Loudoun County Emergency Medical Services Council, Inc.

EMS Policy #29

Documentation of EMS care using Electronic Patient Care Reporting (ePCR)

Origin: 08/12
Revision:

1. PURPOSE

This policy is designed to provide guidance on the proper documentation that shall be completed by personnel responding to any EMS incident using an electronic Patient Care Report (ePCR).

2. TERMINOLOGY and DEFINITIONS:

AIC: Attendant in Charge is the locally authorized EMS provider who is responsible for the provision of EMS care.

PREHOSPITAL PATIENT CARE REPORTS (PPCR): The paper based form used in the event the ePCR system is not available and there exists an immediate need to document aspects of the incident. The most common use of this paper form will be to acquire a signature for a refusal of treatment and the ePCR computer is not available. Regardless of the level of completion of the paper form, the data will need to be transferred into the ePCR system using Field Bridge.

ELECTRONIC PATIENT CARE REPORT (ePCR) TEMPLATES:

There are three patient care report templates available in the Image Trend System:

- Full Patient Care Report – This report is required anytime a patient receives care and is transported. This report covers all aspects of the incident, from staffing of the vehicle through the transport of the patient. This template may be used on any incident, should there be question as to the appropriateness of the other templates.
- Non-Transport Report – This report is the primary report for non-transport vehicle, transfer of patient care to a different unit prior to transport, and/or in the event of a patient refusing transport services. This report allows for entry of all parts of patient care data *except* those fields regarding the movement of the patient to the hospital. This is the report for EMS permitted vehicles that assist on medical local calls (i.e. engine company), all manpower assist calls, or situations where trained EMS providers assist with patient care but don't transport the patient.
- No Patient/Canceled – This report is further limited to exclude all fields regarding patient care, including the exclusion of patient demographics, assessment, and care rendered. This is the report to use when canceled prior to arrival, no patient contact was made, or no patient was found. This report is also the report to complete on all station transfers and all public

education or public standby events. This is also the primary report for units assigned to provide incident Rehab.

3. POLICY

A. All incidents in which an EMS permitted vehicle responds to perform or assist in the performance of EMS care shall fully document the event in the ePCR system using the guidance below.
B. All EMS care, including all BLS and ALS assessment and/or interventions, shall be documented utilizing the ePCR system even if the provider arrived on a non-permitted vehicle, such as POV or tanker response.

Each EMS agency involved is required to complete independent documentation. AICs from different Agencies are prohibited from documenting their care on another agency's report.

All reports are to be manually posted upon completion.

4. PROCEDURE

A. The AIC of any EMS licensed vehicle that has responded to an EMS incident (or to any incident where the role of the unit is to perform EMS) shall complete and post an Electronic Patient Care Report (ePCR) in the Image Trend system. A complete report shall include a narrative that details the actions of that unit's crewmembers. It will not be permitted to use a generic abbreviated narrative that is lacking the specific actions of the crew.

B. On incidents with a single unit response, the AIC shall select the most appropriate report from the templates. The AIC that transports the patient to the hospital is required to complete and MANUALLY POST the incident prior to departing the hospital. It is understood that there will be circumstances that prevent the timely posting of completed reports, such as lack of internet access. In such an event, the report must be posted to the Image Trend system within 6 hours of transport to the hospital. On non-transport events, the report may be completed in the station, but must be completed and MANUALLY POSTED prior to the end of the shift.

C. On incidents requiring multiple EMS-licensed apparatus, each vehicle AIC/OIC shall complete a report consistent with their level of interaction. This includes manpower assists through transfers of patient care. The AIC/OIC is required to document all actions of that crew. The following guidance should be followed to determine what level of documentation is required:

1. Incident assists: This includes requests for a suppression piece to assist with patient care or patient movement as well as incidents that require a 'Second ALS Provider' for the care of a critical patient.
   a. The transporting unit AIC shall complete a Full Patient Care Report.
   b. The assisting unit/provider shall complete a Non-Transport Report, state exactly what assistance was provided and document all patient care rendered by that crew/provider. This includes the transfer of EMS personnel onto the ambulance for the purpose of assisting the ambulance crew with complex or critical patients.

   NOTE: It is a mandatory requirement that the assisting EMS provider(s) fully documents all the care provided by their crew and any relevant data which was identified and relayed to the AIC. It is not acceptable for the narrative of an assisting units report to state that all care or their crew's care was documented on another unit's report.

2. Patient care transfers: For situations where patient care is transferred from the first arriving crew (Crew 1) to another (Crew 2).

   a. Crew 1 – Documents all care provided prior to and following the point of transfer. The proper report template will be chosen depending on whether or not the first arriving crew began to transport.

      i. Full Patient Care report is used if transport is made using the first crew's apparatus. This includes incidents where the patient is transported to a landing zone for transfer to air-medical.

      ii. Non-Transport Report is used if the patient never departs the scene prior to the transfer of care.

   b. Crew 2 –Utilizes the Full Patient Care Report and independently documents the verbal report from the 1st crew and their own care thereafter until transfer at the hospital

   c. Multiple Transfers. In the event of multiple transfers, each crew or person that transfers the patient care away from them will utilize the directions for "Crew 1" above. Examples include:

i. Transfer of care from a suppression unit to an ambulance followed by another transfer to an ALS provider.

ii. An Enhanced provider arrives prior to the arrival of a higher certified ALS provider.

3. Rendezvous: Incidents when a second arriving unit (Crew 2) transfers EMS personnel to the first arriving ambulance and assumes patient care. This includes incidents where the ALS provider arrives via a chase car or suppression piece. This also includes incidents where an aero-medical crew is brought to the scene and assumes care, but still requires the ambulance to transport back to the landing zone.

   a. Crew 1 – Utilizes the Full Patient Care Report. Documents all care provided prior to and following the point of transfer.

   b. Crew 2 – Utilizes the Full Patient Care Report and independently documents the verbal report from the 1st crew and their own care.

4. Rehab: Emergency Incident Rehab is a specialized event where there are no patients unless an emergency responder in rehab is found to have an injury or medical complaint. The crew assigned to perform Rehab will complete a No Patient/Canceled report. They will complete all applicable Rehab forms. Upon return to the station, these forms will be scanned and attached to the call in the form of an addendum. Every person being seen in rehab that is found to have injury, medical issue, or who fails Rehab will require a separate report. That report will either be the Non-transport report or Full Patient Care report depending on whether the Rehab crew transfers the patient to another unit or completes the transport of the patient themselves.

5. Fires: Fires are another specialized call in that various units on the scene may not be responding with the intent to perform patient care. In the event of a fire, the intent of the units is either to perform critical suppression related activities or to perform EMS activities in the support of the fire suppression. To properly document the fire response;

   a. EMS transport units assigned to the fire response are assumed to be responding for some form of EMS, from

victim treatment to Rehab. Therefore, a report will be completed.

i. A 'No Patient/Canceled" report may be completed in the event the unit was canceled, Rehab performed with no injury/failed Rehab, or if no suppression actions occurred, such as investigation only.

b. For EMS-licensed suppression units, it is assumed that the intent of their response is to mitigate the fire emergency. As such, their actions will be captured in a non-EMS report, such as NFIRS. In the event of patient contact, such as a rescue or RIT activation:

i. The rescue itself is not considered an EMS action. The focus of the rescue event is to remove the victim from the hazardous environment to a safe environment. Once the victim is brought out of the hazard area and if the victim is immediately turned over to an EMS crew, then no EMS report is needed from rescue unit(s).

ii. If the crew that removed the victim begins to assess the victim for signs of life or begins to support that victim, such as through the application of ventilations or oxygen, then they are engaging in EMS actions and need to document such on the appropriate report.

6. MVCs: Normally, MVC will be treated in the same manner as a Fire response. All EMS permitted units assigned to the response are required to complete an EMS report if they are involved in providing any EMS care, such as making first contact with a patient (triage), maintaining C-Spine stabilization, back boarding, obtaining vitals or applying oxygen, the 'Non-Transport' template is required. Note: on an MCI, the triage ribbon and disaster tag may suffice for documentation in accordance with state guidelines.

7. Supervisors: A supervisor is any command level officer, such an EMS Supervisor, Duty Chief (or above) or other officer who is on scene for the specific purpose of providing QA oversight and supervision of the call. These individuals will not normally need to complete a patient care report care unless they engage in direct patient care.

D. Physician (or receiving PA/NP) signatures will be obtained when required as per the Rules and Regulations set forth by the Virginia Office of EMS. The provider responsible for patient care will obtain the signature of the receiving medical practitioner only after completing the report. Once the medical practitioner has signed the report, no further information may be entered into the body of the document. The exception is the addition of non-medically relevant data points such as in-service time and in-quarters time. Persons needing to add additional patient care data or make corrections/clarifications shall utilize the addendum form. Entries on this form should include the date/time and name of the practitioner to whom the additional data was reported if applicable.

Reports will become 'locked' upon posting. Reports may only be unlocked for specific 'non-medical' corrections, such as corrections to the incident number field. Only specified personnel within an agency will have the authority to unlock a report for such corrections. All other corrections will be made using the addendum form. Persons needing to make corrections to an incident report should contact that administrator if they have questions regarding which is the most appropriate path.

John I. Morgan, IV, MD, OMD

Leo C. Kelly, PA, LCEMSC