A Retrospective Examination Of ‘Refusal To Travel’ Calls In The National Ambulance Service From 2017

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Introduction.

When a member of the public calls for an ambulance through the 999/112 system, the only permitted course of action for the responding National Ambulance Service (NAS) staff is to convey the patient to an emergency department.

Regardless of the clinical level, NAS staff do not have the authority or scope of practice to discharge the patient from the scene or make any other arrangements for the treatment of that person. The patient, meeting certain criteria, can refuse treatment or transport (RTT) of their own volition.

In 2017, the refusal to travel rate in Ireland jumped from below 8% of calls (2012-2014) to a national average of 11.3% (24,735) of total emergency calls. Although this level of non-conveyance would still be below international norms, the rate of increase was concerning.

Aim.

To determine, using retrospective data, if patterns emerge in relation to patients who RTT.

This was also undertaken to provide baseline information for a quality improvement initiative between the NAS and the Royal College of Physicians of Ireland.

Methods.

Retrospective data collection was conducted on all calls closed with a ‘refusal to travel’ or ‘refusal of treatment’ occurring between 1st Jan 2017 and 9th Nov 2017 and was gathered from the National Emergency Operations Centre (NEOC).

Results.

The top three dispatch classification that resulted in RTT were falls, unconsciousness or near fainting, and generally unwell patients. This was followed by chest pain, seizures, traffic incidents and breathing problems.

It was noted that the time at which RTT calls occurred peaked nationally between 2000 and 2059. In the Southern area, peak RTT occurred between 2000-2059h and 0000-0100.

33.6% of RTT calls in the Southern Area were designated as Delta calls. This designation requires an advanced life support and a blue light response and is the call level with the second highest acuity below an Echo call, the designation for cardiac or respiratory arrest.

Conclusions.

The NAS specifically utilises a risk adverse triage system. Examination of dispatch priorities may be warranted.

The peak close of RTT calls between 2000-2059 may align with a shift changeover at 2000. Further study is required.

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