

# Can we leave patients safely at home?

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**St John**

first to care

# Nothing to disclose



# The problem

- \* Increasing demand not matching increase in resources
- \* Not everyone needs (or wants) transport to ED
- \* We had a non-transport rate of 10% and our procedures written with transport to ED as the end point
- \* 65 % of patients who were status 3 or 4 (low acuity) were discharged from ED within 24 hours
  - \* 70% within 6 hours

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- \* Significant number of complaints / adverse incidents involve non-transport

## ➤ **Non-Transport checklist**

# Non-transport checklist

- \* Looked retrospectively at all our non-transport 'disasters'
- \* Identified what went wrong with each job
- \* Found some recurrent themes :
  - \* Obvious high risk features in presentation
  - \* Not seen to mobilise e.g. bed bound, sitting on chair
  - \* Abnormal vital signs. Often a single abnormal value
  - \* Patient unable to attend alternative care arranged

# Red flags

- \* Covering common conditions:
  - \* Abdominal pain
  - \* Falls
  - \* Fever < 5 years
  - \* Fever > 5 years
  - \* Headache
  - \* Non-traumatic lumber back pain
  - \* Syncope
  - \* Vertigo

# Non-transport checklist

## \* **Capacity plus:**

- \* Patient is fully assessed with a complete set of vital signs
- \* None of the vital signs significantly abnormal
- \* Serious illness or injury has been reasonably excluded
- \* No red flags are present
- \* The patient is seen to mobilise normally
- \* The patient or care giver has a plan for follow-up / safety netting
- \* ePRF is completed and left with the patient

# Results

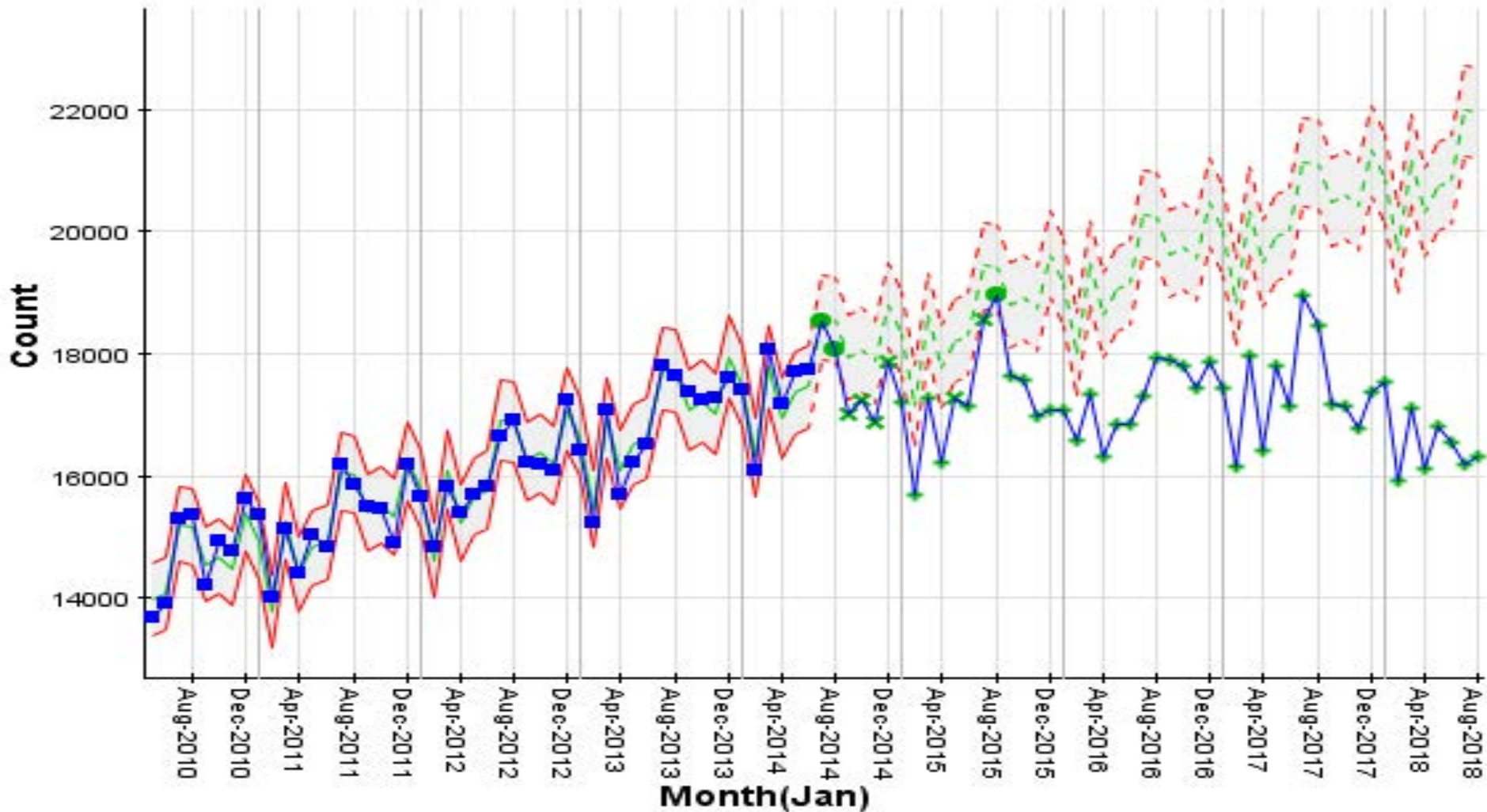
- \* 30-35% non-transport rate
- \* No increase in complaints in relation to non-transport.
- \* Adverse incidents related to non-transport:  
(Complaints / Coronial enquires)
  - \* Non-transport checklist used correctly 5%
  - \* Checklist used but incorrectly 5%
  - \* Not used 90%



# Results

2.03b. Num. Incidents with a vehicle arrival (EAS) : GREEN 1 + GREEN 2 + GREY + ORANGE 2 : (from May-2010 (By Month(Jan)))

Data Updated: 2018-09-05 05:15:20



# Questions ?

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# *“Calculating” Capacity:* *determining the ability to decline care*



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# What is “capacity”?

- The ability to understand, appreciate, and manipulate information and form rational decisions
- Related to a specific subject at a specific time
- Determined by a subject matter expert



**CAPACITY**



FIRE DEPARTMENT

EST.

FIRE

RESCUE

1853

1<sup>ST</sup> IN THE NATION

# Why?

- Patient protection
- Legal requirement
- Objective documentation



# When?

- With EVERY patient care encounter
- Usually self-evident / intuitive
- More formal assessment indicated:
  - Acute mental status change
  - Refusal of obviously beneficial treatment
  - Risk factors for impairment

The logo of the University of Cincinnati EMS Division is a circular emblem. It features a red outer ring with the text "UNIVERSITY OF CINCINNATI" at the top and "DIVISION OF EMS" at the bottom. Inside the ring, there is a white caduceus (a staff with two snakes) on the left, a yellow lightning bolt in the center, and a blue Star of Life (a six-pointed star with a caduceus in the center) on the right. There are also three white stars at the bottom left of the inner circle.

*Where you trained?*

The logo of the Cincinnati Fire Department is a shield-shaped emblem. It features a yellow outer border. Inside, there is a yellow banner at the top with the text "CINCINNATI". Below the banner is a yellow banner with the text "FIRE DEPARTMENT". The central part of the shield is a yellow Maltese cross. In the center of the cross is a yellow fire helmet. The text "EST." is at the top of the cross, "FIRE" is on the left arm, and "RESCUE" is on the right arm. At the bottom of the cross is the year "1853". At the bottom of the shield is a yellow banner with the text "1<sup>ST</sup> IN THE NATION".

*Do you have a system?*



AAO x 4 and GCS 15

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Capacity



# How?

- Are they making decisions?
- Can they understand the information and appreciate the situation and consequences
- Can they manipulate information rationally

