

Refusal of Transport in a Canadian EMS System

ABSTRACT

Objectives: Patient refusal of treatment and/or transportation to hospital post emergency medical services (EMS) response may pose a safety risk to patients and a legal risk to EMS operators. We sought to investigate the characteristics and outcomes of those patients who activated the EMS system and subsequently refused transport by EMS.

Methods: This was a retrospective analysis of electronic Patient Care Reports (ePCR) in which EMS was activated and transportation to hospital was ultimately refused by the patient. Exclusion criteria included calls specifically for lift assists and records with incomplete information. Both prehospital and in-hospital records were reviewed to determine 7 day outcome subsequent to the initial refusal of transportation. The extracted data included EMS reactivation, hospital visit, hospital admission, surgical interventions and death.

Results: Between April 01, 2012 and March 31, 2013, there were 21 410 EMS activations of which 2441 (11.4%) resulted in a refusal of transport. There were 413 (19.3%) cases that did not meet the study criteria resulting in a study population of 2028. The most common chief complaints that resulted in refusal of transport included: “no complaints” 609 (30.0%), “soft tissue trauma, pain, and edema” 251 (12.4%), “general illness/weakness” 219 (10.4%), “muscular trauma” 190 (9.4%) and “diabetic emergencies” 70 (3.5%).

EMS data showed 180 (8.9%) patients reactivated EMS within 7 days for a problem related to their initial request. Hospital data showed 216 (10.7%) patients had a subsequent emergency department visit for a related problem with 59 (2.9%) patients requiring admission and 3 (0.15 %) patients required surgery. The 3 surgeries included: mandibular fracture repair, thumb ulnar collateral ligament repair and fractured tibia repair. No deaths were noted in our study population.

Conclusion: Refusal of transportation is not uncommon in our EMS system. However, hospital admission, surgical treatment and death are exceedingly rare in this subset of patients within 7 days of transport refusal. Further studies in other EMS jurisdictions are required to better understand the impact of patient refusal of transport on post refusal outcomes.