

POLICY #124: DOCUMENTATION OF PREHOSPITAL CARE

I. PURPOSE

- A. The purpose of this policy is to define requirements for ePCR documentation and the procedure for completion, distribution and retention of the patient care records by emergency medical service (EMS) provider agencies / organizations in the County of San Luis Obispo (SLO).

II. SCOPE

- A. This policy applies to all EMS providers and first responders in SLO County.

III. DEFINITIONS

- Electronic Patient Care Record (ePCR): Refers to PCRs generated electronically.
- Health Insurance Portability and Accountability Act (HIPAA): The HIPAA Privacy Rule, which protects the privacy of individually identifiable health information.
- Patient: Any person who seeks or appears to require assessment and/or treatment.
- Patient Contact: When an EMS Provider encounters a patient and initiates the patient-provider relationship. The patient-provider relationship is established by either phone, radio, or personal contact. It is the providers' responsibility to ensure all patients are offered the opportunity for evaluation, treatment, and/or transport.
- System Surge: A countywide instance where an overabundance of calls leaves no available units.
- Dry Run: A call in which an EMS Provider does not make any patient contact, resulting in no patient information being entered into an ePCR.
- Refusal of Treatment or Transport: A call in which an EMS Provider makes patient contact and offers treatment and/or transportation by ambulance to a hospital, and the patient refuses said treatment and/or transportation. Patient information shall be entered into an ePCR.
- Refusal of Treatment or Transport – Against Medical Advice (AMA): A call in which and EMS Provider makes patient contact and determines that the patient has a medical problem that requires immediate treatment and/or ambulance transportation to the hospital, however the patient refuses all medical care, treatment, and transport. Patient information shall be entered into an ePCR.
- EMS Provider: Any EMR or PSFA / EMT / Paramedic authorized by SLOEMSA to respond to emergencies in the County of San Luis Obispo.
- California EMS Information System (CEMSIS): a centralized data system administrated by the California Emergency Medical Services Authority that provides a standard for patient care information.
- Hospital Hub: An ImageTrend database that funnels patient reports from the SLOEMSA Repository to each individual hospital for review.

- SLOEMSA Repository: An ImageTrend database managed by the San Luis Obispo County Emergency Medical Services Agency (SLOEMSA) where all reports and data generated by each EMS Provider are submitted and then transferred to CEMSIS.

IV. POLICY

- A. All transporting and non-transporting providers shall participate in an EMS Agency approved ePCR program.
- B. First Responders shall complete an ePCR on all patient contacts regardless of patient outcome.
- C. Information obtained during patient care shall include all of the following CEMSIS values found in Policy #124 Attachment B: CEMSIS Values. Individual providers may include additional patient care information to supplement required documentation, but providers shall gather all information when indicated in policy/protocol and when available.
 - 1. Additions/Subtractions from this list shall be made by SLOEMSA following updates to Schematron files and/or updates to NEMSIS/CEMSIS data version requirements.
- D. All ePCR documentation shall follow the most up to date Schematron posted by the California Emergency Medical Services Authority to ensure all reports are exported and received by the CEMSIS Repository.
- E. If an ALS Provider obtained any ECG rhythms during patient care, that provider shall attach those rhythms to their ePCR by either transferring that information from their cardiac monitors or capturing a picture of printed strips and attaching them to the report.
- F. Any element of care including treatments, assessments, and procedures shall be included in documentation. The documentation shall include the name of any responder providing said care and documenting any previous care rendered by bystanders.
- G. The management of patient care documentation shall be compliant with HIPAA requirements.
- H. Auto-Narratives are not permitted in SLO County. Documenters shall write their own narrative which shall include, but not be limited to:
 - a. Patient description.
 - b. Chief complaint.
 - c. General Observations.
 - d. History of the present event/pertinent findings.
 - e. Provider impression/Conclusions based on chief complaint.
 - f. Treatments/Care rendered to the patient.

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- g. Disposition.
- I. Patient care documentation shall meet the EMS provider agency/organization's specific medical record retention requirements. However, ePCRs shall be retained for no less than current requirements stated in California Code of Regulations Title 22, Division 5, Chapter 1, Article 7, Section 70751.
 - J. All providers shall participate in the EMS Agency data collection program.
 - K. Abbreviations and acronyms used when writing ePCRs shall be from the approved list. This can be found on Policy #124 Attachment A: Abbreviations and Acronyms List.
 - L. Any patient deemed critical or experiencing a life-threatening illness/injury, that patient's ePCR shall be completed and uploaded to the SLOEMSA Repository within 60 minutes following facility transfer of care. This applies to any of these types of patients:
 - a. Step 1 / Step 2 Trauma Alerts and Step 3 / Step 4 Trauma Consults
 - b. Any patient that is in cardiac arrest or was in cardiac arrest and achieved ROSC.
 - c. STEMI Alerts
 - d. Stroke Alerts
 - e. Any code 3 transport
 - M. For any other patient not categorized in section L (a-e), their ePCRs shall be completed and uploaded to the SLOEMSA Repository within 2 hours following transfer of care to a facility or after clearing the scene.
 - N. An exception shall be made to the upload timeframe for cases of system surge or if an additional call is pending which would make that unit the closest available resource. Both ePCRs shall be completed within two hours following the additional transfer of care.
 - O. Non-Transport personnel shall upload their ePCRs as soon as possible, but no later than 12 hours after clearing the incident or by end of shift, whichever occurs sooner.
 - P. Flight resources shall leave a flight drop sheet at the receiving hospital if the flight resource is unable to complete their report within the allotted timeframe. This flight drop sheet shall include at a minimum, but not limited to:
 - 1. Patient information
 - 2. Chief Complaint / Impression information
 - 3. Vitals
 - 4. Times
 - 5. Exam Findings
 - 6. Treatments / Procedures

- Q. All calls involving specialty care systems (Stroke, STEMI, Trauma, and Cardiac Arrest) shall be properly labeled / documented via the following data fields and be made required fields in ePCR forms:
 - 1. STEMI: Primary Impression (eSituation.11) or Secondary Impression (eSituation.12).
 - 2. Trauma: Trauma Center Criteria (elnjury.03) or Vehicular, Pedestrian, or Other Injury Risk Factor (elnjury.04).
 - 3. Stroke: Primary Impression (eSituation.11) or Secondary Impression (eSituation.12).
 - 4. Cardiac Arrest: Primary Impression (eSituation.11) or Secondary Impression (eSituation.12).

- R. All patient data and ePCRs shall be transmitted to the SLOEMSA Repository and subsequently to the Hospital Hub database for hospital staff review. All data from the SLOEMSA Repository shall then be transmitted to CEMSIS following upload. ePCR uploads shall follow the same time requirements mentioned in Section IV (M-P).

- S. The EMS Agency may require additional elements as the system changes and/or for quality improvement (QI) programs.

V. AUTHORITY

- Title 22, California Code of Regulations, Division 9, Section 100170, 10171, 100402.
- California Health and Safety Code, Division 2.5, Section 1798a.
- California Code of Regulations, Title 22, Division 5, Chapter 1, Section 70751

VI. ATTACHMENTS

- A. Abbreviations and Acronyms List
- B. CEMSIS Values

Approvals:

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| EMS Agency, Administrator |  |
| EMS Agency, Medical Director |  |