SAN LUIS OBISPO COUNTY EMERGENCY MEDICAL SERVICES AGENCY
PREHOSPITAL POLICY

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DOCUMENTATION OF PREHOSPITAL CARE

PURPOSE

The purpose of this policy is to define requirements for patient care documentation and the procedure for completion, distribution and retention of the patient care record (PCR) by EMS Provider Agencies in San Luis Obispo County.

AUTHORITY

A. Title 22, California Code of Regulations, Division 9, Section 100169.
B. Title 22, California Code of Regulations, Division 9, Section 100170.
C. Title 22, California Code of Regulations, Division 9, Section 100402.
D. California Health and Safety Code, Division 2.5, Section 1798a.
E. Title 22, California Code of Regulations, Division 5, Chapter 1, Section 70751

DEFINITIONS

A. Patient Care Report (PCR): Documentation of patient information by pre-hospital personnel. PCR includes written and/or electronically generated reports.

B. Electronic Patient Care Report (ePCR): Specifically referring to PCRs generated electronically.

C. Health Insurance Portability and Accountability Act (HIPAA): The HIPAA Privacy Rule, which protects the privacy of individually identifiable health information; the HIPAA Security Rule, which sets national standards for the security of electronic protected health information; and the confidentiality provisions of the Patient Safety Rule, which protect identifiable information being used to analyze patient safety events and improve patient safety.
D. Emergency Medical Services Agency (EMS Agency): The agency having primary responsibility for administration of emergency medical services in San Luis Obispo County

E. EMS Provider: Basic Life Support and Advanced Life Support provider agencies as recognized by the EMS Agency.

F. First Responders: Prehospital personnel trained to the public safety first aid, first responder, Emergency Medical Responder, Emergency Medical Technician, Paramedic, and Registered Flight Nurse level of care as approved by the EMS Agency and employed by an EMS Provider.

POLICY

A. First Responders shall complete a Patient Care Report (PCR) or a dry run report, on all EMS responses regardless of patient outcome.

B. All PCR’s shall contain at a minimum, but not be limited to, the specific information required in Division 2.5, Chapter 4, Health and Safety Code, Title 22, California Code of Regulations, Division 9, Chapter 4, Section 1001169 and Section 100170.

1. Initial Response Information
   a. EMS Unit Number
   b. Date and estimated time of unit number
   c. Time of receipt of call
   d. Time of dispatch to the scene
   e. Time of arrival at the scene
   f. Incident location

2. Patient Information
   a. Name
   b. Age and date of birth
   c. Gender
   d. Weight, if necessary for treatment
   e. Address
   f. Chief Complaint
   g. Patient History
   h. Vital Signs
   i. Appropriate physical assessment
   j. Emergency care rendered, and patients response to such treatment
   k. Patient Disposition
   l. Time of departure from scene (transporting agency only)
   m. Time of arrival at receiving facility (transporting agency only)
   n. Name of receiving facility (transporting agency only)
   o. Name and unique identifier number (s) of EMS personnel on the call
p. Signature of documenting party

C. The EMS Agency may require additional elements as system changes require it.

D. Care given prior to arrival by bystanders or first responder personnel shall be documented on the PCR.

E. Patient care documentation management is to be compliant with HIPAA when appropriate and follow existing HIPAA requirements.

F. Patient care documentation shall meet EMS provider agency specific medical record retention requirements. However, PCR’s shall be retained for no less than current requirements in California Code of Regulations, Title 22, Division 5, Chapter 1, Article 7, Section 70751

G. All transporting providers should participate in the San Luis Obispo County Electronic Patient Care Report (ePCR) and data collection program. ePCR is encouraged for non-transporting EMS providers.

H. Abbreviations and acronyms used when writing PCR’s must be from the approved list, Appendix A or EMS Agency approved ePCR menus.

I. This policy does not supersede existing San Luis Obispo EMS Agency Policy 111 205 [01/10/2013] EMT/Public Safety Automated External Defibrillation Program (AED). All aspects of Policy 111 205 [01/10/2013] remain in place and shall be followed.

PROCEDURE

A. All patients transported in to or out of San Luis Obispo County shall have a completed PCR left with the patient’s medical records by the transporting unit. The PCR shall be left with the patient’s record prior to the transporting unit clearing the receiving facility. In the event that system needs require the transporting unit to clear the receiving facility prior to completion of the PCR, or if the transporting crew is unable to print the PCR at the receiving facility, the PCR shall be completed and placed with the patient record ASAP but no greater than 24 hours after the transfer of patient care. Verbal transfer of care with accepting paramedic on scene and accepting hospital personnel shall be documented.

B. Non transporting personnel shall complete a PCR for all patient contacts. PCR’s shall be completed in a timeline as set forth by employing agency policy but in all cases must be completed by end of shift. Volunteer responders shall complete PCR’s within 36 hours of rendering patient care. These PCRs are to be completed and retained per requirements as outlined in Policy Section D and E of this document.
C. All PCRs are to be made available at the request of receiving hospital staff, or EMS Agency for the purpose of Quality Improvement (QI) review and/or data collection purposes and be produced within five business days of the request.

D. It is recommended each EMS provider agency have a policy on the use of photos and videos.