

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)/Authorization Order (AO) – a number assigned by a Marin County Communication's Center to identify each 9-1-1 call dispatched for medical assistance.
- C. Electronic Patient Care Record (ePCR) - the permanent record of prehospital patient evaluation, care, and treatment.
- D. Field Transfer Form (FTF) – a temporary, paper record of patient care
- E. 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/AO is issued.
- B. For all transported patients:
 - 1. A completed ePCR must be available to the receiving facility within 15 minutes of transferring care. If this is not possible (e.g. unit must leave for another call), then a complete and legible FTF may be submitted to the patient's nurse or doctor within 15 minutes of transferring care.
 - 2. An FTF ALONE may not be left for any notification patients (e.g. sepsis, stroke, STEMI, trauma) or critical patients (e.g. cardiac arrest and/or airway emergency) with the exception being for a rapid re-triage patient that utilizes the same transport unit.
 - 3. If a FTF was utilized at the time of transfer, 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.
 - 4. 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 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 ePCR will be completed according to provider agency's policy.
- E. The ePCR is the permanent PCR 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.
- 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 ground transportations to an out-of-county facility, a FTF will be given to the receiving provider and a completed ePCR shall be produced and sent to that facility within 3 hours of transfer of care.
- H. For air ambulance transportations, a FTF will be given to the air ambulance personnel, and an ePCR will be created within 3 hours of transfer of care and sent to the receiving facility via ePCR program or FAX.
- I. Personnel assigned outside of the county to provide medical-mutual aid (e.g. fire-line EMT/Paramedic), shall complete a FTF for each patient contact. The FTF will be created on site and a copy submitted to the provider agency as soon as possible after returning to the county.
- J. Willful omission, misuse, tampering, or falsification of documentation of patient care records is cause for formal investigative action under Section 1978.200 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.