

SIERRA-SACRAMENTO VALLEY EMS AGENCY PROGRAM POLICY

REFERENCE NO. 605

SUBJECT: PREHOSPITAL DOCUMENTATION

PURPOSE:

To define the responsibilities and requirements of prehospital personnel and service provider agencies in the initiation, completion and distribution of prehospital documentation.

AUTHORITY:

California Health and Safety Code, Division 2.5, Sections 1797.202, 1797.204, 1797.220, 1798 and 1798.220.

California Code of Regulations, Title 22, Chapter 2, 3 and 4.

POLICY:

A. Prehospital documentation shall be completed as follows:

1. ALS / LALS / BLS transport and ALS / LALS non-transport prehospital personnel shall complete patient care documentation for every response where patient contact is established.
2. ALS / LALS / BLS transport and ALS / LALS non-transport prehospital personnel shall complete appropriate documentation for all cancelled calls including:
 - a. "Code 4" or cancelled calls prior to arrival at scene.
 - b. "No patient contact" calls defined as arrival on scene and unable to locate any patient, or no direct interaction with patient.
3. BLS non-transport prehospital personnel shall complete patient care documentation for the following types of responses:
 - a. An AED is utilized.
 - b. An EMT optional skill is performed.
 - c. An RAS / AMA is completed by BLS personnel.

Effective Date: 12/01/2011

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Approved:

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S-SV EMS Medical Director

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- B. Prehospital patient care documentation includes the following:
 - 1. A written or electronic Patient Care Report (PCR).
 - 2. An S-SV EMS Interim Patient Care Report (Reference No. 605-A) or an equivalent interim patient care report form utilized in addition to the PCR.
- C. A PCR is a legal medical record and the primary source of information for provider, base / modified base hospital and S-SV EMS Agency Continuous Quality Improvement (CQI) review.
- D. Prehospital personnel shall be responsible for providing clear, concise, complete, legible and accurate prehospital documentation.
- E. Any form of falsification of prehospital documentation shall be considered a serious infraction subject to disciplinary certification / accreditation action by the S-SV EMS Agency and/or referral to the appropriate licensing authority.

PROCEDURE:

A. PCR UTILIZATION

Prehospital service provider agencies who are required to complete prehospital documentation as indicated by this policy must utilize one of the following forms of documentation:

- 1. An ePCR system:
 - a. All S-SV EMS approved ALS / LALS / BLS transport and ALS / LALS non-transport providers must utilize one of the following ePCR systems:
 - The S-SV EMS Agency selected ePCR system.
 - An equivalent 'CEMSIS' (California Emergency Medical Services Information System) compliant ePCR system.
- 2. A written PCR:
 - a. A written PCR may be utilized by BLS non transport providers for prehospital documentation purposes as required by this policy.
 - b. A written PCR shall include, at a minimum, all data elements listed in the following appropriate policy(s):
 - EMT / Public Safety AED Program: Service Provider Requirements and Responsibilities, Reference No. 474.

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- EMT Optional Skill: Service Provider Application, Approval Process, Requirements and Responsibilities, Reference No. 477.
- Patient Initiated Release at Scene (RAS) or Patient Initiated Refusal of Service Against Medical Advice (AMA), Reference No. 850.

B. DOCUMENTATION / COMPLETION OF THE PCR

1. Patient information documented on the PCR provides a medical record of the patient's assessment, history, treatment rendered, response to treatment and all other pertinent medical information regarding the patient.
2. The certification name(s) and certification / license number(s) of appropriate prehospital personnel rendering patient care on a responding unit are required to be documented on the PCR. The primary prehospital patient care provider shall sign the PCR. An electronic signature is acceptable if an ePCR system is utilized for prehospital documentation.
3. All pertinent supporting patient care documentation (including but not limited to completed RAS / AMA forms, DNR / POLST forms, patient medication lists and cardiac monitor strips) shall be attached to the PCR.

C. MINIMUM PATIENT CARE DOCUMENTATION REQUIRED TO BE LEFT WITH THE PATIENT AT THE RECEIVING FACILITY AT TIME OF DELIVERY

The following minimum prehospital patient care documentation, when available to prehospital personnel, shall be completed by the primary patient care provider and left at the receiving facility at the time of patient delivery:

1. Date of incident & incident number
2. Call location
3. EMS unit number
4. Patient name, sex, age, date of birth, address, city and telephone number
5. Chief complaint
6. Patient weight
7. PQRST / time of symptom onset (including time of incident and mechanism of injury for all trauma patients)
8. Pertinent medical history
9. Medications
10. Medication allergies
11. Vital signs (including GCS, BP, pulse, respirations, pain scale, cardiac rhythm and SpO2 as appropriate)
12. Treatment rendered (including time, type of treatment, medication, dose, route, response and total IV volume infused)
13. Name, title and ID of the prehospital provider completing the documentation

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There are no exceptions to this requirement. It is the preference of the S-SV EMS Agency that a completed PCR be left at the receiving hospital at the time of patient delivery. However, prehospital personnel may satisfy this requirement with the completion of the S-SV EMS Interim Patient Care Report (Reference No. 605-A) or an equivalent interim patient care report form that includes, at a minimum, all of the information listed above.

D. DISTRIBUTION OF THE COMPLETED PCR

1. The completed PCR shall be distributed as follows:

a. Service provider agency.

b. Receiving hospital:

- In instances when a completed PCR is not left with the patient at the receiving hospital at the time of patient delivery (i.e. when an interim patient care report is utilized), a copy of the completed PCR shall be provided to the receiving hospital within 24 hours.
- When patient care is transferred from one ALS / LALS provider to another provider for transportation, the ALS / LALS non-transporting provider shall send a copy of their completed PCR to the receiving hospital within 24 hours.

c. Base / modified base hospital:

- In instances where a base / modified base hospital is utilized for medical control that is not the receiving facility (including AMA patients and RAS patients that require base / modified base hospital contact), a copy of the completed PCR shall be sent to the base / modified base hospital that was utilized within 24 hours.
- In instances where an AED or an EMT optional skill is utilized by BLS personnel, a copy of the completed PCR shall be sent to the provider's base hospital within 24 hours.

d. S-SV EMS Agency:

- In instances when an AED or EMT Optional Skill is utilized by a BLS service provider, a copy of the completed PCR shall be sent to the S-SV EMS Agency within 7 days.

2. S-SV EMS service provider agencies shall be responsible for maintaining the PCRs for all patient care responses in accordance with all applicable laws, regulations, Government Codes and policies. The PCR shall be made available to the S-SV EMS Agency upon request.

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E. PREHOSPITAL DOCUMENTATION TRAINING

Each service provider agency is responsible for training their appropriate prehospital personnel in the initiation, completion and distribution of required prehospital documentation.

F. PREHOSPITAL DATA SUBMISSION

ePCR data shall be provided to the S-SV EMS Agency in the following manner:

1. Prehospital service providers utilizing the S-SV EMS Agency selected ePCR system shall complete a data sharing agreement with the S-SV EMS Agency.
2. Prehospital service providers not utilizing the S-SV EMS Agency selected ePCR system shall establish a process with the S-SV EMS Agency ePCR vendor to allow for EMS data submission. This data shall include, at a minimum, all CEMSIS data elements. Data shall be submitted to the S-SV EMS Agency data system on a minimum of a monthly basis, no later than the 15th day of the following month.

CROSS REFERENCES:

Prehospital Care Policy Manual

Alternate Transport Vehicle Policy, Reference No. 416

EMT / Public Safety AED Program: Service Provider Requirements and Responsibilities, Reference No. 474

EMT Optional Skill: Service Provider Application, Approval Process, Requirements and Responsibilities, Reference No. 477

Patient Initiated Release at Scene (RAS) or Patient Initiated Refusal of Service Against Medical Advice (AMA), Reference No. 850