

# PCR Guidance for Non-Transporting and Transporting Agencies

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# Requirements for Patient Care Reporting

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An electronic patient care report (ePCR) shall be a complete and thorough representation of all patient care provided. The report shall contain all information accumulated as a result of the patient contact that is necessary to document patient assessment and care.

The EDC ePCR is the only approved report for documenting an EMS response and/or patient contact by EMS field personnel (EMR, EMTs, EMT-Ps) working in the EDC region.

# Requirements for Patient Reporting

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- An ePCR must be initiated by each EMS provider for every EMS response regardless of patient disposition.
  - If two or more units from the same EMS provider are dispatched, at least one EMS field personnel is required to initiate and complete an ePCR.
  - When two or more units from different EMS providers are dispatched, at least one EMS field personnel from each EMS provider is required to initiate and complete an ePCR.
    - JPA- Complete ePCR
    - ALS or BLS Non-Transporting unit- Complete ePCR

# Requirements for Patient Care Reporting

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The EMS field personnel with the highest level of certification (EMR, EMT, EMT-P) from each EMS provider must initiate an ePCR whenever:

- Contact is made with a patient.
- The outcome of the response results in a medical assessment.
- Medical services and/or treatment are rendered.
- The patient refuses assessment and/or care.
- The patient is deceased on scene.

EMS field personnel shall obtain and document all required El Dorado County EMS Agency data elements, including all assessments, procedures and medications administered and provided by the EMS field personnel and members of their crews participating in the patient care.

EMS field personnel shall only document assessment, procedures and medications administered and provided by EMS field personnel within their own organization. EMS field personnel shall not document assessment, procedures, and medications administered and provided by EMS field personnel from another EMS provider.

- EMS providers must add student and/or intern names and certifications to their user lists so all EMS field personnel rendering care are appropriately identified on the ePCR.
- Students must not participate in completing the ePCR.

# Requirements for Patient Care Reporting

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## PURPOSE

To establish requirements for the initiation, transfer, completion, review and retention of patient care reports by BLS and ALS EMS providers that is necessary to maintain medical control and continuity of patient care.

# Documentation Guidelines

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- Ensure that EMS field personnel only document assessments, procedures and medications performed by EMS field personnel within their own organization.
  - The JPA is its own organization
  - Non-Transporting agencies are their own organizations
  
- Ensure that EMS field personnel do not document assessments, procedures and medications performed by EMS field personnel from another EMS provider.
  - The JPA is its own organization
  - Non-Transporting agencies are their own organizations

# Non-Transporting Documentation Requirements

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First responders must complete the following mandatory fields prior to transferring care of a patient to a transporting agency whether using paper or electronic documentation.

- Patient identifier.
  - Name
  - Sex
  - Birth date
- Chief complaint.
- Mechanism of injury.
- Time of onset/ last seen normal.

# Non-Transporting Documentation Requirements

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- Pertinent medical history.
  - Medications
  - Allergies
  
- Vital signs.
  - Blood pressure
  - Pulse rate and quality
  - Respiration rate and quality
  - Skin signs
  
- Glasgow Coma Scale.
  
- PQRST for pain.
  
- All 12-lead ECG with patient name will accompany the patient (imported into EPCR).

# Non-Transporting Documentation Requirements

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- All medications and procedures, including attempts with times done prior to transfer.
- If base hospital contact made, document which base hospital contacted.
- First responder unit identifier.
- Transport unit identifier.
- Any other pertinent information not seen by the transport provider that might affect patient care.
- The narrative should be written if there is time or shall be given verbally to the next provider. Other fields should be completed if possible or if the fields pertain to the chief complaint.

# Patient Disposition NEMESIS Requirements Definitions

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## ASSIST, AGENCY:

- This EMS unit only provided assistance (e.g., manpower, equipment) to another agency and did not provide treatment or primary patient care at any time during the incident.

## ASSIST, PUBLIC:

- This EMS unit only provided assistance (e.g., manpower, equipment) to a member of the public where no patient (as locally defined) was present (e.g., welfare check, home medical equipment assistance).

## ASSIST, UNIT:

- This EMS unit only provided additional assistance (e.g., manpower, equipment) to another EMS unit from the same agency and was not responsible for primary patient care at any time during the incident.

# Patient Disposition Requirements

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## CANCELED (PRIOR TO ARRIVAL AT SCENE):

- This EMS unit's response is terminated prior to this unit's arrival on scene by the communications center or other on-scene unit(s)/agency(s) (e.g., initially requested service is either no longer needed or being handled by another unit/agency).

## CANCELED ON SCENE (NO PATIENT CONTACT):

- This unit arrived on scene but was canceled by other on-scene unit(s)/agency(s) prior to initiating any patient contact or rendering any other assistance.

## CANCELED ON SCENE (NO PATIENT FOUND):

- This unit arrived on scene, but no patient existed on scene (e.g., patient left the scene prior to arrival, result of a good intent call and no patient existed).

# Patient Disposition Requirements

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## PATIENT DEAD AT SCENE-NO RESUSCITATION ATTEMPTED (WITH TRANSPORT):

- Patient shows obvious signs of death or Do Not Resuscitate (DNR) order was presented, and no attempt was made to resuscitate the victim. However, the victim was transported off the scene by the EMS unit with primary transport responsibilities due to local policy or protocol (e.g., public venue arrest).

## PATIENT DEAD AT SCENE-NO RESUSCITATION ATTEMPTED (WITHOUT TRANSPORT):

- Patient shows obvious signs of death or Do Not Resuscitate (DNR) order was presented, no attempts were made to resuscitate the victim, and the victim was not transported off the scene by the EMS unit with primary transport responsibilities.

## PATIENT DEAD AT SCENE-RESUSCITATION ATTEMPTED (WITH TRANSPORT):

- Resuscitation efforts were attempted on the patient and terminated on scene either due to Do Not Resuscitate (DNR) order or further attempts were deemed futile. However, the victim was transported off the scene by the EMS unit with primary transport responsibilities due to local policy or protocol (e.g., public venue arrest).

# Patient Disposition Requirements

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## PATIENT DEAD AT SCENE-RESUSCITATION ATTEMPTED (WITHOUT TRANSPORT):

- Resuscitation efforts were attempted on the patient and terminated on scene either due to Do Not Resuscitate (DNR) order or further attempts were deemed futile, and the victim was not transported off the scene by the EMS unit with primary transport responsibilities.

## PATIENT EVALUATED, NO TREATMENT/TRANSPORT REQUIRED:

- Subject for whom the service was requested was evaluated and found to have no identifiable illness/injury/complaint and was not in need of treatment or transport to a definitive care facility. This disposition is most frequently associated with good intent or third-party requests where the subject in question did not actually initiate the request for EMS.

## PATIENT REFUSED EVALUATION/CARE (WITH TRANSPORT):

- Patient refused to give consent or withdrew consent for evaluation and/or treatment by EMS personnel but consented to transport to an appropriate definitive care facility.

# Patient Disposition Requirements

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## PATIENT REFUSED EVALUATION/CARE (WITHOUT TRANSPORT):

- Patient refused to give consent or withdrew consent for evaluation and/or treatment and refused to be transported to a definitive care facility by EMS personnel.

## PATIENT TREATED, RELEASED (AMA):

- Patient was evaluated and treatment was provided; however, the patient refused further treatment and/or transportation to a definitive care facility by EMS personnel. This refusal generally occurs after consultation with on-line medical control. AMA: Against Medical Advice

## PATIENT TREATED, RELEASED (PER PROTOCOL):

- Patient was evaluated and treatment was provided; further treatment and transportation to a definitive care facility by EMS personnel was not necessary. Patient meets predefined criteria for release (e.g., due to refusal or unit determination) and no further consultation or medical direction was required prior to releasing the patient.

# Patient Disposition Requirements

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## PATIENT TREATED, TRANSFERRED CARE TO ANOTHER EMS UNIT:

- Patient was evaluated and/or treatment was provided by this EMS unit; however, patient care was transferred to another EMS air or ground unit for final disposition while still on scene.
- NOTE: For the lack of a better value, this value can apply to scenarios where you have not released care, but have transferred your crew to another unit. This is the appropriate value for the following scenarios:
  - When your agency assisted with treatment, even if your agency did not have primary care. Back to Code List Back to Table of Contents NASEMSO Extended Data Definitions, NEMSIS v3.4.0 Revised May 18, 2016 Page 6
  - Patient treated as ALS intercept, transported in another EMS transport vehicle (e.g., primary care provided by this EMS crew, transport provided by another unit).
  - Patient treated by combined crew, transported in another EMS transport unit.

# Patient Disposition Requirements

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## PATIENT TREATED, TRANSPORTED BY THIS EMS UNIT:

- Patient was evaluated and/or treatment was provided by this EMS unit, and this EMS unit initiated transport or transported to a definitive care facility.

This disposition is also the appropriate choice if this EMS unit is transporting the patient to another location other than the definitive care facility where the patient will be transferred to another EMS air or ground Unit for continuation of treatment/transport to a definitive care facility.

- This is the appropriate value for the following scenarios:
  - When your unit transported the patient, even if your agency did not provide patient care.
  - Patient was treated by combined crew and transported in this unit.
  - Patient was treated and transported by designated transport unit.
  - Patient was treated and transported to an air medical landing zone, where patient was handed off to air medical for further care.

# Patient Disposition Requirements

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## PATIENT TREATED, TRANSPORTED BY LAW ENFORCEMENT:

- If the patient is not under the custody of the law enforcement officer, one of the other treat/release dispositions should be used. Patient was evaluated and/or treatment was provided by this EMS unit; however, the police assumed custody for transport to either a definitive care facility or to police/jail destination.

## PATIENT TREATED, TRANSPORTED BY PRIVATE VEHICLE:

- There should be a high degree of certainty that patient will actually seek further evaluation/ treatment, if this is not the case, one of the other treat/release dispositions should be used. Patient was evaluated and/or treatment was provided by this EMS unit; however, patient refused transport in lieu of transportation to an appropriate definitive care facility by means other than EMS, fire, or law enforcement.

## STANDBY-NO SERVICES OR SUPPORT PROVIDED:

- Response was for purposes of being available in case of a medical/traumatic emergency (e.g., sporting event, fire, police action) and there was no patient contact or support provided.

# Patient Disposition Requirements

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## STANDBY-PUBLIC SAFETY, FIRE, OR EMS OPERATIONAL SUPPORT PROVIDED:

- Response was for purposes of being available in case of a medical/traumatic emergency (e.g., sporting event, fire, police action) and operational support was provided but no patient existed (e.g., operating fire rehab sector, SWAT standby).

## TRANSPORT NON-PATIENT, ORGANS, ETC.:

- Response was for the purpose of transporting objects, personnel, or equipment not involving a patient (e.g., transportation of organs, organ procurement team, equipment, air medical crew).

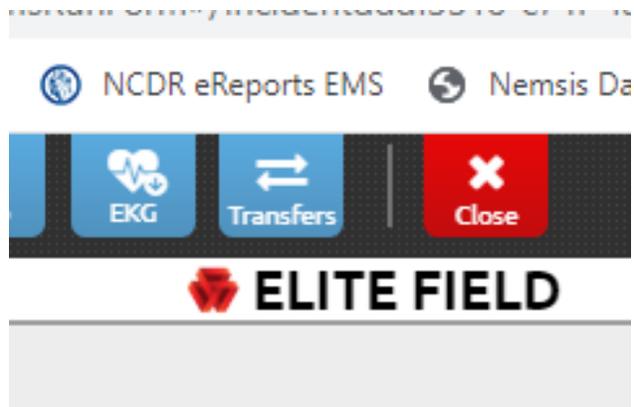
## CCT (with RN) Transport:

- Response was for the purpose of Critical Care Transport.

# Transfer PCR From Non-Transporting to Transporting unit

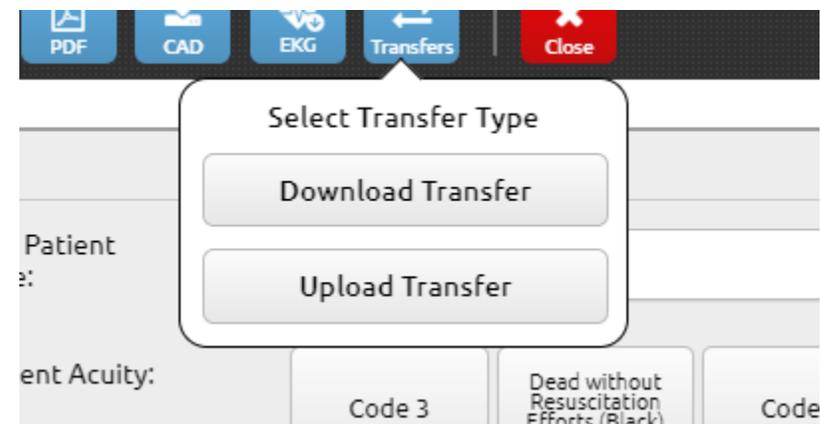
## NON-TRANSPORTING AGENCY

The non transporting agency will click the transfer button



## NON-TRANSPORTING AGENCY

Will click the upload transfer button

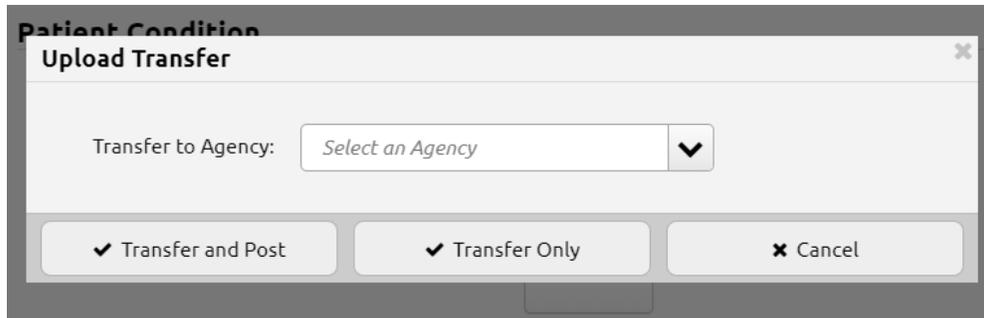


# Transfer PCR From Non-Transporting to Transporting unit

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## NON-TRANSPORTING AGENCY

Select the Agency that you are going to transfer the PCR to. If the PCR is finished you can click “Transfer and Post” or if you would like to finish the PCR on the tablet click “Transfer Only”



The screenshot shows a dialog box titled "Patient Condition Upload Transfer". It features a dropdown menu labeled "Transfer to Agency:" with the placeholder text "Select an Agency" and a downward arrow. Below the dropdown are three buttons: "Transfer and Post" with a checkmark icon, "Transfer Only" with a checkmark icon, and "Cancel" with an 'x' icon.

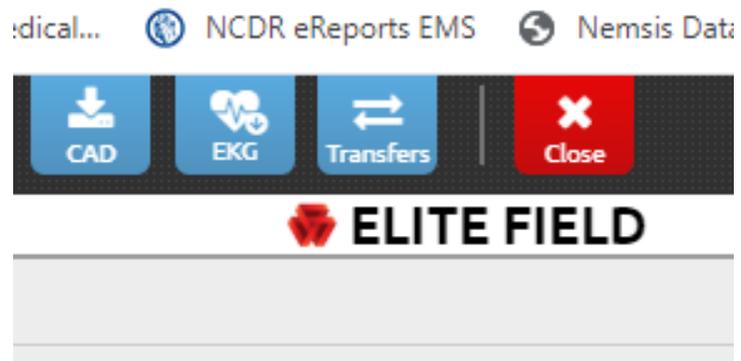
## NON-TRANSPORTING AGENCY

The system is set to have the Agency always keep a copy of the PCR for CQI review for their agency

# Transfer PCR From Non-Transporting to Transporting unit

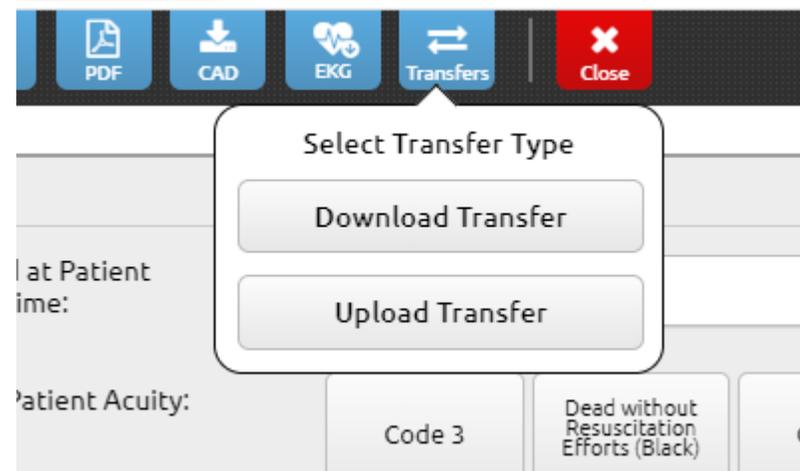
## TRANSPORTING AGENCY

The Transporting Agency will click the transfer button.



## TRANSPORTING AGENCY

Then click the Download Transfer button.



# Transfer PCR From Non-Transporting to Transporting Unit

TRANSPORTING AGENCY

In the “Download Transfer” box you will identify the crew you are accepting the transfer from. When you click that unit the Non-Transporting PCR will import into your existing PCR.

TRANSPORTING AGENCY

**Download Transfer**

Unit Notified Date: 07/28/2020 to 07/29/2020 Unit: All

Call Sign: All

Go

Search All Columns Go

0 - 0 of 0

Order By: Unit Notified by Dispatch Date/Time Newest First

No results were found based on the search and filter criteria. You may need to clear date range filters or choose another View to find the records you are looking for.

Refresh List

# Transfer Requirements

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- In situations where the transfer of information is not possible due to connectivity issues, the transfer must be made at the earliest opportunity when connectivity is restored.
- In situations where the required electronic transfer of information is not completed within 30 minutes of transfer of care, an incident report indicating the reason for the delay must be initiated and forwarded to EDCEMSA @ Eldoradoems@edcgov.us.

# Transfer Requirements

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- EMS field personnel accepting the patient transfer must accept the transfer from the transferring EMS provider concurrently with the verbal transfer of care.
  - For EMS field personnel using the EDC Data System, this may be accomplished by using the ImageTrend option of “transfers”, and downloading by selecting the appropriate “Transfer from Agency”.
  - EMS providers using their own EHR system must comply with EDCEMSA Requirements for Collection and Submission of EMS Data for the transfer of care between EMS providers.
  - In situations where the transfer of information is not possible due to connectivity issues, the transfer must be made at the earliest opportunity when connectivity is restored.
  - In situations where the required electronic transfer of information is not completed within 30 minutes of transfer of care, an incident report indicating the reason for the delay must be initiated and forwarded to EDCEMSA.

# Transfer Requirements

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- If the patient is transported the destination of the facility must be documented in the Non-Transporting and Transporting Agencies' ePCR.
- If the Coroner is involved the patient destination needs to be identified as the Coroner's office.
- The destination documentation allows the PDF of an ePCR to be sent to the electronic Hospital Hub.

# Completion of Patient Care Reports

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- The ePCR is considered completed when:
  - The report thoroughly and accurately reflects all patient care provided; **and**
  - All required data elements documenting patient care have been entered into the ePCR; **and**
  - The report is signed by the EMS field personnel (EMS primary care provider/EMS crew member) responsible to complete it.
- The ePCR must be completed, the status marked as completed and the ePCR posted concurrently with the transfer of patient care between EMS field personnel or between EMS field personnel and the hospital ED medical personnel.

# Completion of Patient Care Reports

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- ePCRs must be locked within four (4) hours of the transfer of care.
  - The ePCR may not be unlocked to make changes unless authorized by EDCEMSA.
  - EDCEMSA may authorize unlocking a locked ePCR for changes or additions not related to patient care, such as patient demographics, destination, insurance or response times updated from CAD.
  - EMS field personnel who fail to thoroughly complete assessments, procedures, medications or other patient care details must correct errors and/or omissions on the ePCR as an addendum to the ePCR initially submitted.
  - EDCEMSA requested changes or addendums to ePCRs must be made within 24 hours of notification and resubmitted to EDCEMSA. EDCEMSA may approve an extension to accommodate daily operations of EMS field personnel.
  - In situations where it is not possible to lock the ePCR within four (4) hours, the EMS field personnel must send an incident report or other approved notification indicating the reason to EDCEMSA.

# Review and Evaluation of Patient Care Reports

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- The EMS provider is responsible to ensure that its EMS field personnel thoroughly and accurately document all patient care.
- EDCEMSA may view or request a copy of any completed ePCR for quality assurance and/or quality improvement. Responsibility for timely submission of requested information lies with the EMS provider.
- The EMS provider and/or hospital must provide all documentation including recordings and/or paper patient care reports, not previously posted to the EDC Data System, within 24 hours of the request unless otherwise agreed upon by EDCEMSA.
- The EMS provider is responsible for the monitoring, review, evaluation and improvement of patient care data per the EMS provider's Quality Improvement Plan.
- The EMS provider is responsible to include all EDCEMSA and State required EMS system quality indicators in its quality improvement program.
- EDCEMSA may produce system-wide statistical and quality improvement summary reports based on individual or aggregate data.
- The EMS provider is responsible for the evaluation of individual statistical or quality assurance summary reports.

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All BLS and ALS Agencies will be required to comply with all El Dorado County Documentation Policies

Start Date

August 24, 2020