

SIERRA-SACRAMENTO VALLEY EMS AGENCY PROGRAM POLICY

REFERENCE NO. 605

SUBJECT: PATIENT CARE REPORT (PCR) FORM

PURPOSE

To define the responsibilities and requirements of prehospital care personnel and ALS service provider agencies in the initiation, completion and distribution of the S-SV scannable and narrative Patient Care Report (PCR):

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, Sections 100167, 100168, 100169, and 100170.

POLICY

In accordance with state law and regulations, a PCR **shall** be initiated for **every** dispatched patient response.

The S-SV Patient Care Report (PCR) is a legal medical record and the primary source of information for S-SV regional Continuous Quality Improvement (CQI) review. Prehospital care personnel shall be responsible for providing clear, concise, complete and accurate documentation on both the scannable and narrative PCR.

Any form of falsification of data, i.e., failure to submit data or submission of false data, and/or any form of tampering with the S-SV EMS-MIS Data System shall be considered a serious infraction subject to disciplinary licensure action.

PROCEDURE

The S-SV PCR consists of two forms: (1) a scannable PCR and (2) a narrative PCR.

The narrative PCR shall be filled out for all dispatched patient responses except:

1. "Code 4" or canceled calls prior to arrival at scene, and
2. "No patient contact calls" defined as arrival on scene and unable to locate any patient or no direct interaction with a patient.

Effective Date: 01/01/2010

Date last Reviewed / Revised: 06/2009

Next Review Date: 06/2012

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Approved:

SIGNATURE ON FILE

S-SV EMS Medical Director

SIGNATURE ON FILE

S-SV EMS Regional Executive Director

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The scannable PCR shall be filled out for all dispatched patient responses unless the provider agrees to provide to Agency a record of all dispatched responses for each quarter, on or before the following dates: January 15th, April 15th, July 15th, and October 15th, of each year; in which case the responses below will not require a scannable form:

1. "Code 4" or canceled calls prior to arrival at scene, and
2. "No patient contact calls" defined as arrival on scene and unable to locate any patient, or no direct interaction with a patient.

I. DOCUMENTATION/COMPLETION OF THE S-SV SCANNABLE (PCR)

A. The scannable PCR contains mandatory data elements which **shall be completed** for each patient care response including but not limited to the following:

1. Service ID#
2. Date
3. Crew Member #1/Type
4. Crew Member #2/Type
5. Run Number
6. Response Outcome
7. Response/Transport Mode
8. Time of Call
9. Dispatched Time
10. Responding Time
11. Available Time

NOTE: Additional data elements may be required, i.e., if "No Treat/No Trans" is marked in the section entitled "Response Outcome," the section entitled "Incident Type" will be required.

- B. Each ALS service provider agency is responsible for training all EMT-Paramedics and field employees in the initiation, completion and distribution of the PCR.
- C. **For employees of ALS service provider agencies who have S-SV approved PCR scanning equipment** – Prior to completion of an assigned shift, prehospital care personnel shall scan the scannable PCR(s) for all patient care responses during the assigned shift. Errors/omissions are to be corrected by the EMT-Paramedic completing the PCR, as needed, and the corrected PCR(s) shall be re-scanned.

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II. DOCUMENTATION/COMPLETION OF THE S-SV NARRATIVE PCR

- A. Patient information recorded on the S-SV narrative 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.
- B. The certification number(s) and name(s) of each Paramedic rendering patient care on a responding unit are required to be documented on the S-SV narrative PCR. The primary paramedic shall sign the PCR. If a PCR is completed using an electronic program with individually identifiable secure log on requirements, an electronic signature is acceptable.

Note: The EMT-Paramedic completing the form shall not sign the name (signature) for another Paramedic partner.

III. DISTRIBUTION OF THE COMPLETED S-SV SCANNABLE PCR

The completed S-SV scannable PCR shall be distributed as follows:

- A. The completed S-SV scannable PCR shall be sent to the S-SV EMS Agency, at minimum, on a monthly basis, by the service provider agency.

NOTE: The S-SV scannable PCRs shall not be folded or stapled.

- B. S-SV service provider agencies who have S-SV approved PCR scanning equipment and/or capabilities of direct data entry into the S-SV Regional EMS-MIS Data Collection System, shall be responsible for scanning/data entry and maintaining the scannable PCRs. The PCRs shall be made available to the S-SV EMS Agency upon request.

IV. DISTRIBUTION OF THE COMPLETED S-SV NARRATIVE PCR

- A. The completed S-SV narrative PCR shall be distributed as follows:

- 1. Service provider agency (original copy)
- 2. Base hospital
- 3. Receiving hospital

- B. Non-transporting ALS service providers

- 1. When patient care is transferred to an ALS service provider for transportation, the non-transporting service provider narrative PCR shall be submitted with the patient, or mailed to the receiving hospital and the base hospital within 24 hours.

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NOTE: Both the ALS transporting response crew and the ALS non-transporting response crew shall complete a PCR on all calls, whether or not patient care is transferred to the ALS transporting crew.

2. When the patient is not transported, the narrative PCR shall be mailed to the base hospital within 24 hours.

C. Transporting ALS service providers

1. Prior to leaving the receiving hospital, the completed narrative PCR shall be submitted to the appropriate receiving hospital emergency department M.D. or R.N. Documentation on the PCR (**bubble sheet**) in miscellaneous field PCR left at hospital is mandatory.
2. In the rare instances of extreme emergency circumstances in which the narrative PCR cannot be left with the patient, the following actions shall be taken:
 - a. The prehospital care personnel shall confer with the receiving hospital R.N. or physician and ensure that information needed for continuing care of the patient has been provided.
 - b. Prior to leaving the receiving hospital, the prehospital care personnel shall inform the Emergency Department staff R.N. or M.D. that the narrative PCR has not been completed/left with the patient.
 - c. The ALS service provider shall ensure delivery of the narrative PCR to the receiving hospital within 24 hours. (In addition, the base hospital copy of the narrative PCR shall be mailed to the base hospital within 24 hours, if the receiving hospital was not the base hospital handling the call.)

- D. S-SV ALS service provider agencies shall be responsible for maintaining the narrative 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.