

	COUNTY OF SACRAMENTO EMERGENCY MEDICAL SERVICES AGENCY	Document #	2305.25
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	EMS Patient Care Report: Completion, Distribution, and Submission	Last Approved Date:	03/09/23
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 Signature on File
 EMS Medical Director

 Signature on File
 EMS Administrator

Purpose:

- A. To establish a general policy for the completion and channeling submission of the electronic patient care report (ePCR).
- B. To acknowledge the responsibility of the provider agency and prehospital care personnel to document each patient contact properly.

Authority:

- A. California Health and Safety Code, Division 2.5, Chapter 4
- B. California Code of Regulations, Title 22, Division 9

Definitions:

- A. **Incident:** An incident is any response involving EMS personnel to any event in which there is an actual ~~victim~~ patient or the potential for a ~~victim~~ patient, regardless of whether or not the responding unit was canceled en route. This includes all emergency responses, non-emergency responses, walk-in contacts, responses that are canceled before scene arrival, any pre-arranged ambulance standby, and any ambulance transfers originating in the region.
- B. **Electronic Health Record (EHR):** As defined by the Office of the National Coordinator for Health Information Technology, is a digital version of a patient’s paper chart. The electronic health record must have the capability of mobile entry at the patient’s bedside and incorporate workflow of real-time entry of information. The electronic health record should be interoperable with other systems, including functionality to exchange (send and receive) electronic patient health information with other entities. NOTE: An electronic patient care report (ePCR) system is a pre-hospital equivalent to an EHR.
- C. **National Emergency Medical Services Information System (NEMSIS):** Is a national effort to standardize the data collected by Emergency Medical Services (EMS) agencies.
- D. **California Emergency Medical Services Information System (CEMSIS):** Is a state-standardized EMS data collection system defined by EMSA and compliant with NEMSIS. It may contain additional data elements or criteria which NEMSIS does not contain.

Policy:

- A. All ePCR **shall** be completed and submitted to Sacramento County EMS Agency (SCEMSA) current data repository within 24 hours of the transfer of care or completion of the call.
- B. Each emergency medical care provider shall use an electronic health record (EHR):
 - 1. EHR shall be **compliant** with the current version of NEMSIS approved for use by the SCEMSA. Compliant means a system that is tested and certified “compliant” by NEMSIS.
- C. The EHR shall be **compliant** with the current version of CEMSIS, as approved by EMSA. Providers are responsible for timely software updates as needed by CEMSIS to ensure

- continuous ePCR uploads during software upgrades.
- D. Providers must work with SCEMSA and CEMSIS to ensure > 95% ePCR upload success.
 - E. An ePCR will be completed ~~for every medical dispatch an ePCR~~ on all EMS incidents or patient contact responses.
 - F. The prehospital provider is responsible for maintaining a record of every medical dispatch response.
 - G. The EMS ~~Patient Care Report (PCR)~~ ePCR is a medical record and the primary source of information for continuous quality improvement review.
 - H. Prehospital care personnel shall be responsible for providing clear, concise, complete and accurate documentation. ~~This includes compliance with all SCEMSA documentation guidelines and standards. Intentional failure to complete an ePCR when required, or fraudulent or false documentation on a written patient care report or an ePCR, may result in formal investigative action under the California Health and Safety Code, §1798.200.~~
 - I. Any ePCR system utilized by a SCEMSA Provider must ~~be compliant to the most current version of NEMESIS.~~
 - J. ~~Completion of a ePCR when more than one provider is on scene will be as follows: EMS personnel shall complete an ePCR on all EMS responses regardless of the outcome. This includes responses where a unit responded, and there was no patient contact.~~
 - 1. ~~If a non-transporting Advanced Life Support (ALS) provider arrives on scene prior to the transporting ALS unit, the non-transporting ALS provider will generate a PCR, even if nothing more than a primary assessment has been done.~~
 - 2. ~~In the event that a non-transporting and transporting ALS provider make patient contact simultaneously, the transporting provider shall complete the PCR.~~
 - 3. ~~If the transfer of care is done within the same agency, one PCR is sufficient, as long as it specifies which prehospital care personnel performed what care.~~
 - 4. ~~If a non-transporting unit arrives prior to the transporting unit and non-transporting personnel maintain patient care, the non-transporting unit personnel shall complete the PCR.~~
 - K. Communication of prehospital care information to hospital staff:
 - 1. Before leaving the receiving facility, the prehospital care personnel shall confer with the receiving hospital Registered Nurse or Physician and ensure that information needed for the continuing care of the patient has been provided and will include the following minimum patient care information:
 - a. Date of incident and incident number
 - b. Call location
 - c. EMS Unit number
 - d. EMS Agency name
 - e. Patient name, sex, age, and date of birth
 - f. Chief complaint
 - g. PQRST/time of symptom onset (including time of incident and mechanism of injury for all trauma patients)
 - h. Pertinent medical history
 - i. Medications
 - j. Vital signs (including GCS, BP, pulse, respiration, pain scale, cardiac rhythm and spO2 as appropriate)
 - k. Treatment rendered (including time, type of treatment, medication, dose, route, response, and total IV volume infused)
 - l. A copy of any prehospital ECG will be left with the patient

2. The completion and delivery of ePCRs to hospitals: Except during extenuating circumstances, it is the expectation that ePCR will be completed and made available to hospital staff shortly after the transfer of care to facilitate continuity of care. The service provider shall make available an electronic ePCR (via web portal accessible by the receiving hospital) or deliver a hard copy (fax acceptable) within one (1) hour for a minimum of > 90% of all transported patients and cannot exceed twenty-four (24) hours for any patient.
- E. Transporting ALS Service Providers shall make available an ePCR to the base hospital or deliver a hard copy PCR (fax acceptable) to the Base Hospital within seventy-two (72) hours when a Base Hospital is utilized for medical control, whether the patient is transported or not.
- F. All patient contacts that do not result in transportation to a hospital (AMA, DOA, transfer of patient care to transporting ALS unit), shall have an ePCR completed and submitted within twenty-four (24) hours.
- G. An ePCR shall be completed on all medical calls where a unit is dispatched. When no patient is assessed or treated, eDisposition.12 eDisposition.28, and eDisposition.30 must be completed with the appropriate code and description additional fields to be completed as applicable.

Electronic System Failure:

- A. Back-up systems to provide for paper PCRs 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. SCEMSA shall be notified of downtime or transmission difficulties lasting more than twenty-four (24) hours for all ePCRs system outages.