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The “no-transport” patient comprises a high-risk subset of patients that we care for on a daily basis. We recognize that the situation that leads up to a no-transport can be quite challenging. Because of this, patients and providers are placed at risk – from health as well as liability standpoints. The patient may not be making the best decision regarding their own health; the providers may not be documenting all of the important information that informed consent requires. The conversation that is had needs to be clear, concise and delivered in such a way that both parties have a clear understanding of the risks and alternative options.

The goal of this project is to collect EMS-specific data that will be used to improve provider training and education to make sure that the no-transport process is occurring in a safe fashion. From this we will identify the demographics of the patients, providers, call-types, and other trends and be able to develop an educational program re: assessment for capacity, providing proper documentation, other topics as they are identified.

This project was developed by Maine EMS QI Committee and approved by the Board of EMS at the June 3, 2015, meeting, which now requires your help to compile the data for your service and submit it to your regional office. The regions will then collate the regional data and report it to the Maine EMS QI Committee. The QI Committee will then evaluate the data and provide information back to you. This will occur via the regional offices as well as Maine EMS via MEMSEd and other venues.

The study period will be May 1<sup>st</sup> 2015 – July 31, 2015. Each service must compile their data and return it to your regional office by October 1, 2015. The report can be submitted either electronically by saving the electronic spreadsheet once completed and emailing it to the appropriate regional office (see list below).

**Regional EMS Offices**

**Tri-County Region**

Tri-County EMS  
300 Main St.  
Lewiston, ME 04240  
Phone: 207-795-2880  
Fax: 207-795-2476  
[lebrunj@cmhc.org](mailto:lebrunj@cmhc.org)

**Aroostook Region**

Aroostook EMS  
111 High St.  
Caribou, ME 04736  
Phone: 207-492-1624  
Fax: 207-492-1624  
[aroostookems@gmail.com](mailto:aroostookems@gmail.com)

**Southern Maine Region**

**Kennebec Valley Region**

**Northeast Region**

**Mid-Coast Region**

Atlantic Partners EMS  
71 Halifax St.  
Winslow, ME 04901  
Phone: 207-877-0936  
Fax: 207-872-2753  
[rpetrie@apems.org](mailto:rpetrie@apems.org)

PHONE: (207) 626-3860

TTY: (207) 287-3659

FAX: (207) 287-6251

With offices located at the Central Maine Commerce Center, 45 Commerce Drive, Suite 1, Augusta, ME 04330

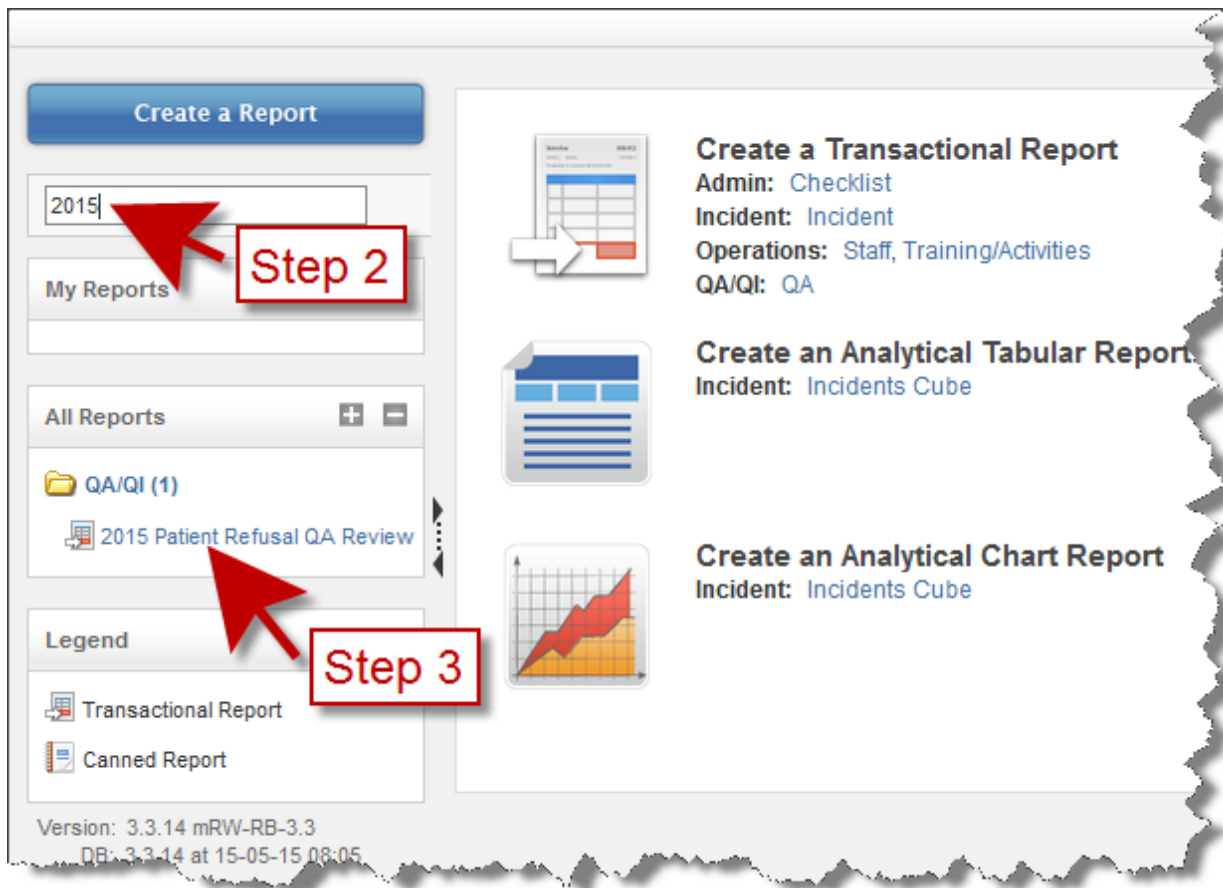
## 2015 Patient Refusal QA Review Instructions

**Step 1:** Login to MEMSRR, Click on “Report Writer 2.0” in the upper left corner of the screen. (This may be under “More”)

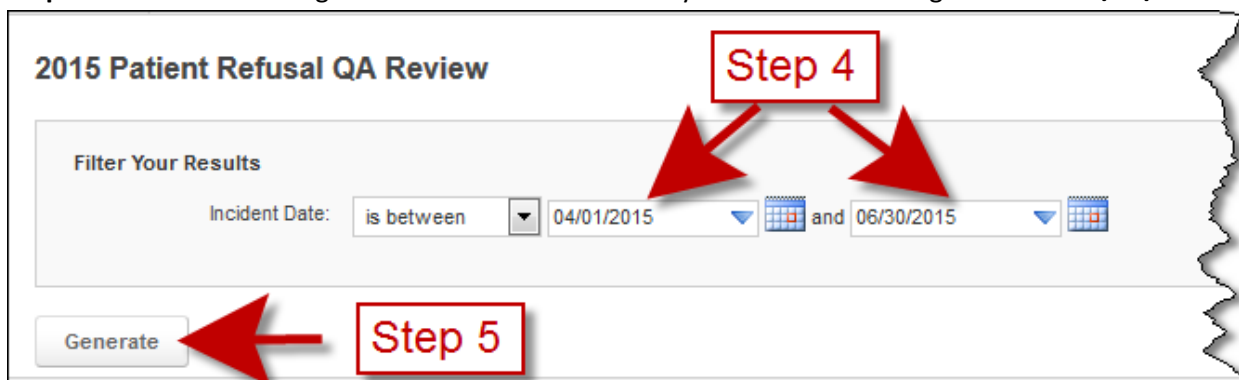


**Step 2:** In the Search box, type “2015”

**Step 3:** Click on the “2015 Patient Refusal QA Review” report under “QA/QI”



**Step 4:** Enter the date range for the review. For this study we will be reviewing calls from **05/01/2015** to **07/31/2015**



**Step 5:** Click “Generate”

## 2015 Patient Refusal QA Review Instructions

**Step 6:** Once the report generates, Click on “Actions” at the top, then to “Export”, finally on “CSV”

**Step 6**

Region	Service Name	Report ID	Call #	Date	Age	Age Units	Gender	Time of Call	Total Scene Time
Mid-Coast	Waldoboro Emergency Medical Services	2860513	15-FB7-0029			Years	Female	00:18:00	
Mid-Coast	Waldoboro Emergency Medical Services	2877803	730150503280			Years	Male	00:18:00	
Mid-Coast	Waldoboro Emergency Medical Services	2877812	730150503281			Years	Female	00:18:00	
Mid-Coast	Waldoboro Emergency Medical Services	2882324	730150508289				Male	00:03:00	
Mid-Coast	Waldoboro Emergency Medical Services	2889009	730150517309			Years	Male	00:19:00	

**Step 7:** Depending on your browser, you will be prompted to Open or Save the file. In most cases it is safe to Open the file.

**Step 8:** Once the report opens in your spreadsheet application, highlight the information in this spreadsheet and paste it into the provided 2015 Patient Refusal QA Review spreadsheet.

**\*\*Paste the information ONLY into the green highlighted space (Columns A thru M)\*\***

**Step 9:** Scroll to the right in the 2015 Patient Refusal QA Review spreadsheet to columns N thru X. These columns will need to be completed manually for each report reviewed.

Disposition	Refusal Category	Decision Making	Legal Capacity to Refuse	Services Offered	Reason Service(s) Declined	Statement of risks	Discussion of Alternatives	Advised to reassess 9-1-1	Total Criteria Entered	OLMC contacted?	Signature obtained
	Refusal Category Please select the refusal category from the list.										

### To Review the reports:

- Return to the MEMSRR Report Writer Screen that should still be open.
- Click on the Call # for the report you wish to review and follow the onscreen prompts to open the report.

**2015 Patient Refusal QA Review**

Service Region	Service Name	Report ID	Call #	Date	Age	Age Units	Gender	Time of Call	Total Scene Time	Location Type	Dispatch Reason	Disposition
Mid-Coast	Waldoboro Emergency Medical Services	2860513	15-FB7-0029			Years	Female	00:18:00	00:18:00	Street or Highway	29 - Traffic / Transportation Incident	Treated, Patient Refused Transport
Mid-Coast	Waldoboro Emergency Medical Services	2877803	730150503280			Years	Male	00:18:00	00:18:00	Street or Highway	29 - Traffic / Transportation Incident	Patient Refused Treatment
Mid-Coast	Waldoboro Emergency Medical Services	2877812	730150503281			Years	Female	00:18:00	00:18:00	Street or Highway	29 - Traffic / Transportation Incident	Patient Refused Treatment
Mid-Coast	Waldoboro Emergency Medical Services	2882324	730150508289				Male	00:03:00	00:03:00	Public Building (schools, gov, offices)	30 - Traumatic Injury	Patient Refused Treatment
Mid-Coast	Waldoboro Emergency Medical Services	2889009	730150517309			Years	Male	00:19:00	00:19:00	Home/Residence	32 - Unknown Problem (Man Down)	Treated, Patient Refused Transport

- Repeat for each call.

## 2015 Patient Refusal QA Review Instructions

### Element Definitions:

**Refusal Category:** Select from the drop down the category of this refusal.

**Decision Making Capacity:** Appropriate Documentation that the patient is calm, competent, sober, and alert with the absence of an acute medical/surgical or traumatic process that impairs the patient's capacity. Enter "Y" for Yes or leave blank for No.

**Legal Capacity to Refuse:** Appropriate Documentation that the patient is greater than 18 years old, emancipated, or contact with guardian. Enter "Y" for Yes or leave blank for No.

**Service(s) Offered:** Appropriate Documentation of the services offered to the patient that is being refused. Enter "Y" for Yes or leave blank for No.

**Reason Service(s) Declined:** Appropriate Documentation of the reason the patient is refusing the service(s). Enter "Y" for Yes or leave blank for No.

**Statement of Risk(s):** Appropriate Documentation that the patient was informed of the risks of refusal and the patient's understanding of the risks. Enter "Y" for Yes or leave blank for No.

**Discussion of alternatives:** Appropriate Documentation of the discussion of alternatives to service offered and potential consequences of declining offered service. Enter "Y" for Yes or leave blank for No.

**Advised to re-access 9-1-1:** Appropriate Documentation that the patient has been informed that EMS services may be accessed at any time, and that the patient had decision making capacity. Enter "Y" for Yes or leave blank for No.

**OLMC Contacted:** Was online medical control contacted during this call? Select Yes or No from the dropdown.

**Signature obtained:** Who signed the refusal form? Select the appropriate response from the drop down.