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

* 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

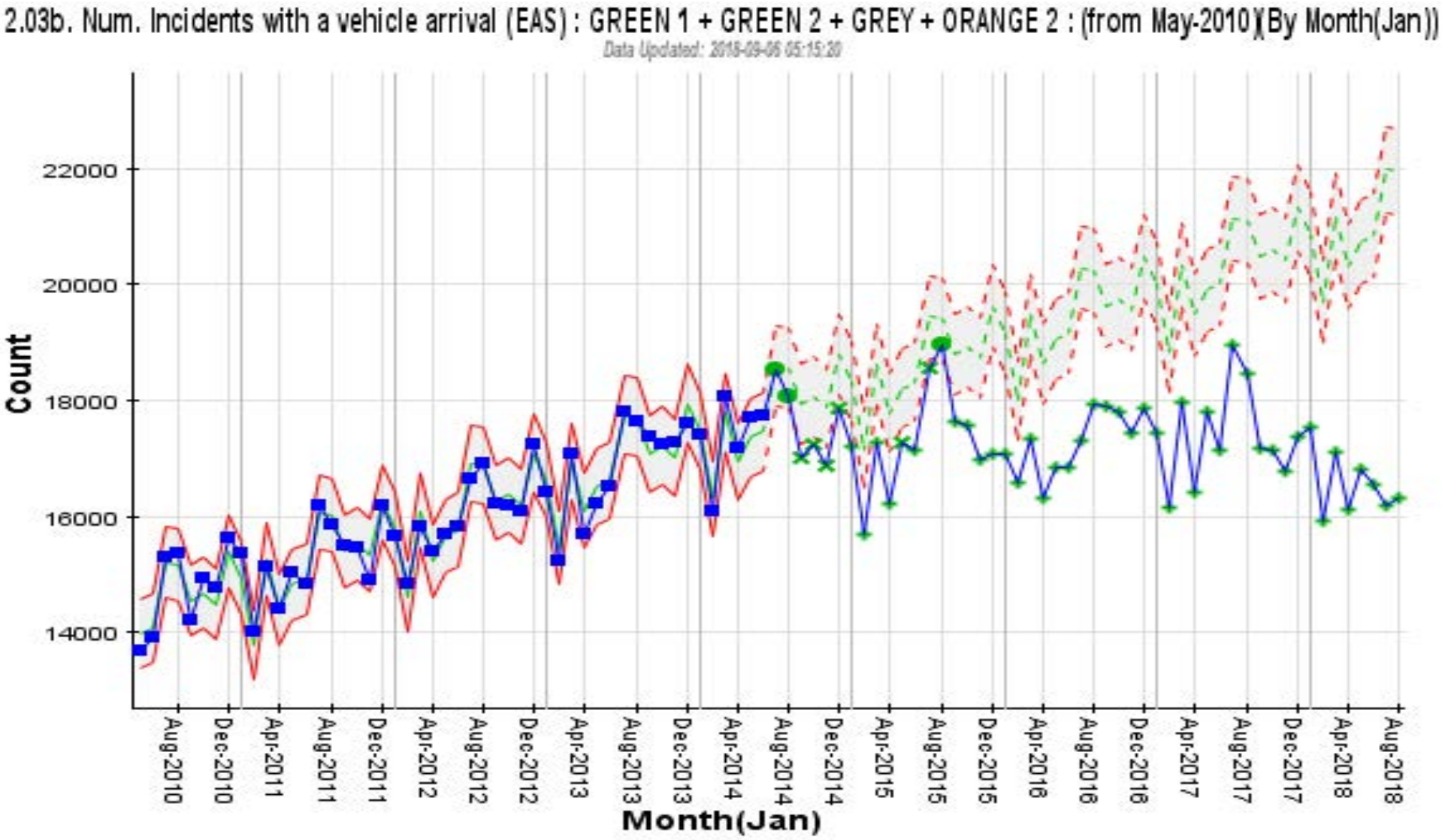
* 30-35% non-transport rate
* No increase in complaints in relation to non-transport.

* 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: 2018-09-06 05:15:20
Count
22000
20000
18000
16000
14000
Aug-2010
Dec-2010
Apr-2011
Aug-2011
Dec-2011
Apr-2012
Aug-2012
Dec-2012
Apr-2013
Aug-2013
Dec-2013
Apr-2014
Aug-2014
Dec-2014
Apr-2015
Aug-2015
Dec-2015
Apr-2016
Aug-2016
Dec-2016
Apr-2017
Aug-2017
Dec-2017
Apr-2018
Aug-2018
Month(Jan)

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