

PATIENT CARE RECORD (PCR)

I. PURPOSE

To establish requirements for completion, reporting, and submission of Marin County approved Patient Care Records.

II. RELATED POLICIES

ALS to BLS Transfer of Care, ATG 4
Against Medical Advise (AMA), GPC 2
Release at Scene (RAS), GPC 3
Trauma Re-Triage, 4606 A & B

III. DEFINITIONS

- A. Patient – someone who meets any one of the following criteria:
 - 1. Has a chief complaint or has made a request for medical assistance
 - 2. Has obvious symptoms or signs of injury or illness
 - 3. Has been involved in an event when mechanism of injury would cause the responder to reasonably believe that an injury may be present
 - 4. Appears to be disoriented or to have impaired psychiatric function
 - 5. Has evidence of suicidal intent
 - 6. Is dead
- B. Emergency Medical (EM) Number– a number assigned by the Marin County Communication Center to identify each 9-1-1 call dispatched for medical assistance.
- C. Incident Number – The “F” number assigned to an incident.
- D. Electronic Patient Care Record (ePCR) - the permanent record of prehospital patient evaluation, care, and treatment.
- E. Field Transfer Form (FTF) – a temporary, paper record of patient care
- F. Quicksheet – A single section within Elite Field that streamlines data entry.
- G. Short Form – A printed report, typically received via fax at the ED containing a minimum set of data elements from the ePCR.
- H. Posting – the process of uploading the ePCR from Elite Field to the ImageTrend server. The first time a record is posted, a fax will be sent to the ED. Each post to an out of county facility will result in a fax.
- I. Completed PCR – The PCR is considered complete when it has been posted and locked.
- J. Triage Tag - a paper record for multi-casualty incidents involving 6 or more patients.

IV. POLICY

- A. An ePCR shall be completed for every call for which an EM is issued.
- B. For all transported patients:
 - 1. To ensure an informed continuum of care for all patients transported to the hospital, field personnel will post the ePCR no later than 10 minutes prior to ED arrival. If short ETAs preclude posting before arrival, the ePCR must be posted as soon as possible upon arrival. Immediate patient care needs shall take precedence over posting.
 - 2. Once posted, hospital personnel can retrieve ePCR information from the ImageTrend Elite Viewer or secure the short form that is automatically faxed to their facility. If this patient information is not available, hospital personnel will notify field personnel. In no event shall field personnel leave the ED if the short form or

- posted patient information or similar document (e.g. FTF or locally printed short form) is not available. The transfer of care will include a verbal report to hospital clinical staff.
3. When available, posted information shall contain at a minimum:
 - patient name
 - patient address
 - patient telephone number
 - date of birth
 - chief complaint
 - contact information for the best medical historian
 - medical decision maker (when not the patient)
 - pertinent findings on physical exam
 - last known well (if applicable)
 - vital signs
 - medications
 - allergies
 - presence of advanced directive/DNR
 - medications administered
 - procedures performed
 - Kaiser / insurance number
 4. A paper Field Transfer Form (FTF) shall only be used as a backup during system downtime, equipment failures, loss of internet connectivity, while on a fire line assignment, or any incident/situation where personnel do not have the ability to capture and post data via ImageTrend.
 5. If the ePCR system precludes the transfer of information to the hospital, and a compatible printer is available, the ePCR should be printed locally.
 6. Data gathering and documentation responsibilities should never take precedence over hands-on rescue and patient care and therefore may not always be possible to complete during an incident. Nevertheless, prehospital information, particularly for critical patients, is essential for the emergency department and hospital course of care and every effort to obtain this information should be made.
 7. A completed ePCR must be available to the receiving facility within 20 minutes of transferring care. If this is not possible (e.g. unit must leave for another call), then a complete and legible FTF, short form or posted ePCR must be available to hospital staff prior to leaving the ED. When this occurs, an ePCR must be completed and available to the facility as soon as possible and no later than 3 hours after the transfer of care.
 8. Notification patients (e.g. sepsis, stroke, STEMI, trauma) or critical patients (e.g. cardiac arrest and/or airway emergency) require a completed ePCR before field personnel leave the hospital with the exception being for a rapid re-triage patient that utilizes the same transport unit.
 9. For all patients transported, the ePCR will be completed by the personnel assigned to the transport unit.
- C. For non-transported patients (e.g. AMA, RAS, Dead on Scene), the ePCR will be completed within three hours by the paramedic or EMT most involved in patient care and responsible for the patient's disposition.

- D. For calls where there is no medical merit, the unit that completes the ePCR will be determined according to provider agency policy.
- E. The ePCR is the permanent record and will be filled out in a complete manner and will include all care provided in the prehospital setting. When possible, it shall include all 12 lead ECGs and any ECG other than normal sinus rhythm. When possible, pertinent photographs from the scene should be attached to the ePCR (e.g. vehicle damage).
- F. The completed PCR includes all care rendered by the transporting providers as well as any care given prior to arrival of the transporting unit by bystanders and/or first responders. Documentation of care provided by first responders (of a different agency than the transport unit) may be required by their department policy.
- G. For air ambulance transportation, a FTF will be given to the receiving provider. A completed ePCR shall be faxed to the receiving facility within 3 hours of transfer of care.
- H. Personnel assigned outside of the county to provide medical-mutual aid (e.g. fire-line EMT/Paramedic, cover engine assignment), shall complete a FTF for each patient contact. The FTF will be created on site and retained by the provider agency.
- I. Willful omission, misuse, tampering, or falsification of documentation of patient care records is a violation under Section 1798.200 of the California Health and Safety Code.

V. GENERAL INSTRUCTIONS

- A. The patient care record is part of the patient's permanent medical record and is used for, but not limited to, the following purposes:
 - 1. Transfer of information to other healthcare providers
 - 2. Medical legal documentation
 - 3. Billing for services
 - 4. Development of aggregate data reports for Continuous Quality Improvement (CQI), including specific quality indicators and identification of educational needs
 - 5. EMS Agency case investigation
- B. Reference to a Marin County EMS Event Form or similar record should not be included on the patient care record.
- C. If ALS to BLS transfer of care is determined to be appropriate, documentation of assessments and all care rendered must be completed by both the ALS and the BLS units according to policy ATG 4.
- D. Provider agencies are responsible for training their employees in the initiation, completion, distribution of patient care records, HIPAA and any accompanying forms based on the EMS Agency's currently approved training curriculum.