POLICY:	200.21 CONTINUITY OF CARE-ABANDONMENT		
APPROVAL:	VICE PRESIDENT OF PROFESSIONAL SERVICES; MANAGER OF EMS;		
EFFECTIVE DATE: 2/15/2024			ORIGINAL EFFECTIVE DATE: 08/16
DEPARTMENT SPECIFIC		EMERGENCY MEDICAL SERVICES	

I. Purpose:

To insure that the continuity of appropriate medical care is provided for each patient.

II. Policy:

A. System personnel are under immediate direction of the EMS Medical Director or designee.

B. Abandonment may occur when the Emergency Medical Technician (EMT)-patient relationship, once it has been established, is intentionally ended by the EMT. This relationship can only end when:

    1. The patient ends the relationship. (see Policy 300.29 Consent/Refusal of Treatment)

    2. The patient's care is transferred to another qualified medical professional of comparable or higher licensure.

C. Neither the assessment nor the transfer of care can be initiated if it appears to jeopardize the pt's condition. The only exception will be the presence and availability of individuals with comparable or higher licensure who may assume the responsibility for the care of the patient.

D. If a patient requests transportation to a hospital outside of the ambulance's primary response area, and the pre-hospital providers determine that a need for continuing medical care does exist, the providers should make every effort to persuade the patient to consent to be transported to the closest, most appropriate hospital for initial evaluation and stabilization. If the patient continues to refuse transportation to the closest, most appropriate hospital the pre-hospital providers should establish communications with the hospital to document the situation.

E. If a competent patient refuses care and/or transportation to the hospital, the pre-hospital provider must establish online communication with Morris Hospital Emergency Medical Services (EMS) System on-line medical control prior to leaving the scene and document the patient's condition and refusal of care and/or transportation. The pre-hospital provider must inform the patient of the risks of not receiving emergency care and if the individual continues to refuse ALS/ILS/BLS intervention, have the individual sign a release of services on the Patient Care Report.

F. If a competent patient requests transportation to a hospital outside of the ambulance's primary response area, the pre-hospital providers may make arrangements for transfer of the patient's care to a private ambulance service. The communicating hospital should be contacted to document the patient's request for transport out of the response area. Have the patient sign a release on the Patient Care Report stating his/her refusal to be transported to the closest, most appropriate hospital. With a signed refusal and documentation of the approval and support of

Medical Control, the patient has ended the relationship (see Policy 200.12 Consent/Refusal of Treatment).

G. If medical care has been initiated (e.g. IV, oxygen), the pre-hospital providers must remain with the patient until the arrival of the private ambulance. The providers can transfer patient care to a private ambulance service with hospital communications capabilities staffed with individuals of equal or higher training.

H. When an advanced life support (ALS) unit has arrived on the scene and it has been determined by ALS personnel that the patient requires basic life support (BLS) care and transport, the patient may be transferred to the BLS unit. This information will be relayed to a communicating hospital by the transporting unit.

I. Consult your individual department's policy regarding transportation of patients outside the response area.

J. All calls between EMS providers and hospital Emergency Communications Registered Nurse (ECRN) are on a recorded line. These recordings are the property of the Morris Hospital EMS System.

Approval:

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James Kirchner   Date
Vice President of Professional Services

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Kathleen Geiger MSN, RN   Date
Manager of EMS & Emergency Management