

	COUNTY OF SACRAMENTO EMERGENCY MEDICAL SERVICES AGENCY	Document #	2305.22
	<u>PROGRAM DOCUMENT:</u> EMS Patient Care Report: Completion and Distribution	Draft Date:	12/01/13
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EMS Medical Director

EMS Administrator

Purpose:

- A. To serve as general policy for the completion and channeling of the patient care report (PCR).
- B. To acknowledge the responsibility of the provider agency and prehospital care personnel to properly document each patient contact.

Authority:

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

Policy:

- A. A PCR will be completed for every patient contact. The prehospital provider is responsible for maintaining a record of every dispatched response. The Emergency Medical Services (EMS) PCR is a medical record and the primary source of information for continuous quality improvement review. Prehospital care personnel shall be responsible for providing clear, concise, complete and accurate documentation. When a patient is transported, the PCR will be delivered with the patient to the receiving hospital. Any ePCR system utilized by a SCEMSA Provider must be NEMSIS v3.
- B. Completion of a PCR when more than one provider is on scene will be as follows:
 1. If a non-transporting 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 Advanced Life Support (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.
- C. 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 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 PCRs to hospitals: Except during extenuating circumstances, it is the expectation that patient care reports will be completed and made available to hospital staff shortly after transfer of care to facilitate continuity of care. The service provider shall make available an electronic PCR (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.
- D. Transporting ALS Service Providers shall make available an electronic PCR 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.
- E. 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.
- F. 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.
- G. SCEMSA shall be notified of downtime or transmission difficulties lasting more than twenty-four (24) hours for all ePCRs system outages.