

STATE OF ARIZONA • EMERGENCY MEDICAL SERVICES AND TRAUMA SYSTEM

Transport Protocols

Background

Under Arizona Revised Statutes (A.R.S.) §§ 36-2205(D) and (E) and 36-2232(F) and Arizona Administrative Code (A.A.C.) R9-25-504(B), CON holders may transport a patient, at the patient's request, to a health care institution other than the closest appropriate health care institution. However, CON holders periodically encounter patients who misuse the EMS system through repeated emergency dispatch calls on multiple occasions, requesting to be transported, without apparent medical need, to health care institutions that are outside the CON holder's normal response area. Such transports cause an ambulance to be taken out of service for a longer-than-normal period of time and reduce access to timely and cost-effective ambulance service for the remainder of the community. CON holders are reluctant to refuse transport to a distant health care institution when requested by a patient without guidance from the Department. This Guidance Document lays out a strategy for a CON holder to limit the misuse of the ambulance transportation system.

Process

A.R.S. §§ 36-2205(E) and 36-2232(F) allow for the development of local protocols by EMS providers. The Bureau believes that a CON holder may develop a local protocol to address misuse of the ambulance transport system. The local protocol would cover the identification of patients misusing the ambulance transport system and establish the procedure for a CON holder to refuse to transport a patient with a pattern of ambulance transportation system misuse to a distant health care institution and, instead, transport the patient to a closer health care institution that is appropriate to the patient's condition. Any such local protocol should contain:

1. Prospective steps to identify a potential ambulance transportation system abuser:
 - a. Review complete patient care reports (PCR) to identify patients with 3 or more transports to a distant medical facility in the past 30 days or 6 or more in the past year;
 - b. Document agreement by both the physician providing administrative medical direction and a physician providing on-line medical direction for the CON holder that the patient's complaint and the clinical signs and symptoms documented on the PCR did not require transport to a distant health care institution; and
 - c. Create and maintain a file (paper or electronic) that contains:
 - i. Copies of each PCR generated for that patient; and
 - ii. Documentation of agreement, signed by the administrative medical director and on-line medical director, stating that they believe the individual has exhibited a behavior of ambulance transportation system misuse.
2. Implementing transportation limits for a patient who has been previously identified as an ambulance transportation system misuser:
 - a. When the patient dials 9-1-1 and requests transportation to a health care institution that is not the closest appropriate facility, the CON holder:
 - i. Conducts a complete assessment of the patient,
 - ii. Contacts on-line medical direction to determine whether the patient's condition requires transport to a distant health care institution, and
 - iii. May inform the patient that transport will be made to the closest appropriate facility.
 - b. A copy of the PCR must be placed in the file described in subsection (1)(c).

If a patient, previously identified by the CON holder as a misusing patient, has not requested transport for a minimum of 12 months before the date of the current 9-1-1 call, the CON holder must follow the process identified in subsection (1) before denying the patient's request for transport to a distant health care institution.