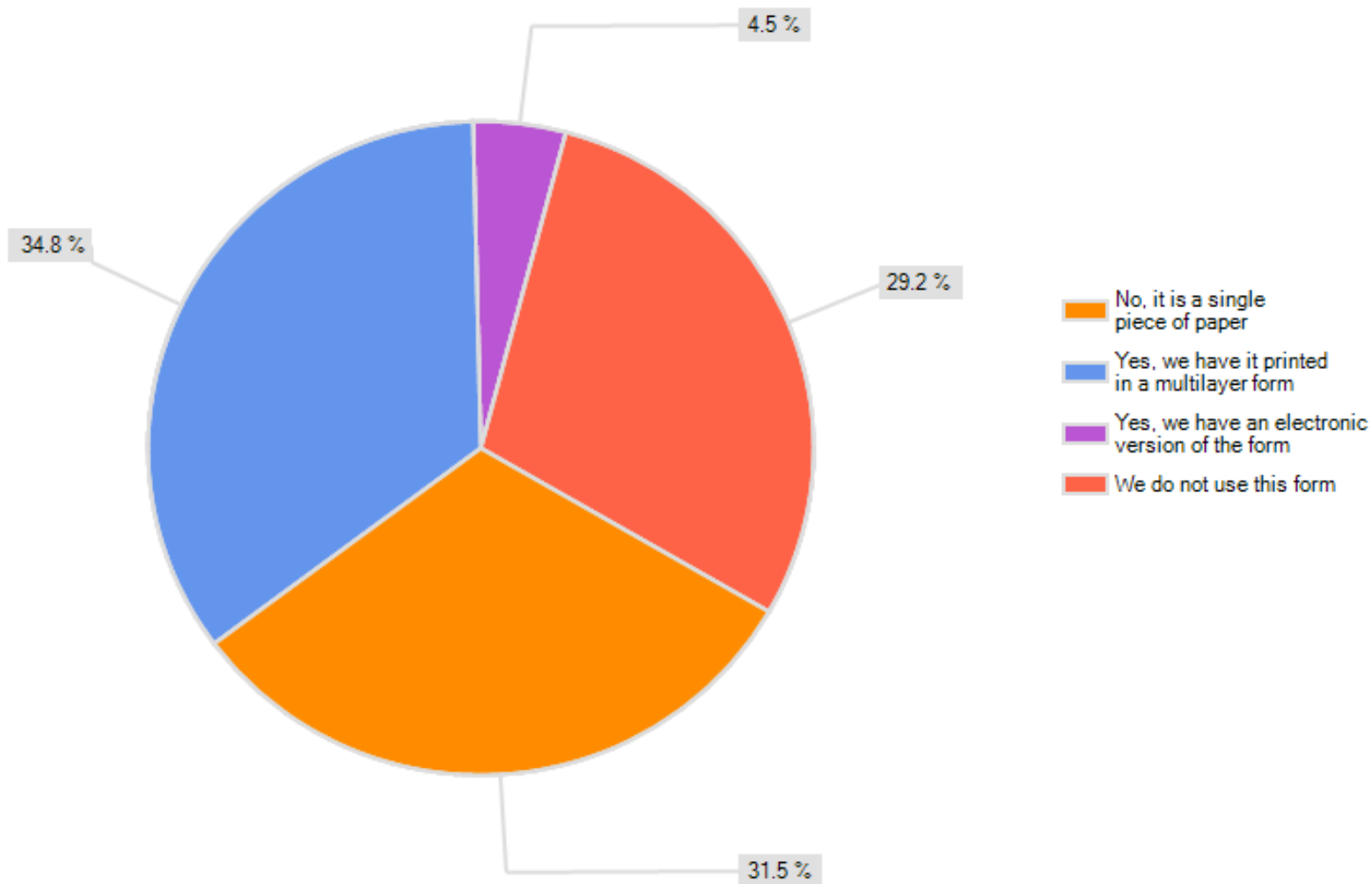


EMS Agency survey , 89 participated

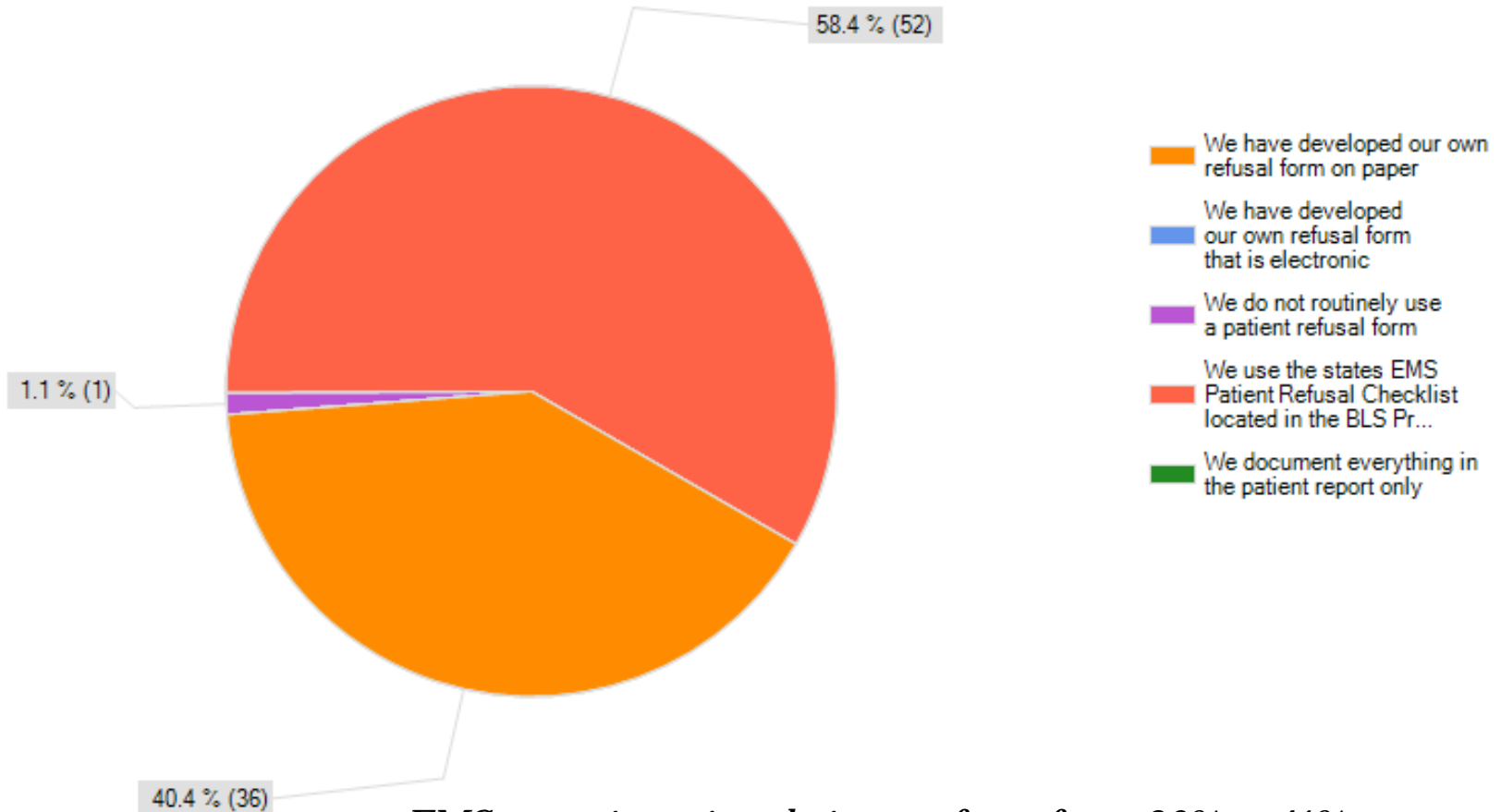
If you do use the EMS Patient Refusal Checklist, does the patient get a copy of the completed form?



If you do use the EMS Patient refusal checklist, is it specialized in any way?



If you do not use the EMS Patient Refusal Checklist, what type of form do you use for the patient that is refusing treatment and transport?



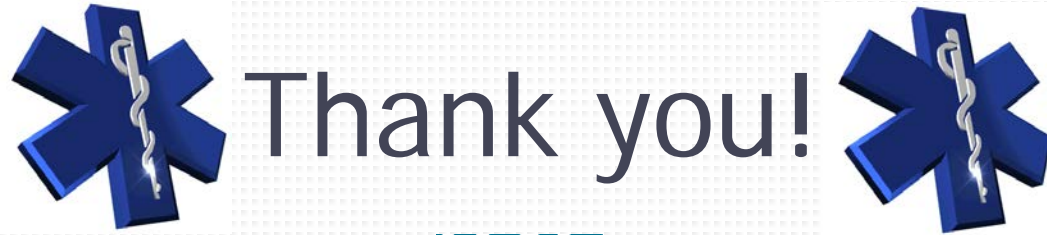
EMS agencies using their own form from 36% to 41%

Work to be done

- **Develop a minimum standard content list to compare local EMS refusal forms that may need updated or recommend using State Refusal Checklist**
- **The Standard of Care is PA Protocol #111 and the State Refusal Checklist**

More Work

- **Develop electronic version of refusal form if needed**
- **Create searchable fields in PCR programs to QA refusal forms more easily**
- **Provide educational program on documentation, refusal documentation, PCR programs, and patient refusal issues**



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