	COUNTY OF SACRAMENTO OFFICE OF EMERGENCY MEDICAL SERVICES	Document #	2305.15
	<u>PROGRAM DOCUMENT:</u> EMS Patient Care Report: Completion and Distribution	Page:	1 of 2
		Draft Date:	
		Effective:	12/01/07
		Revised:	05/10/07
		Review:	05/01/09

EMS Medical Director

Chief, Emergency Medical Services

I. INTENT:

- A. To serve as general policy for the completion and channeling of the patient care report (PCR).
- B. To acknowledge the responsibility of the provider agency and the EMT to properly document each patient contact.

II. AUTHORITY:


- A. Health and Safety Code, Division 2.5, Ch. 4, Art. 1, §1797.220.
- B. California Code of Regulations, Title 22, Division 9, Ch. 4, Art. 9, §100176.

III. POLICY:

A PCR will be completed for every patient contact. The prehospital provider is responsible for maintaining a record of every dispatched response. The EMS PCR is a medical record and the primary source of information for continuous quality improvement review. Prehospital care personnel shall be responsible for providing clear, concise, complete and accurate documentation. When a patient is transported, the PCR will be delivered with the patient to the receiving hospital.

A. Completion of a PCR for all patient contacts will be as follows:

- 1. In the event that a non-transporting and transporting ALS provider make patient contact simultaneously, one PCR is adequate and the transporting provider generally completes it. If a non-transporting ALS provider arrives on scene prior to the transporting ALS unit, the non-transporting ALS provider will generate a PCR, even if nothing more than a primary assessment has been done. If the transfer of care is done within the same agency, one PCR is sufficient as long as, it specifies which EMT-Ps performed what care.

	COUNTY OF SACRAMENTO OFFICE OF EMERGENCY MEDICAL SERVICES	Document #	2305.15
	<u>PROGRAM DOCUMENT:</u> EMS Patient Care Report: Completion and Distribution	Page:	2 of 2
		Draft Date:	
		Effective:	12/01/07
		Revised:	05/10/07
		Review:	05/01/09

2. Non-transporting ALS Service Providers:
 - a. Shall mail the Receiving Hospital copy of the PCR to the Receiving Hospital within 72 hours. If a Base Hospital is utilized, the provider shall mail the Base Hospital copy of the PCR form to the Base Hospital within 72 hours.
 - b. Shall mail the PCR to the Base Hospital within 72 hours when the patient is not transported, and a Base Hospital is utilized.

3. Transporting ALS Service Providers:
 - a. Shall deliver the PCR to the Base Hospital within 72 hours when a Base Hospital is utilized for medical control.
 - b. Shall deliver the PCR to the Base Hospital within 72 hours when a Base Hospital is utilized and the patient is not transported.

4. In the rare instance of extreme emergency and the PCR cannot be left with the patient; the following actions will be taken:
 - a. Before leaving, the EMTs will confer with the Receiving Hospital R.N. or physician and ensure that information needed for continuing care of the patient has been provided.
 - b. The service provider shall deliver the patient copy of the PCR to the receiving hospital no later than 24 hours after the transport is complete, and if appropriate, mail the other copy to the Base Hospital, as soon as possible, but in no case later than 72 hours.
 - c. The date and time the PCR is left at the Receiving Hospital will be noted on the PCR.

- B. One (1) copy of the PCR will be left at the Receiving Hospital.

- C. All ALS providers shall forward a legible copy of each PCR, from every patient encounter, to SCEMS, batched by the month, no later than 30 days after the end of each month (example: July's PCRs are due no later than August 30).