

	3010	Documentation / Patient Care Report Requirements
Nor-Cal EMS Policy & Procedure Manual		Documentation and Quality Improvement
Effective Date: 03/01/2023		Next Revision: 03/01/2026
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Authority

Health and Safety Code Division 2.5, California Code of Regulations, Title 22, Division 9.
California Health and Safety Code, Division 2.5, § 1797.202, 1797.204, 1797.220 and 1798.
California Code of Regulations, Title 22, Division 9, Chapters 3 and 4.

Purpose

To establish patient care report (PCR) documentation and data submission requirements.

Definitions

ePCR- an electronic Patient Care Report that meets NEMSIS (National Emergency Medical Services Information System) as well as CEMSIS (California Emergency Medical Services Information System standards).

Incident: An incident is any response involving EMS personnel to any event in which there is an actual victim or the potential for a victim, regardless of whether or not the responding unit was cancelled en route.

This includes: All emergency responses (from unit notification/tone), nonemergency responses, walk-in contacts, responses that are cancelled before scene arrival, any pre-arranged ambulance standby and any ambulance transfers.

Patient: Any person encountered by prehospital personnel who demonstrates any known or suspected illness or injury OR is involved in an event with significant mechanism that could cause illness or injury.

Patient Contact: A patient contact is defined as any contact between EMS personnel and a patient, including contacts which fall into the Determination of Death Policy. All patient contacts require completion of an ePCR.

Policy

- a) ALS/LALS provider agency as well as BLS transporting agencies providing service within Nor-Cal EMS Region shall complete an ePCR and submit it electronically on all EMS incidents as defined.
- b) AED/BLS non transport provider agencies shall complete a written or ePCR for any EMS request that results in patient contact. This includes refusal of EMS care without ALS/LALS involvement.
- c) BLS Non Transport agencies utilizing a written PCR: optional skills, AED, or optional medications utilized need to be reported by the agency though the appropriate form on the Nor-Cal Website within 5 days of the incident.
- d) All available and relevant information shall be accurately documented on the ePCR.
- e) Intentional failure to complete an ePCR when required, or fraudulent or false documentation on an ePCR, may result in formal investigative action under the California Health and Safety Code, 1798.200.
- f) Patient care documentation management is to be compliant with HIPAA and medical record retention requirements.
- g) The Local EMS Agency (LEMSA) may request specific documentation elements related to CQI, field study or trials and other emergency management data collection requirements
- h) All Patient Care Reports shall be completed within 24 hours of time of dispatch
- i) Any form of misrepresentation is a serious infraction, which may result in disciplinary action.
- j) Providers who fail to comply with EMS documentation law/regulation and/or policy may be suspended until they comply.

Procedure (ePCR):

- a) Personnel providing patient care are responsible for accurately documenting all available and relevant patient information on the ePCR. Provider agencies may set documentation standards which are more specific than required by NEMSIS/CEMSIS or Nor-Cal EMS.
- b) Care given prior to arrival, by bystanders or first responder personnel, shall be documented on an ePCR shall be included in documentation on an ePCR by the transporting agency.
- c) Use of usual and customary abbreviations is permitted in the narrative section of the record or as defined in automated ePCR pre-designated pick lists.
- d) The ePCR shall be completed and distributed in accordance with this policy.
- e) A completed ePCR shall not be altered or changed except by the individual who completed the ePCR. Exceptions are permitted to add or change billing information, or add a name or other pertinent demographics unknown at the time of the call. Addendums are allowed if made an ePCR in accordance with the ePCR program provider policy, and meeting all NEMSIS/CEMSIS requirements.
- f) If a paper interim PCR is used, or a change is made on a hard copy of an automated ePCR, documentation errors shall be lined through (e.g. ~~Like this~~), and the correction shall have the patient attendant's initials beside it.
- g) Any changes made to an ePCR shall have documentation of those changes retained in the computer database.
- h) Pain scale shall be documented twice on all transported patients.
- i) A minimum of Two (2) sets of vital signs shall be recorded on all patient transports
 - a. Vital signs shall be obtained/documented as close as possible to initial patient contact, a minimum of every 15 minutes during patient care (or more frequently if clinically indicated), and as close as possible to transfer of patient care at the receiving hospital.
- j) All electronic monitor data/EKG's, including 12 lead shall be attached/uploaded to the ePCR.
- k) Any Ambulance Patient Offload Time (APOT) greater than 60 minutes shall have additional explanation of delay noted/documented in the patient care report narrative

Procedure (Written PCR- AED/BLS non-transport personnel):

Non-transport BLS Personnel/agencies have an obligation to document care provided to patients as part of the medical response to emergency calls. At a minimum an acceptable paper PCR for each patient contact is required unless the provider agency is ePCR capable.

- a) The PCR shall contain the following Basic Data Elements:
 - a. Incident Number
 - b. EMS/FR unit number
 - c. Date
 - d. Time of dispatch
 - e. Time responding
 - f. Time of arrival at the scene
 - g. Incident location (Address, City, State, County and ZIP Code)
 - h. Time available
 - i. Patient Name
 - j. Age / Date of birth
 - k. Gender
 - l. Chief complaint
 - m. History
 - n. Vital signs
 - o. Physical exam findings
 - p. Treatments provided (and any response to treatment)
 - q. Patient disposition
 - r. Name and signature of personnel on the call.
- b) Patient care reports for adult patients shall be preserved for at least seven (7) years. Patient care reports for unemancipated minor patients shall be preserved for at least one (1) year after such minor has reached the age of 18 years old and, in any case, not less than seven (7) years.
- c) Report of usage of any optional scope medication/procedure within 5 days to Nor-Cal EMS with a copy of the PCR.

Documentation requirements for Multicausality Incidents:

OES region III approved Triage Tags shall be used throughout care. In addition to their use in sorting and prioritizing patients, triage tags may be used by ambulance and first responder personnel in lieu of prehospital care records or documenting patient care while at the scene of a multi casualty incident (MCI).

- a) The disposition of all patients involved in an MCI shall be documented on a Patient Tracking Worksheet, including patients involved in an MCI who are released at the scene.
- b) An ePCR shall be completed by the transporting agency for each individual patient transported, or if death is determined at scene.
- c) Regardless of the use of triage tags or other MCI patient documentation, the transporting ambulance crews shall complete an e-PCR for all patients transported from an MCI.
- d) Triage tag and Patient Transportation Summary Worksheet may be used to document instances where more than one person is evaluated and determined not to be in need of emergency medical care, such as a non-injury bus accident. The triage tag must contain all available patient demographic information, Patient Transportation Worksheets shall be submitted to Nor-Cal EMS within 72 hours.