Can we leave patients safely at home?

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

➢ 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))

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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
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
Where you trained?

Do you have a system?
AAO x 4 and GCS 15 ≠ Capacity
How?

• Are they making decisions?

• Can they understand the information and appreciate the situation and consequences

• Can they manipulate information rationally