CONTRA COSTA
HEALTH SERVICES

EMS POLICIES AND PROCEDURES

POLICY #: 27
EFFECT DATE: 12/01/07

SUBJECT: **PREHOSPITAL PATIENT CARE RECORD (PCR)**

APPROVED BY:

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I. 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) applicable to EMS transport providers, ALS first responders, and Enhanced EMT first responders..

II. AUTHORITY

The use of EMS approved paper or electronic PCRs and their associated data collection and reporting capabilities is established by the Contra Costa County EMS Agency, in accordance with the California Health and Safety Code and the California Code of Regulations.

III. DEFINITION

Completed PCR: a patient care record which documents required information as defined in Section VI.D of this policy.

IV. POLICY

A. EMS personnel shall complete patient care records (PCR) on all EMS patient responses regardless of patient outcome. This includes calls where a unit responded and there was no patient contact, as well as calls where the response is cancelled before arrival on scene.

B. Emergency department staff shall have early access to information describing all patient care provided by EMS personnel so that a continuity of care can be maintained.

C. All available and relevant information shall be accurately documented on the PCR.

D. Intentional failure to complete a PCR when required or fraudulent or false documentation on a PCR may result in formal investigative action under the California Health and Safety Code, 1798.200, and Contra Costa County EMS Policy.

E. Patient care documentation management is to be compliant with HIPAA and medical record retention requirements.

V. PCR AVAILABILITY

A completed PCR delivered to the receiving facility is a high priority and must be left for each patient prior to clearing the receiving hospital, or within 2 hours of providing patient care.

A. A partially completed or preliminary PCR, marked as such, shall be left with the patient if a PCR can not be completed prior to clearing the receiving facility,

B. Non-transporting agencies that have turned over care to the transporting personnel may send a partially completed or preliminary PCR, marked as such, with the patient.

C. All PCR’s must be fully completed and delivered (fax or hard copy) to the receiving facility within 24 hours of patient contact.

VI. PCR PROCEDURES

A. Personnel providing patient care are responsible for accurately documenting all available and relevant patient information on the PCR.

B. Care given prior to arrival, by bystanders or first responder personnel, shall be documented on a PCR.

C. Use of usual and customary abbreviations is permitted in the narrative section of the record or as defined in automated PCR pre-designated pick lists.

D. The PCR shall contain the following Basic Data Elements, when available:

1. Initial Response Information
   a. EMS unit number
   b. Date and estimated time of incident
   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 patient's response to such treatment
   k. Patient disposition
   l. Time of departure from scene (if transported)
   m. Time of arrival at receiving facility (if transported)
   n. Name of receiving facility (if transported)
   o. Name and unique identifier number(s) of EMS personnel on the call
   p. Signature of EMS personnel on the call

E. The PCR shall be completed and distributed in accordance with this policy.

F. A completed PCR shall not be altered or changed except by the individual who completed the PCR. Exceptions are permitted to add or change billing information, or add a name or other pertinent demographics unknown at the time of the call.

G. If a paper PCR is used, or a change is made on a hard copy of an automated PCR, documentation errors shall be lined through (e.g. ~~Like this~~), and the correction shall have the patient attendant's initials beside it.

H. Any changes made to an electronic PCR shall have documentation of those changes retained in the computer database.

VII. DOCUMENTATION WHEN MEDICAL CARE OR TRANSPORT IS DECLINED

A. In situations where the patient, or their legal representative, declines medical care or transport when care is recommended and felt to be necessary by the prehospital personnel attending that patient, documentation should include all available basic data elements, plus:

1. Mental status and patient competency to decline care without impairment due to drugs, alcohol or organic causes (medical or mental illness).
2. Patient informed of nature of condition and planned treatment/transportation offered.
3. Specific risks and consequences discussed – patient acknowledged understanding
4. Specific comments made by patient (with quote marks) in declining care/transport
5. Base contact/physician name, if done
6. Advisory for patient to contact 911 or seek further care if s/he should change mind
7. Disposition – released to self, custody of parent/guardian, law enforcement or other person.
8. Signature of patient/responsible party or documentation of refusal to sign
9. Name/signature of witness, if available, plus permanent identifier
10. Name of interpreter if used
11. Any other information appropriate to document situation or event

B. If a first responder agency has patient contact, the call results in no transport, and the transport agency has no patient contact, first responder agency personnel are responsible for completion of appropriate documentation.

C. If patient care has been transferred from first responders and a patient subsequently declines further treatment or transport, the transport crew is responsible for appropriate documentation.

VIII. HOSPITAL RESPONSIBILITIES

Hospitals should implement mechanisms to assure that prehospital documentation arriving with the patient is readily available to ED staffs and is incorporated into the hospital medical record system.

IX. ELECTRONIC SYSTEM FAILURE

A. Back-up systems to provide for paper PCR documentation must be in place for use should an electronic documentation system fail. Electronic documentation system failure is NOT an exception for providing the required PCR documentation.

B. The EMS Agency shall be notified of downtime or transmission difficulties lasting more than 24 hours.

X. MULTI-CASUALTY INCIDENTS

A. Electronic or paper PCR's shall be completed for all patients in multi-casualty incidents unless requirements have been shifted to documentation on triage tags per MCI plan directives.

B. In incidents with large numbers of persons refusing treatment or transport, efforts should be made to document as much information as possible.

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