

# Solano County Health & Social Services Department

Mental Health Services  
Public Health Services  
Substance Abuse Services  
Older & Disabled Adult Services



Eligibility Services  
Employment Services  
Children's Services  
Administrative Services

Patrick O. Duterte, Director

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## EMERGENCY MEDICAL SERVICES AGENCY

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## POLICY MEMORANDUM 6110

DATE: August 17, 2011

### REVIEWED/APPROVED BY:

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### SUBJECT: REQUIRED MEDICAL RECORDS FOR PATIENT CARE

AUTHORITY: CALIFORNIA CODE OF REGULATIONS, DIVISION 9, ARTICLE 6, SECTIONS 100168, 100169(e); CALIFORNIA HEALTH & SAFETY CODE, DIVISION 2.5, 1797.220

#### I. PATIENT CARE REPORT (PCR)

Whenever an EMS (Emergency Medical Services) team arrives on scene of an incident where a patient is identified, and contact is made, a PCR will be generated.

EMS pre-hospital care providers are required to document all of their patient care on forms that are approved in writing by the EMS Medical Director and EMS Administrator. The Patient Care Report (PCR) Form is to be completed on all calls where a patient contact occurs. Advanced Life Support (ALS) Agencies will use an electronic PCR program that is California EMS Information System (CEMSIS) complaint, capable of producing a written document; a Solano County EMS Agency approved paper PCR version may be used when appropriate. A copy of the file will be provided to the receiving facility in printed or electronic form. In the event of computer failure, the agency will use the approved Solano County paper version of the PCR and enter all information into the electronic PCR database as soon as possible. If the computer down time is expected to exceed one week, the provider agency administrative representative will notify the EMS Agency in writing of the issue and include steps being taken to restore the electronic PCR and submission of data to the EMS Agency.

All EMS personnel are required to “document provision of all patient care and treatment provided utilizing an appropriate record.” This includes incidents where care is transferred to another EMS entity. Examples include but are not limited to:

- A. All calls where ALS and/or BLS care is provided.
- B. All (scheduled and non-scheduled) inter-facility transfers where EMS pre-hospital personnel are providing both continued assessment and treatment while a patient is being transferred between medical facilities.
- C. All cases where EMS pre-hospital personnel arrived on scene and initiated a patient assessment and/or treatment.
- D. All cases where the patient was found to be Dead on Arrival (DOA).
- E. All cases where the patient was identified as a Do Not Resuscitate (DNR) candidate for non-resuscitation.
- F. All cases where a physician assumes on-scene responsibility.
- G. Scheduled round trip inter-facility transfers to a diagnostic center (e.g., Cardiac Catheter Labs, MRI Scanners, CT Scan, specialty physician offices, etc.)

**[\*NOTE - If EMTs are required to make assessments (monitor vital signs) and/or maintain/administer therapeutic modalities (e.g., IV medications, apply direct pressure to control bleeding, monitor ECG dysrhythmias, etc), a PCR is required for each leg of the transfer.]**

### **III. APPROVED MEDICAL CARE FORMS**

The Solano County EMS Agency recognizes the following forms as acceptable for documenting EMS medical care provided by certified pre-hospital EMS providers:

- A. An approved CEMSIS-compliant Electronic PCR file.
- B. The Solano County Patient Care Report Form (and attached Continuation Form).
- C. Standardized Triage Tags for multi-casualty incidents; approved by the California Fire Chief's Association.
- D. The Standardized non-transport first responder report form.

### **IV. COMPLETION OF ELECTRONIC PCR FILE OR PAPER PCR**

A call is not completed and a patient is not considered transferred to a physician’s care until a PCR is completed and a copy provided to a receiving facility. An EMS unit is not available for pre-scheduled transfers until all records of medical care are provided to the physician caring for the patient. In the event an EMS unit needs to be dispatched to another emergency call, the EMS team may be released from their obligation to complete required medical records at that time. The treating EMS crew must provide the treating physician a way to contact them directly before leaving the receiving facility to allow the treating physician to ask additional

questions that only the EMS crew can answer. This may be accomplished via cellular phone or via radio.

In the event the EMS team responds to another emergency call without completing required medical records, the team must complete the PCR and fax as soon as possible, but in no case shall it be longer than 24 hours to submit the PCR to the appropriate medical facility. Failure to complete medical records is deemed abandonment.

**V. DISTRIBUTION OF PAPER PCR FORM**

- A. Provider Copy (1<sup>st</sup> Layer) – This is the original record maintained by the Ambulance Service Provider. For medical/legal purposes it is considered the master medical record and all other PCR layers are copies of the master. It is the responsibility of the Provider to maintain these patient records in accordance with medical liability statutes.
- B. Patient Medical Record Copy (2<sup>nd</sup> Layer) – This is the copy of the PCR that is retained by the receiving facility. In most cases this will be the receiving hospital or medical facility. In special cases this layer of the medical record may be left with public safety officials or other EMS/medical care providers (e.g., coroner's office for Dead-On-Arrivals (DOAs), nursing care facilities during transfers, medical staff at diagnostic facilities such as: Cardiac Cath Lab, CT Scan, Radiography, etc.).
- C. EMS Copy (3<sup>rd</sup> Layer) – This is the Local EMS Agency copy of the medical record utilized for statistical data processing. This copy is to be turned in to the Ambulance service provider's office and sent to the EMS office for processing by the 30<sup>th</sup> day of the following month.

**VI. GENERAL GUIDELINES FOR MEDICAL RECORD DOCUMENTATION**

Information needed to complete a PCR is dependent upon multiple sources and cannot always be precise and consistent (e.g., patient history, non-standardized clocks, multiple dispatch centers, inability to have a scribe on scene, multiple agencies responding to the scene incident, etc). PCRs are completed with EMTs making a good faith effort to appropriately and adequately complete accurate patient record keeping requirements.

If it is determined that any person alters or modifies a medical record, dispatch log, or any other EMS Quality Improvement documentation with fraudulent intent, or creates a false medical record either by including fraudulent information (e.g., vital signs reported but not taken) or omission/exclusion of essential information (e.g., missed IV or ETT attempts that are not recorded); this person is in violation of 471.5 of the California Penal Code and is subject to formal disciplinary action under 1798.200 of the California State Health & Safety Code.

If situations arise where there are multiple sources of documentation, the documentation provided by the individual(s) who actually performed the assessment, skill, treatment, etc. shall be the official legal document of record.

## **VIII. CONTINUATION FORM**

Additional narrative information that exceeds the space provided in the paper PCR narrative section should be recorded on a Continuation Form provided by the Solano County EMS Office.

## **IX. ECG MONITORING STRIP**

If ECG monitoring or a 12 lead EKG is a part of the patient's care and/or assessment, at a minimum one EKG strip or 12 lead EKG must be attached to the PCR either paper or electronic version of the PCR. The ECG strip or 12 lead EKG should be at least a six-second strip, with date and time noted on the strip. Multiple EKG strips or 12 lead EKGs should be sequential with the date and time noted as appropriate. Multiple EKGs or 12 lead EKGs should be attached to the PCR and submitted to the Receiving Facility and EMS Agency.

## X. INSTRUCTIONS & CODE SHEET

Instructions and code sheets to complete the paper version of the Solano County PCR Form are included in Policy #6100.

## XI BACK OF THE PCR (PROVIDER COPY)

- A. Intubation Report and verification (complete if applicable).
  - B. Physician on Scene (complete if applicable):  
Present the Physician with the *Solano County Note to Physician on Involvement with EMT and Paramedic* laminated card (Attachment 2) to explain the physician's options, and comply with Policy 6510, Physician on Scene.
  - C. Solano County SIDS Report (Complete if applicable and fax to Solano County Coroner).

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