Recommended ePCR QA/QI evaluation form
EMS Refusal of Care and/or Transport

Intent/Purpose:
- The intent and purpose of this evaluation form is to identify the presence or absence of all required information in 100% of electronic patient care records (ePCR) with a disposition of any one of the following:
  - “Patient Evaluated, No Treatment/Transport Required.”
  - “Patient Refused Evaluation/Care (Without Transport)”
  - “Patient Treated, Released (per protocol)”

- The data obtained throughout the ePCR evaluation process will be utilized to identify strengths, weakness and lessons learned for related EMS operations, so that the necessary education, resources, and operational modifications can be facilitated.

<table>
<thead>
<tr>
<th>Tasks: Specific and measurable actions/objectives.</th>
<th>Complete the form, “EMS Refusal of Care/Transport ePCR QA/QI evaluation form”.</th>
</tr>
</thead>
</table>
| Conditions: Variables that contribute to completion of the tasks. | To complete the task, the participant will be given an ePCR, or set of ePCRs, with a documented disposition of any one of the following:
  - “Patient Evaluated, No Treatment/Transport Required.”
  - “Patient Refused Evaluation/Care (Without Transport)”
  - “Patient Treated, Released (per protocol)” |
| Standards: Applicable EMS protocols, as well as LSA policies and guidelines. | Applicable protocols:
The following protocols can be accessed via the OCMCA protocols app or website.
  - 1-1: General Prehospital care
  - 7-14: Patient Assessment
  - 7-15: Patient Care Record, Electronic Documentation & EMS Information System
  - 7-15.1: Patient Care Record & Electronic Documentation & EMS Information System Addendum
  - 7-19: Refusal of Care. Adult and Minor
  - 8-8: Communications with Emergency Facilities |

**General Incident Information**

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<tr>
<th>Run #:</th>
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<tbody>
<tr>
<td>Run Date:</td>
<td>Select a Date</td>
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<tr>
<td>Report Author:</td>
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<tr>
<td>Review Date:</td>
<td>Select a Date</td>
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<td>Reviewed By:</td>
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**Incident section**

**Personnel section**
Was each EMS provider assigned a role, the PPE they wore and if they experienced an exposure, as needed?
- Yes
- No

Initial and/or Ongoing Assessment(s) section comments:

**Vital Signs section**

Was there at least one set of vital signs obtained and documented in the ePCR?
- Yes
- No

Vital signs section comments:

**Assessment section**

Was an initial assessment performed and documented?
- Yes
- No

Assessment section comments:
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Narrative section
Does the narrative appear to provide a complete depiction of the entire incident?

- Yes
- No

If no, please provide context or reasoning.

Narrative section comments:

Forms section
Refusal of Care or Transport form
Was the form completed?

- Complete
- Incomplete

Forms section comments:

Signatures section
Refusal section
Is the refusal form complete?

- Yes
- No

Is the refusal form signed by all necessary parties?

- Yes
- No

Signatures section comments:

Protocol Deviations

<table>
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<tr>
<th>Protocol Number:</th>
<th>Deviation:</th>
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Protocols and protocol deviations section comments:

Incident follow-up
Patient follow-up:
Would you like to request the patient outcome from the hospital?

- Yes
- No

If yes, please provide context or reasoning.

Refer to QA/QI personnel:
Would you like to request the QA/QI personnel to review the ePCR

- Yes
- No

If yes, please provide context or reasoning.

Recommendations:
Do you have any suggestions or recommendations to modify this form, or the intent/purpose of this form?

- Yes
- No

If yes, please provide context or reasoning.
**Recommended ePCR QA/QI evaluation form**

**EMS Refusal of Care and/or Transport**

<table>
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<tr>
<th>Additional comments/info:</th>
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<tbody>
<tr>
<td>Please provide any additional comments, if necessary. Nothing is off limits.</td>
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[Save as Draft] [Submit]