



Section: Standards for Medical Documentation  
Subject: ELECTRONIC PATIENT CARE REPORT (EPCR) – SUPPRESSION COMPANIES  
Section #: 360.04  
Issue Date: February 1, 2012  
Revision Date: December 1, 2017  
Approved By: 

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1. This policy, and the standards for documentation contained within, is an addition to all other HCFR policies governing the proper and timely documentation of encounters between members of HCFR and patients.
2. General Requirements for the ePCR:
  - a. Each response for a medical call, including cancellations, test pages, lift/citizen assist etc. by a Suppression Company will be documented using departmental approved ePCR software and hardware.
  - b. When building a roster in ePCR software, the officer or acting officer will be the first crew member listed. The driver engineer or acting driver engineer will be second and so on based on rank.
  - c. Due care shall be exercised when building a roster to ensure accuracy. Rosters will need to be updated with every change in personnel to accurately reflect members on a call.
  - d. The assigned Suppression Officer or Acting Suppression Officer shall ensure that an authorized member of his/her crew completes an ePCR for all observations, patient evaluations, treatment provided and pertinent events that occurred prior to transfer of care or patient refusal of care as well as actions performed while on scene with other companies as outlined in 360.01.
  - e. The standalone paramedic suppression member assigned to complete the medical report shall be responsible for ensuring that the ePCR will address and fulfill all requirements of the HCFR Standards of Medical Documentation as applicable.
    - i. The report's narrative section, when indicated, shall portray an accurate and thorough representation of the incident. A detailed physical exam, or any portion of one performed, should also be documented in this section. It is understood and expected that this will repeat some of the information noted in various check box type portions of the report. This is the only written medical record of what the scene was like, what the mechanism of injury might have been, any pertinent negatives etc. It may also be used in court, so be careful to support any comments about apparent intoxication, apparent mechanism of injury and so on. The narrative section should paint a complete picture of the patient encounter for the reader. While not mandatory, the CHART method is recommended
    - ii. The Flow Sheet shall be used as a record of chronological events of the patient's care from the time the first provider makes patient contact, until the patient is transferred to the care of another agency or receiving facility. The Flow Sheet does not replace the requirements of the narrative section. All vital signs, treatments and interventions shall be documented in the flow sheet section.
      1. Medication doses shall be listed as the actual dosage administered to the patient, not the dosing regimen listed in the protocol.
      2. Intervention attempts (both successful and unsuccessful) shall be listed individually, with results and crewmember performing the attempt included in each Flow Sheet entry.
  - f. It is important for procedures to be attributed to the personnel who actually performed them.
  - g. The Suppression Officer or Acting Suppression Officer will ensure that all reports for the shift are completed and uploaded to the server prior to leaving the station.
    - i. If the CAD or Server is down at the end of shift, preventing the uploading of reports, the Battalion Chief and Quality Management Chief will be notified by email and the reports will be saved on the computer for submission the next shift.

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- h. The Lifepak® vital signs and ECG file will be uploaded and embedded into each report.
    - i. If you are unable to embed the ECG file into the report electronically, a printed copy of at least a 6-second strip shall be scanned and attached to the ePCR. This is rare, and should only be associated with a documented equipment failure.
    - ii. Erroneous vital signs imported from the LifePak® should be manually corrected to reflect the clinical judgement and actual findings of crew members.
  - i. In the absence of a tablet computer, the MERF form will be used to capture signatures as required.
    - i. The completion of a MERF form does not replace the requirement for an ePCR to be completed nor does it diminish the elements required for satisfactory completion of the ePCR.
    - ii. The MERF shall have date of service, incident number, unit/shift, patient's name and short narrative describing signature (i.e. patient refusal, see ePCR for report) on the front of the form as a minimum data set for record keeping and clarity purposes.
    - iii. The patient release/refusal will be completed on the back of the form to include appropriate check boxes, crew member names, incident number, time, and patient's signature, patient printing of name and witness signatures when indicated.
    - iv. A copy of the properly executed and signed refusal (MERF form) shall be scanned and attached to the ePCR.
  - j. A fax will be sent to the Medical Examiner's Office upon completion of any ePCR for a deceased person.
  - k. Login PIN numbers shall not be shared.
  - l. Patient information contained within the MERF or ePCR; whether on the tablet computer, station PC, or printed copy shall be considered PHI and maintained as confidential in accordance with the department's HIPAA policy.
  - m. Crew members are to check at each login for messages from the System Administrator and reply as requested.
    - i. These may come from the Quality Management Chief, Medical Director, Quality Assurance Officer or other Rescue Division member.
    - ii. If you have any reports which you were unable to upload previously, do so upon login.
- 3. When document scanners are available, Hard copies of documents and forms relating to patient care shall be scanned and attached to the patient's ePCR.
  - a. When signatures are captured on MERF, these forms will be scanned and attached to the ePCR.
  - b. Medication lists, patient history and physical sheets, and other associated pertinent information may be scanned and attached to the ePCR.
  - c. All hard copy documents shall be shredded (cross-cut) in accordance with HIPAA policy **AFTER** you ensure the document has been scanned and attached to the ePCR. Use care to ensure the correct side of the document was scanned prior to shredding the document.
- 4. National Fire Incident Reporting System (NFIRS) Tab Completion:
  - a. NFIRS data must be reported on every call run by HCFR
  - b. One apparatus on each incident is responsible for entering a specific NFIRS Incident type on each call.

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- i. On a medical call, the first suppression unit on scene will **always** complete the NFIRS tab within the medical report, choosing the most appropriate three-digit incident type from the available options.
  1. This is regardless of whether or not the patient is transported.
- ii. All other apparatus on the call should complete a "Supplemental" NFIRS Incident type to avoid multiple incident types from being reported on the same call.
  1. If no suppression unit arrives on scene, or they are cancelled on arrival, the rescue company will complete the NFIRS tab with the appropriate three-digit code. Suppression companies performing a "Unit Assist" will still complete the NFIRS tab with the appropriate incident type.