



CENTRAL DUPAGE HOSPITAL
EMERGENCY MEDICAL SERVICES SYSTEM
POLICY & PROCEDURES

TITLE: PATIENT CARE REPORT COMPLETION

SECTION: LEGAL

POLICY NUMBER: C-8

APPROVED BY: DR. STEVE GRAHAM EMS MEDICAL DIRECTOR

EFFECTIVE DATE: 01 JULY 2018

NUMBER OF PAGES: 2

PURPOSE:

To ensure that all required documentation occurs when care or services are provided by a Central DuPage Hospital Emergency Medical Services System (CDHEMSS) provider.

POLICY:

When a CDHEMSS provider interacts with a patient, documentation shall occur. Documentation shall be done electronically on the CDHEMSS approved EMS charting program.

PROCEDURE:

1. A patient care report (PCR) shall be accurately completed for each patient interaction. This includes EMS responses (emergency or non-emergency) in which patient contact is made, **regardless of the outcome or disposition. The approved PCR shall be electronic and completed via ImageTrend.**
2. All EMS personnel who participate in patient care or assessment shall be listed on the patient care report, as well as the interventions or assessments he or she performed.
3. If a patient is transported to an Emergency Room, Trauma Center or healthcare facility, a PCR shall be completed and left prior to leaving said facility. The PCR left shall be in full compliance with CDHEMSS policies, IDPH rules and regulations, and NEMSIS rules and regulations.
Exceptions are limited to:
 - a. Electronic hardware failure
 - i. The charge RN shall be made aware that the report cannot be completed at time of drop off. A report shall be completed upon returning to station or base
 - b. Ambulance request for EMERGENCY services
 - i. When the ambulance in need of a PCR completion is the nearest available unit to an EMERGENCY call, they may respond and complete the report upon their return to the hospital
4. **For patients not transported, the PCR shall be completed and available to the CDHEMSS within 24 hours of "clearing" the call**

5. Responsibility for completing the PCR rests with all the crew members listed on the report.
6. The PCR must be accurately completed. Willful failure to accurately complete a PCR can be considered falsification of a medical record and may result in a formal investigation by the CDHEMSS and/or IDPH.
7. In cases where a patient is not found or contacted a PCR is not required.
8. In cases of DOA / OOO a copy of the ECG shall be attached or uploaded to the PCR
9. In cases of DNR/POA/POLST dictation of care, a copy of the DNR, POA or POLST form shall be attached to the PCR.
10. In cases of school bus accidents, 1 electronic PCR shall be completed with the school bus form attached for each student or staff member not transported.
11. In cases of MCI, an electronic PCR may impede turnaround time of necessary resources. If not requested back to the scene of the MCI, a PCR shall be completed.
12. If a report is updated after leaving the receiving facility, the receiving facility shall be notified and provided with an updated PCR (unless electronic capture is part of the receiving facilities process).
13. All PCRs shall have a signature of who the patient care was transferred to.
14. All PCRs shall have the signatures of all EMS personnel involved in the TRANSPORT of the patient to the receiving facility.
15. All invalid assists and refusals shall have an electronic PCR completed, including all necessary signatures.
16. The CDHEMS System will submit PCR data electronically to the state and NEMESIS once billing is completed, or when the chart is marker "not billable."

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