City of Phoenix

Mission Statement

To improve the quality of life in Phoenix through efficient delivery of outstanding public services.

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This report can be made available in alternate format upon request.

Fire Department
Non-Treatment and Non-Transport Policy Compliance

January 13, 2025

Report Highlights

Compliance

Controls are needed to ensure that firefighters are fully documenting patient refusal encounters.

Policy

The Fire Department recently implemented a policy to instruct firefighters on proper procedures when encountering patients in Police custody who refuse emergency medical transportation.

Training

The Fire Department trained firefighters on patient refusal requirements required by Arizona state law.

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Executive Summary

Purpose

Our purpose was to determine if the Fire Department (Fire) complied with Fire policy for Non-Treatment and Non-Transports (Refusals).

Background

When someone calls 911 to report a medical emergency, firefighters are dispatched to provide care and transport the patient to the hospital when necessary. Patients with the capacity to make decisions about their health are allowed to refuse to be transported to the hospital. When a patient refuses transportation to the hospital, Fire has a policy outlining the requirements firefighters must follow to document the patient refusal, including documenting the patient's decision-making capacity, what occurred, the outcome, the reasons why the patient refused transportation, and having the patient sign the refusal acknowledging the risks. Fire uses an electronic charting system called Zoi to document patient encounters and to get signatures from patients, witnesses, and Fire staff when a patient refuses treatment. Fire responded to 227,965 calls in 2023, of which 66,134 resulted in the patient refusing transportation to the hospital.

Arizona Revised Statue 36-2219 *Emergency Medical Care Technicians; Requirements; Transportation (A.R.S. 36-2219),* signed into law in 2022, prohibits emergency medical care technicians (firefighters) from making a diagnosis that would be the basis for counseling a patient to decline, or to counsel patients to decline emergency medical transportation. As a result of these changes in state law, Fire implemented a new training program (refusal training) for all sworn firefighters to complete that covers these changes in state law.

We reviewed Fire policy M.P. 1202.01 *Non-Treatment/Non-Transport Procedures and Patient Decision-Making Capacity: Adult and Pediatric* (Refusal policy) and state law requirements. We tested 104 patient refusals from 2023 to determine whether firefighters complied with department policy documentation requirements. We also compared the firefighter roster to the refusal training records to verify firefighters completed the mandatory training.

Results in Brief

Controls are needed to ensure that firefighters fully document patient refusal encounters.

Firefighters are required to document patient encounters thoroughly when they respond to medical emergencies. Fire's Refusal policy requires firefighters to report specific information when a patient declines transportation to a hospital. Overall, 26 of the 104 (25%) patient charts tested were complete and contained all required documentation.

Although Fire has a policy listing the documentation requirements, the training lacks the level of detail firefighters must meet.

Fire recently implemented a policy to instruct firefighters on proper procedures when encountering patients in Police custody who refuse emergency medical transportation.

Sometimes, firefighters encounter patients in Police custody when responding to emergency medical calls. We tested 24 patient refusal charts where the patient was in Police custody. Fire did not document 22 of the 24 (92%) patients' charts according to the Refusal policy. Missing information included the patient's reasons for refusal, what occurred, why the patient could not sign the refusal, and witness signatures for refusals by handcuffed patients. The Refusal policy lacks instructions explaining how firefighters should handle patients in Police custody. However, Fire implemented a policy in November 2024 to address the situation.

Firefighters were trained on patient refusal requirements in Arizona Revised Statute.

Fire implemented mandatory training that outlines expectations for handling patient refusals, including the prohibition of making diagnoses that would discourage a patient from seeking emergency medical transportation. As of October 22, 2024, all 1,545 firefighters have completed mandatory Fire training.

Department Responses to Recommendations

Rec. #1.1: Train all active firefighters on what must be documented in patient charts, especially in narratives.	
Response: In March of 2025, the EMS Division of the PFD will begin an 8-week Department wide training block. This block will instruct all of our membership on policy updates and requirements for proper documentation addressing patient refusals, high-risk refusals, patients in police custody, proper narratives, contacting On-Line Medical Direction, and other topics. This training will also be recorded and placed on PhxYou.	***Target Date***: 06/30/2025 Phase 1. 01/31/2026 Full completion.

Explanation, Target Date > 90 Days: 1st phase complete June 30, 2025. Full completion by the end of January 2026.

Explanation: Our goal is to capture 75% of our active members at the end of the training block in May 2025 and 100% of active members by the end of December 2025. This time frame is due to the size of our membership and the nature of our staffing. Our members work 24 hours on, 48 hours off shift schedule. Vacations, sick days, alternate assignments, and other time off, as well as the fact over one third of our members do not have a permanent station assignment, makes it difficult to capture all of our members in one training block. The remainder of the year will be used to capture those who cannot attend the initial training. We will also train our members returning to active duty after extended leave through our reentry process.

Rec. #1.2: Add a field to Zoi that records when firefighters contact Online Medical.	
Response: We will place a field in our EPCR tablets with ZOI that contains a Yes/No choice of whether OLMD was contacted. This has already been discussed and confirmed with ZOI.	***Target Date***: 06/30/2025

Explanation, Target Date > 90 Days: This will be done as the department wide training begins. This will allow us to educate our members on the added field as soon as it is implemented.

Rec. #1.3: Include quality control checks regularly to ensure firefighters are documenting patient refusals according to policy.	
Response: EMS currently has a CQI policy in place (MP 1202.11) which reviews Electronic Care Records (EPCRs) and other records for compliance with PFD standards of medical care and documentation. This CQI process meets at least quarterly, and more frequently as needed. To comply with this recommendation, EMS will dedicate a portion of each CQI to specifically evaluate refusals to ensure patient refusals are completed accordingly.	***Target Date***: 05/30/2025 Session 1 completion.

When an ePCR authored by a member is reviewed and found deficient by the CQI committee during its regular review of ePCRs, that member is notified by the EMS Division Chief with copies to the appropriate Battalion Chief and Local 493 representative and then contacted by the medical director or assistant medical director to discuss areas of improvement in the quality of documentation. Continuing issues are then directed to EMS leadership, and if necessary, a Local 493 representative in coordination with EMS Training or an administrative medical director provides a mentoring session or remedial training on areas that need improvement.	

Explanation, Target Date > 90 Days: The first session will be complete by May 30, 2025, during our scheduled CQI process and continue every quarter thereafter with each CQI process.

Explanation: This will begin after the beginning of our next Department Wide Training block and the introduction of Audio Refusals.

1 – Policy Compliance

Background

Firefighters are responsible for responding to emergency medical calls and transporting patients to the hospital. Fire has procedures instructing firefighters on documenting a patient's refusal to go to the hospital.

Emergency Medical Transport Process
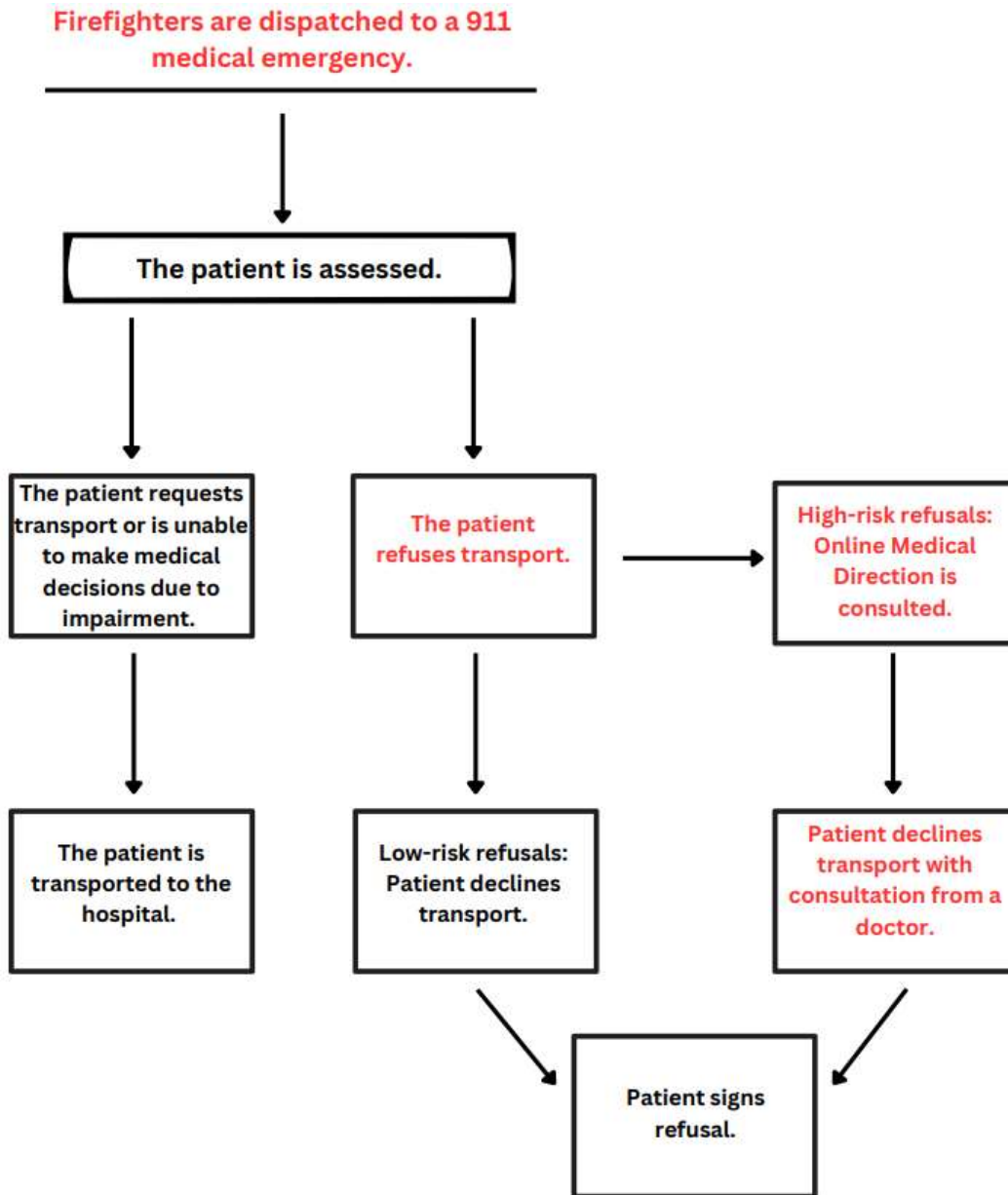
Patients can refuse emergency medical transportation.

Fire policy M.P. 1202.01 *Non-Treatment/Non-Transport Procedures and Patient Decision-Making Capacity: Adult and Pediatric* (Refusal policy) provides Fire personnel with the information to make decisions when encountering patients who refuse care or transportation. The Refusal policy details what firefighters must document, including:

- The patient was alert, oriented, and able to make decisions (A&Ox4).

- What occurred during the encounter and the outcome.

- The patient's reasons for refusing to be transported.

- The limitations of Fire's assessment of the patient's condition.

- Whether Online Medical Direction (OLMD) was contacted if patient encounter met the high-risk refusal criteria.

We tested 104 patient refusal charts for calendar year 2023 encounters to verify whether firefighters complied with department policy documentation requirements.

Results

Controls are needed to ensure that firefighters are fully documenting patient refusal encounters.

The Refusal policy requires firefighters to document certain items for every call out. The policy also requires the additional OLMD when certain medical risks are present and the patient refuses transport.

Documentation Required for all Interactions

Firefighters document the Refusal policy requirements in the patients' chart narrative and assessment sections. We tested 104 (78 adults and 26 minors) patient chart narratives to verify firefighters documented the required information.

Narrative Documentation Requirements

Documentation Requirement	Total Compliant Charts	% Compliant with the Refusal Policy
What occurred during the call for service	88	84%
The call outcome	88	84%
The patient's reasons for refusal	68	65%
The firefighters discussed the limitations of their assessment	49	47%

Overall, 26 of the 104 (25%) patient charts tested were complete and contained all required documentation.

Of the 78 adult charts tested, A&Ox4 was documented in 76 (97%) patient charts. A&Ox4 was not established in the remaining two (3%) charts.

High Risk Medical Instances

The Refusal policy outlines high-risk conditions that require firefighters to consult a doctor through OLMD before allowing them to refuse treatment or transport to a hospital. High-risk conditions include cardiac issues, head injuries, trauma, medications given during treatment that alter the patient's decision-making capacity, and overdoses. When firefighters enter a high-risk condition in Zoi, a message to contact OLMD appears in a pop-up window. The Refusal policy requires the firefighters to document that they contacted OLMD in the narrative.

Of the 104 patient charts tested, 53 met the high-risk criteria established in the Refusal policy. Firefighters did not document if they contacted OLMD in 50 charts (94%). Fire staff stated that they are piloting a program to record patients refusing transport and firefighters informing them of the risks before the patient signs their chart.

Although Fire has a policy with documentation requirements, Fire did not train all firefighters on expectations for documentation. Ensuring employees follow policy is difficult when patient charts are not thoroughly documented, which can increase department and City liability.

The Fire Department recently implemented a policy to instruct firefighters on proper procedures when encountering patients in Police custody who refuse emergency medical transportation.

Sometimes, firefighters encounter patients in Police custody. Patients in Police custody pose additional challenges and risks, including being in handcuffs, sometimes being

uncooperative, being dishonest about their health to avoid remaining in Police custody, or being under the influence of substances that could alter their ability to make decisions. Patients in Police custody also create additional liability for the City, which is responsible for their well-being while in custody.

Our sample of 104 charts, included 24 refusals by patients in police custody. The Refusal policy requires firefighters to thoroughly document in the narrative when a patient cannot sign because they are in handcuffs and to obtain witness signatures, if possible, from the police officer or another bystander who witnessed the patient refusing transport to the hospital.

Our testing of the 24 refusal charts for patients in police custody found:

- Twenty chart narratives (83%) did not include reasons for refusal.

- Twenty chart narratives (83%) did not clearly state if the patient refused emergency medical transportation and suggested that a police officer may have influenced this decision.

- Twelve (50%) charts lacked witness signatures or the patient's reason for not signing the chart.

Fire staff informed us that police officers cannot determine if a patient will be transported to the hospital unless the patient is incarcerated. The Refusal policy does not specify how firefighters should handle patients in Police custody. However, Fire implemented a policy to address the situation in November 2024.

Recommendations

1.1 Train all active firefighters on what must be documented in patient charts, especially in narratives.

1.2 Add a field to Zoi that records when firefighters contact Online Medical.

1.3 Include quality control checks regularly to ensure firefighters are documenting patient refusals according to policy.

2 – Training

Background

Fire created mandatory training for firefighters due to changes in Arizona Revised Statute. The training covers Fire's policy for transporting patients to the hospital, protocols for handling refusals, and the state law's prohibition on firefighters making diagnoses that could discourage patients from seeking ambulance transport. All firefighters are assigned training through the City's training portal (PhxYou). We compared the roster of active firefighters to training records from September 21, 2022, to September 27, 2024, to determine if firefighters completed the required training.

Results

Firefighters were trained on patient refusal requirements in state law.

Fire assigned the training to 1,616 firefighters in September 2022. We excluded 71 firefighters who were no longer with Fire as of October 22, 2024. All remaining firefighters (1,545) completed the training as required. On average, firefighters completed the training 86 days after it was assigned.

Recommendations

None

Scope, Methods, and Standards

Scope

We evaluated Fire's compliance with non-treatment and non-transport in 2023. In addition, we performed testing of Fire training to ensure that all required staff were trained on changes to state law and updates to Fire policy as of October 2024.

The internal control components and underlying principles that are significant to the audit objectives are:

- Control Environment
    - Management should evaluate performance and hold individuals accountable for their internal control responsibilities.

- Risk Assessment
    - Management should identify, analyze, and respond to risks related to achieving the defined objectives.
    - Management should define objectives clearly to enable the identification of risks and define risk tolerances.

- Control Activities
    - Management should implement control activities through policies.

- Information and Communication
    - Management should internally communicate the necessary quality information to achieve the entity's objectives.

Methods

We used the following methods to complete this audit:

- Reviewed state law and Fire policies and procedures governing non-treatment and non-transports.
- Interviewed Fire personnel responsible for managing training and monitoring policy compliance.
- Identified and tested key controls over Fire refusals.
- Compared sworn Fire staffing rosters to training records to determine compliance with training requirements.
- Tested refusal incident charts for completeness, accuracy, and compliance with Fire policies.

Unless otherwise stated in the report, all sampling in this audit was conducted using a judgmental methodology to maximize efficiency based on auditor knowledge of the population being tested. As such, sample results cannot be extrapolated to the entire population and are limited to a discussion of only those items reviewed.

Data Reliability

We assessed the reliability of Zoi data by (1) performing electronic testing, (2) reviewing existing information about the data and the system that produced them, and (3) interviewing agency officials knowledgeable about the data. We determined that this data was sufficiently reliable for the purposes of this audit.

Standards

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives. Any deficiencies in internal controls deemed to be insignificant to the audit objectives but that warranted the attention of those charged with governance were delivered in a separate memo. We are independent per the generally accepted government auditing requirements for internal auditors.

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