

Whitepaper: Disposition Reference Guide for Low Acuity EMS Encounters Resulting in Non-Transport

Introduction

The Minnesota OEMS does not provide a definition of an EMS Patient in an EMS response and instead, the determination of whether an EMS response constitutes a patient interaction is left to the discretion of the Medical Director, protocols, and/or local agency policy. This paper aims to provide some guidance to agencies regarding documentation using the NEMSIS v3.5.0 standard and the new disposition values added in the new updated system.

Patient Determination in Minnesota EMS

In Minnesota, the OEMS does not offer a singular definition of what constitutes a patient encounter. Rather, it delegates this responsibility to the Medical Director, protocols, or local agency policies. This approach acknowledges the diverse nature of EMS scenarios and the need for flexibility in determining a patient status.

Unit Disposition (eDisposition.27)

The MNSTAR Elite v3.5.0 system validation rules are built to accommodate both cases where an EMS encounter rises to the level of a "Patient" and those that do not.

When a unit arrives at a scene where the contact does not rise to the level of a patient, two dispositions are available:

1. "No Patient Found": *This crew/unit arrived on-scene and looked for a patient, but none was found. The patient may have left the scene, or caller was mistaken and there never was a patient. For example, this unit may have been dispatched to an unconscious person, but arrived to find a college student just taking a nap on the lawn. Or;*
2. "Non-Patient Incident (Not Otherwise Listed)": *This crew/unit provided some sort of service that did not involve a patient. The definition of a "Patient" is based on ~~state regulations~~ (N/A in Minnesota), protocols or local agency policies. This type of incident could be a standby with no*

patient generated, organ transport, lift or public assist that was truly not a patient, or unit may have provided event command services.

*In addition, choosing either of these values does not restrict an agency or crew from providing more information or documenting additional fields.

Alternatively, if local protocols or agency policies dictate that certain contacts must be defined as patient encounters, regardless of the individual's refusal of EMS services, the singular disposition is:

- "Patient Contact Made": *This disposition signifies that the EMS crew has made contact with an individual deemed a patient according to Medical Direction, protocols, or local policies. It recognizes that variations in patient definitions exist across different regions and emphasizes the importance of adhering to local guidelines.*

State Validation Rules

The MNSTAR Elite system incorporates validation rules to accommodate the diverse determinations regarding patient encounters. These rules ensure that documentation aligns with the chosen unit disposition, whether it involves a patient encounter or not. However, selecting the "Patient Contact Made" disposition necessitates more comprehensive documentation, including pertinent negative values for vital signs and patient information, even if the individual refuses examination or provides limited information.

Conclusion

By nature, emergency medical situations are complex and varied. By empowering Medical Directors, protocols, and local agencies to determine patient status, the system promotes flexibility and responsiveness to diverse scenarios. While the incorporation of NEMSIS v3.5.0 dispositions (Unit Disposition, Patient Care/Eval, Crew Disposition and Transport Disposition) is a departure from the single disposition value in the v3.4.0 dataset, they provide better specificity for the circumstances in the EMS response and the validation rules ensures accurate documentation and adherence to regulatory requirements, ultimately enhancing the quality of care provided by EMS personnel across Minnesota, however, it is all starts with the: Does this encounter meet the criteria for a “patient” as defined by my medical director?

Please see the flow chart on the next page for guidance on how to chart after answering that question.

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Does the encounter meet the criteria for a *“patient”* as defined by your ambulance service medical director?

YES (assessment and vital fields
ARE required)

Common Uses

- Lift assist, with potential mechanism or underlying medical reason.
- Medical Director preference

Recommended Unit Disposition(s)

- Patient Contact Made (This field triggers requirements for vitals and assessments. Crew members can still document that patient refused vitals or assessment in those fields, when appropriate.)

Recommended Patient Care Disposition (s)

- Patient Evaluated, No Care Required; or
- Select appropriate patient disposition from list

Recommended Crew Disposition

- Back in Service, Care/Support Services Refused; or
- Back in Service, No Care/Support Services Required

Recommended Transport Disposition

- No Transport; or
- Not Applicable

NO (assessment and vital fields
NOT required)

Common Uses

- Minor vehicle crash, person did not summon EMS and doesn't interact with EMS.
- Lift assist, with no readily apparent mechanism or underlying medical reason.

Recommended Unit Disposition(s)

- No Patient Found; or
- Non-Patient Incident

Recommended Patient Care Disposition

- Not Applicable

Recommended Crew Disposition

- Back in Service, No Care/Support Services Required

Recommended Transport Disposition

- No Transport; or
- Not Applicable

Direct questions to

Dave Rogers

David.Rogers@state.mn.us