

EMS & Urgent Care Partnership Working Together for Safer, Stronger Patient Care

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Background

Urgent care centers often serve as the first step for patients needing EMS escalation, with EMS handling about **40 million 911 calls annually** in the U.S. Miscommunication during these transitions contributes to up to **80% of serious medical errors**. Variability in transfer processes and limited EMS protocol knowledge can cause delays and safety risks. Approximately **5–15% of EMS calls end with patient refusals, which has the potential to lead to an adverse clinical outcome**. This project aims to standardize EMS transfers, improve provider understanding, and enhance urgent care-EMS collaboration for safer, more efficient patient transitions.

Abstract

The handoff between urgent care and EMS represents a critical juncture where lapses in communication can significantly jeopardize patient safety, operational efficiency, and clinical outcomes. Variations in procedures and limited provider familiarity with EMS protocols—especially concerning transport refusal or denial—pose substantial challenges to workflow and raise serious safety concerns.

This quality improvement initiative was meticulously developed to educate healthcare providers on EMS protocols, empowering clinicians to act decisively and advocate effectively for patients who require medically necessary transport. Key interventions included comprehensive staff training on EMS guidelines and ensuring that essential information is immediately available to EMS personnel upon arrival.

The overarching goal of this project is to establish consistent practices, minimize communication gaps, foster stronger collaboration with EMS, and enhance patient safety. Ultimately, this strengthens the integral role of urgent care in facilitating seamless transitions within emergency care systems, amplifying the quality and reliability of patient care during these crucial moments.

Method/Procedure

Key Finding: Universal EMS protocol requirements are not consistently recognized by providers.

This quality improvement initiative, carried out in an urgent care environment, aimed to enhance EMS transfer procedures through protocol standardization, provider education, and workflow enhancement. A pre–post intervention model was utilized to evaluate improvements in processes and staff experiences.

Baseline Assessment:

Existing EMS transfer practices were analyzed via direct observation, staff input, and documentation review to detect inconsistencies, workflow deficiencies, and knowledge gaps—especially concerning patient refusal or denial of transport protocols.

Education & Implementation:

Targeted training was provided to providers and staff covering:

- EMS workflows and scope of practice
- Protocols addressing patient refusal or denial of transport
- Techniques for advocating patient interests when transport is clinically warranted

Educational resources included concise training sessions, visual aids, and continuous reinforcement through a TEAMS group for providers.

Process Integration:

Staff were educated on EMS protocols to ensure thorough understanding and proper application of the procedures.

Evaluation Measures:

Effectiveness was measured by:

- Staff feedback and confidence assessments
- Observations of uniformity in transfer practices
- Identification of workflow enhancements and decreased information gaps

Data (ongoing)

1 in 10 EMS activations did not lead to patient transport, underscoring the urgent need for enhanced provider education regarding EMS refusal protocols and bolstered patient advocacy.

“Key Findings”

- 🚑 **90% Transport Rate** → Indicates effective EMS utilization
- ⚠️ **10% Non-Transport** → Represents highest risk and variability
- 📞 **100% Protocol Compliance** → Medical director consultation mandatory for refusals

1. Predominant Appropriate EMS Utilization

The vast majority of EMS activations resulted in patient transport, reflecting sound clinical judgment and appropriate escalation of care in the urgent care context.

2. Risk Focus: Non-Transport Cases (~10%)

Non-transport encounters exhibited the greatest variability and potential risk factors, including:

- Patient refusal
- EMS clinical decision against transport

These scenarios demand heightened provider vigilance, precise documentation, and strengthened patient advocacy.

Early Impact of Interventions

Initial data following the introduction of targeted education and standardized procedures indicate:

- Enhanced provider confidence during EMS engagements
- Greater adherence to refusal protocols
- More consistent readiness for EMS arrival

(Continued data monitoring will assess the extent of these improvements.)

Discussion

The issue that prompted the quality improvement initiative was problems with EMS/Fire transporting patients and instead obtaining refusals.

This quality improvement initiative demonstrated that EMS is effectively employed in the urgent care environment, with a high transport rate of 90%. However, about 10% of cases involve decisions against transport, which introduce the greatest potential for variability, uncertainty, and patient safety concerns.

A key finding was the uniform requirement across all eight EMS/Fire agencies for **medical director approval prior to accepting a refusal of transport**. Initial evaluations revealed that many providers had limited knowledge of this protocol, highlighting a significant gap in awareness.

These findings suggest that variability in EMS interactions is not due to system failure but rather a lack of standardized procedures and insufficient protocol familiarity. To address these issues, focused education and structured workflows were implemented, with preliminary feedback showing improved provider confidence, enhanced understanding of EMS roles, and more consistent preparedness.

By prioritizing provider education, process standardization, and patient safety, this project strengthens collaboration between urgent care and EMS, fostering safer and more effective care transitions.

Take Home Points.

- 🚑 **EMS is appropriately utilized** in urgent care, with a 90% transport rate
- ⚠️ **1 in 10 encounters involve non-transport**, representing the highest-risk scenarios
- 📞 **All EMS agencies require medical director contact for refusal**—a critical but underrecognized protocol
- 🧠 **Provider knowledge gaps directly impact workflow and decision-making**
- 📄 **Standardization + education improve consistency and readiness**
- 🤝 **Stronger collaboration with EMS enhances patient safety and outcomes**
- 🗣️ **Provider advocacy is essential when transport is clinically indicated**

References

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