Patient Care Documentation Procedure

**Purpose**

To ensure that PVFD EMS documentation satisfies the requirements for continuity of care, subsequent quality improvement assessment, addresses medical-legal needs, and reflects professional standards.

**Scope**

This SOP shall apply to all EMS calls to which PVFD is dispatched by Durham County 911 Communications Center.

**Definitions**

**Patient Care Record (PCR)** – any documentation, including written reports, images, video, data from monitoring instruments, and any other information related to the medical care provided to a patient or to the response of a PVFD unit to a medical call.

**Documenter** – the PVFD person responsible for authoring a PCR

**EMS Rookie** – a new PVFD member, credentialed by North Carolina Office of Emergency Medical Services (NCOEMS) at any certification level, who has not completed the PVFD EMS Rookie program

**Preceptor** – a PVFD member, approved by PVFD Division Chief of EMS, who supervises patient care provided by PVFD EMS personnel not yet released to function independently in Durham County or EMS students from affiliated training institutions.

**BLS/ALS** – basic/advanced life support

**Approach**

**Situations requiring documentation**

**A. All Units**

1. All 911 dispatches involving EMS, when a unit is acknowledged by the Communications Center as “responding”, require documentation.

2. If a unit is cancelled prior to being acknowledged by the 911 Communications Center as “responding”, there is no need to document the incident.

**B. Engine First Responder/Rescue-Special Guidelines**

1. Document in SansioHealthEMS if any of the following exist:
a. Engine-only response (transport unit cancelled) and any patient care is initiated.
b. Engine provides any ALS care or significant BLS care in the absence of a PVFD transport unit (Example: cardiac arrest protocol initiated).
c. Engine responds to EMS call and cancels transport unit. Examples: call unfounded or no patient found.

2. Document in Firehouse if call does not require separate collection of PHI as follows:
   a. Engine provides only assistance to PVFD EMS or other EMS. Examples: traffic block on 10-50’s, lifting, obtain vial signs
   b. PVFD EMS transport unit is on-scene and transport EMT-P is managing patient care. Engine crew is only assisting with care under direction of the transport EMT-P.

Documentation

All incidents requiring documentation will be recorded electronically using SansioHealthEMS or Firehouse, as appropriate, and paper radio log. Minimal data required is listed as follows:

Radio Log Data
1. Date
2. Dispatch time
3. Incident Address and Nature
4. Incident Number
5. Medic Unit that took the Call

Firehouse Data
1. Date
2. Unit number
3. Crew names
4. Times: dispatch, enroute, on scene, clear
5. Dispatch address
6. Incident address if different from dispatch information
7. Response level
8. Nature of dispatch
9. Incident number

SansioHealthEMS PCR data
1. All events
   a. Date
   b. Call number
   c. Unit number
   d. Times as appropriate: dispatch, enroute, on scene, enroute to destination (hospital), at destination (hospital), in service (clear time)
   e. Nature of dispatch
   f. Dispatch address
g. Incident address if different from dispatch information  
h. Agency Definable Field (map grid: LetterNumber)  
i. Dispatch level (Emergency or non-emergency as assigned by 911 Communications)  
j. Actual Response level (+/- use of lights/siren)  
k. Narrative  
l. Signature of documenter  
m. Run disposition  
   i. Treated/Transported  
   ii. Treated/no transport (patient assessed and no transport required)  
   iii. Treated/Refused (Transport or treatment recommended but patient refuses)  
   iv. No patient – no person found with complaint or person denies request for EMS  
   v. Cancelled – unit cancelled prior to any patient contact  
   vi. Other – standby or special event  
   vii. Treated/Transport by private vehicle – patient assessed and is transported by personal vehicle  
   viii. Treated/transported by others – patient assessed and is transported by another EMS provider  
   ix. Dead before arrival – patient assessed and determined to be deceased on scene without further treatment rendered  
   x. Dead After Arrival – patient assessed, treated, but determination of death confirmed prior to transport  

2. Patient Contact  
   a. All of above data  
   b. Patient name  
   c. Patient address  
   d. Date of birth  
   e. Chief complaint  
   f. Medications  
   g. Allergies  
   h. Past medical history  
   i. History of present illness  
   j. Physical exam/assessment  
      i. Transported patients should have at least 2 sets of vital signs if possible  
      ii. Times related to the assessment should be recorded as well as the vital signs  
   k. Treatments  
      i. All measurable treatments should be recorded in the flowchart, including times of the treatments and patient response to the treatments  
   l. Signatures, as applicable  
      i. Privacy Notice Receipt (patient or guarantor)  
      ii. Billing authorization (patient or guarantor)
iii. Patient unable to sign (note reason in comments if not obvious from the PCR narrative)
iv. AMA (patient or guarantor, plus 3rd party witness signature)
v. Technician (Mandatory, patient care provider). Must be co-signed by highest certified EMT involved in patient care. If both EMT’s are the same certification level, only the primary one involved in patient care must sign. See section 5a.

3. Patient Transport
a. All the above
b. Mileage – start, at scene, at destination hospital
c. Insurance information
d. Social security number
e. Billing address/responsible party
f. Signatures, as applicable
   i. Billing authorization (patient or guarantor)
   ii. Patient transfer (nurse at destination hospital accepting responsibility for patient care)
   iii. Receipt of transfer paperwork (nurse at destination hospital accepting responsibility for patient care upon receipt of nursing home transfer forms

4. Special situations
a. Standby or Special Events
   i. All standbys and special events require documentation of that event
   ii. Any patients contacted at the event require separate documentation for each patient, if assessment or significant care was provided.

b. Mass casualty Incidents (MCI)–depending on resources, obtain as much patient information as possible. Use of Durham County standard triage tags is encouraged whenever Incident Command initiates use of Triage teams and Treatment teams to manage patient care.

   i. Create a patient-specific PCR if a PVFD provider transports the patient to a destination hospital
   ii. Use of an event chart (detailed information about the event as a whole) may be used in situations where time and resources do not permit creation of individual PCR for persons who are assessed but not transported. The event chart should include patient name, age, nature of injury, care provided, and final disposition of patient.

c. Airway Tracking Form
   i. Must be completed by the patient care provider whenever insertion of a blind insertion airway device or endotracheal tube is attempted or accomplished.
   ii. Must be signed by physician or respiratory therapist at the destination
5. Authoring PCR
   a. The primary EMT care provider should author the PCR. If patient care is transferred from the EMT with the highest level EMT certification to one with lower certification, both EMT’s must sign the PCR.
      i. An EMT-Paramedic may transfer patient care to an EMT-Basic or EMT-Intermediate if results of the patient’s medical assessment is such that the patient’s condition may be satisfactorily managed at that lower certification level.
      ii. These co-signature requirements are suspended in the event of an MCI.
   b. Only PVFD personnel who have been released to function independently at their NC EMT-certification level may author an official PCR.
      i. PVFD EMS rookies may NOT author an official PCR.
      ii. PVFD EMTs being precepted may author an official PCR only if the PCR is co-signed by the PVFD preceptor.
      iii. EMT students who are NOT members of PVFD, may NOT author PCR.
   c. PCR should be created electronically using Sansio HealthEMS software, whenever technology permits, or using paper scan forms if that technology is not available. Scan forms should also be used for attaching paper documents to the official PCR.
   d. All PVFD EMS personnel shall receive initial training on PVFD’s documentation requirements and software prior to being released to function and periodic training thereafter.
   e. Access to and distribution of completed PVFD patient care reports will be restricted to the PVFD EMS Division Chief or his/her designates.

6. Completion of PCR
   a. When a patient is transported to a hospital to promote continuity of patient care and promote the most accurate documentation of events, the PCR should be completed and released to the hospital as soon as possible, preferably before the transport unit returns to service.
   b. A PVFD officer may request the unit return to service before completion of the PCR when operational situations require it. In that case, the PCR should be released to the hospital as soon as it becomes feasible.
   c. Use of SanFax (encrypted) to fax the PCR is preferred, but hard paper copies may be provided to the hospital if SanFax is not available.
Records Generated by this procedure

- Radio log – Maintained by EMS Division Chief – File Plan 04
- Patient Care Reports – Maintained by EMS Division Chief – File Plan 02
- Firehouse call reports – Maintained by PVFD Chief – File Plan 02
- Records attached to PCR – Maintained by EMS Division Chief – File Plan 02
- Airway tracking form – Maintained by EMS Division Chief – File Plan 02
- MCI event log – Maintained by EMS Division Chief – File Plan 04

Legal and Other Requirements

- Durham County EMS System Policies (2010)
  - Cancelled Calls, #14
  - Documentation and Data Quality, #3, #5, #8
  - Triage and Reporting, #10

Document Review History

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