



INLAND COUNTIES EMERGENCY MEDICAL AGENCY POLICY AND PROTOCOL MANUAL

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REQUIREMENTS FOR PATIENT CARE REPORTS

I. PURPOSE

To establish requirements for the initiation, transfer, completion, review and retention of patient care reports by BLS and ALS EMS providers that is necessary to maintain medical control and continuity of patient care.

II. RESPONSIBILITIES FOR INITIATION, TRANSFER, COMPLETION AND REVIEW OF PATIENT CARE REPORTS

Initiation of Patient Care Report

- An electronic patient care report (ePCR) shall be a complete and thorough representation of all patient care provided. The report shall contain all information accumulated as a result of the patient contact that is necessary to document patient assessment and care.
- The ICEMA ePCR is the only approved report for documenting an EMS response and/or patient care by EMS field personnel (EMTs, AEMTs, EMT-Ps, MICNs, Physicians and RCPs) working in the ICEMA region.
 - EMS providers using their own electronic health record (EHR) system must comply with ICEMA Reference #5040 - Requirements for Collection and Submission of EMS Data.
 - The initiation and completion of the ePCR is the responsibility of the EMS field personnel who participate in the EMS response and/or patient care.
- An ePCR must be initiated by each EMS provider for every EMS response regardless of patient disposition.
 - If two (2) or more units from the same EMS provider are dispatched, at least one (1) EMS field personnel is required to initiate and complete an ePCR.
 - When two (2) or more units from different EMS providers are dispatched, at least one (1) EMS field personnel from each EMS provider is required to initiate and complete an ePCR.
- The EMS field personnel with the highest level of certification (EMT, AEMT, EMT-P, MICN, Physician and RCP's) from each EMS provider must initiate an ePCR whenever:
 - Contact is made with a patient.
 - The outcome of the response results in a medical assessment.
 - Medical services and/or treatment are rendered.
 - The patient refuses assessment and/or care.
 - The patient is deceased on scene.

- EMS field personnel shall obtain and document all required ICEMA data elements, including all assessments, procedures and medications administered and provided by the EMS field personnel and members of their crews participating in the patient care.
- EMS field personnel shall only document assessment, procedures and medications administered and provided by EMS field personnel within their own organization. EMS field personnel shall not document assessment, procedures, and medications administered and provided by EMS field personnel from another EMS provider.
 - EMS providers must add student and/or intern names and certifications to their user lists so all EMS field personnel rendering care are appropriately identified on the ePCR.
 - Students must not participate in completing the ePCR.
- The use of an approved paper patient care report is only permitted as a “downtime” form when the ePCR input form or hardware is not functioning or in connection with an approved specialty or fireline paramedic program.
 - All data collected on a paper patient care report must be transferred to the approved ePCR; **and**
 - Must be completed and posted after the system is restored; **or**
 - As required by ICEMA policy for specialty or fireline paramedic programs.
 - A scanned copy of the paper patient care report must be included as an attachment to the ePCR.

Transfer of Patient Care Information and Distribution of Patient Care Reports

The ICEMA Data System is the preferred method of transfer of all patient care information between EMS field personnel, EMS providers, hospitals and ICEMA. This system ensures the transition of patient care by maintaining medical control, establishing specialty center inclusion criteria, directing treatment by subsequent healthcare providers and facilitating continuous quality improvement.

- First responders must complete the minimum documentation as described in ICEMA Reference #5020 - Minimum Documentation Requirements for Transfer of Patient Care prior to the transfer of patient care to the transport provider.
- If the EMS transport provider is the first provider on scene, they must make all required information described in ICEMA Reference #5020 - Minimum Documentation Requirements for Transfer of Patient Care available to EMS field personnel participating in care at the time of transfer of patient care at the hospital or subsequent EMS transport provider using the option for “transfers” described below.
- EMS field personnel transferring patient care must initiate an electronic transfer of all required information to the accepting EMS field personnel concurrently with the verbal transfer of care.
 - For EMS field personnel using the ICEMA Data System, this may be accomplished by using the ImageTrend option of “transfers”, selecting Upload and selecting the appropriate “Transfer to Agency”.

- EMS providers using their own EHR system must comply with ICEMA Reference #5040 - Requirements for Collection and Submission of EMS Data for the transfer of care between EMS providers.
- In situations where the transfer of information is not possible due to connectivity issues, the transfer must be made at the earliest opportunity when connectivity is restored.
- In situations where the required electronic transfer of information is not completed within 30 minutes of transfer of care, an incident report indicating the reason for the delay must be initiated and forwarded to ICEMA.
- EMS field personnel accepting the patient transfer, must accept the transfer from the transferring EMS provider concurrently with the verbal transfer of care.
 - For EMS field personnel using the ICEMA Data System, this may be accomplished by using the ImageTrend option of “transfers”, and downloading by selecting the appropriate “Transfer from Agency”.
 - EMS providers using their own EHR system must comply with ICEMA Reference #5040 - Requirements for Collection and Submission of EMS Data for the transfer of care between EMS providers.
 - In situations where the transfer of information is not possible due to connectivity issues, the transfer must be made at the earliest opportunity when connectivity is restored.
 - In situations where the required electronic transfer of information is not completed within 30 minutes of transfer of care, an incident report indicating the reason for the delay must be initiated and forwarded to ICEMA.
- EMS field personnel must provide the most current copy of the patient care report and all attachments to the base and receiving hospitals, at the time of transfer of care.
 - For EMS providers on the ICEMA Data System, this may be accomplished by posting to the ICEMA Data System.
 - For EMS providers using their own EHR system, this may be accomplished by direct access to their data by the California Hospital Hub.
- EMS field personnel must make a copy of the patient care report available to the County Coroner if the patient is deceased and left on scene.
 - For EMS providers on the ICEMA Data System, this may be accomplished by posting to the ICEMA Data System.
 - For EMS providers using their own EHR system, this may be accomplished by direct access to their data by the California Hospital Hub.
- EMS field personnel must make a printed copy of the ePCR (PDF) and all attachments available to the accepting EMS field personnel, hospital, and/or coroner at time of transfer of care when “transfers” or posting (noted above) is unavailable.

Completion of Patient Care Reports

- The ePCR is considered completed when:
 - The report thoroughly and accurately reflects all patient care provided; **and**
 - All required data elements documenting patient care have been entered into the ePCR; **and**
 - The report is signed by the EMS field personnel (EMS primary care provider/EMS crew member) responsible to complete it.
- The ePCR must be completed, the status marked as completed and the ePCR posted concurrently with the transfer of patient care between EMS field personnel or between EMS field personnel and the hospital ED medical personnel.
- ePCRs must be locked within four (4) hours of the transfer of care.
 - The ePCR may not be unlocked to make changes unless authorized by ICEMA.
 - ICEMA may authorize unlocking a locked ePCR for changes or additions not related to patient care, such as patient demographics, destination, insurance or response times updated from CAD.
 - EMS field personnel who fail to thoroughly complete assessments, procedures, medications or other patient care details must correct errors and/or omissions on the ePCR as an addendum to the ePCR initially submitted.
 - ICEMA requested changes or addendums to ePCRs must be made within 24 hours of notification and resubmitted to ICEMA. ICEMA may approve an extension to accommodate daily operations of EMS field personnel.
 - In situations where it is not possible to lock the ePCR within four (4) hours, the EMS field personnel must send an incident report or other approved notification indicating the reason to ICEMA.
- EMS providers using their own EHR system must provide a copy of all documents generated, including the transaction history listing all changes made to the record and showing prior and current values, upon request by ICEMA.
- The EMS field personnel responsible for patient care shall accurately complete the patient care report and ensure that the ePCR:
 - Contains all data elements required by ICEMA including all assessments, procedures and medications administered and provided by the EMS field personnel and members of their crews participating in patient care.
 - Includes any additional information required by NEMESIS/CEMESIS.
 - Is signed by the EMS field personnel (EMS primary care provider/EMS crew member) who is responsible for patient care (EMS provider may require more than one signature).
 - Is completed, locked and posted according to this policy.

Review and Evaluation of Patient Care Reports

- The EMS provider is responsible to ensure that its EMS field personnel thoroughly and accurately document all patient care.
- ICEMA may view or request a copy of any completed ePCR for quality assurance and/or quality improvement. Responsibility for timely submission of requested information lies with the EMS provider.
- The EMS provider and/or hospital must provide all documentation including recordings and/or paper patient care reports, not previously posted to the ICEMA Data System, within 24 hours of the request unless otherwise agreed upon by ICEMA.
- The EMS provider is responsible for the monitoring, review, evaluation and improvement of patient care data per the EMS provider's Quality Improvement Plan.
- The EMS provider is responsible to include all ICEMA and State required EMS system quality indicators in its quality improvement program.
- ICEMA may produce system-wide statistical and quality improvement summary reports based on individual or aggregate data.
- The EMS provider is responsible for the evaluation of individual statistical or quality assurance summary reports.

III. RESPONSIBILITIES FOR RECORD/REPORT RETENTION

- All records pertaining to patient care shall be maintained by the EMS provider, hospital, and/or ICEMA as required by State and/or federal regulation. Types of records to be retained, include:
 - Records related to either suspected or pending litigation.
 - Electronic Patient Care Reports (ePCR).
 - Electrocardiograms (EKG/ECG).
 - Capnography waveforms.
 - EMS provider refusal of care documentation.
- All ePCRs created on the ICEMA Data System will be retained as required by San Bernardino County policy or State and/or federal regulation.
- EMS providers who elect to utilize another EHR system must retain a copy of the ePCR created on their system and all related patient care documentations as required by State and/or federal regulation.
- The EMS provider shall be responsible for retention of all copies of downtime paper patient care reports or other records as required by State and/or federal regulation.

IV. PRIVACY

All EMS providers are responsible to enact policies which ensure patient privacy by restricting access and implementing electronic protections in compliance with State and federal statues, policies, rules and regulations, including the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

V. REFERENCES

<u>Number</u>	<u>Name</u>
5020	Minimum Documentation Requirements for Transfer of Patient Care
5040	Requirements for Collection and Submission of EMS Data