

TITLE O P E R A T I O N S M A N U A L	STANDARD I N S T R U C T I O N 09	DEPARTMENT F I R E - R E S C U E
SUBJECT: EMERGENCY MEDICL SERVICES ELECTRONIC PATIENT CARE REPORT	SECTION 11	PAGE 1 of 5
		EFFECTIVE DATE 27 November 2021

I. PURPOSE

To provide personnel with direction in completing the prehospital patient record.

II. SCOPE

This policy will apply to all sworn San Diego Fire-Rescue Department (SDFD) personnel (excluding lifeguards), and Emergency Ambulance Provider personnel.

III. AUTHORITY

The fire chief authorizes the information within this policy.

IV. DEFINITIONS

- A. Electronic Patient Care Record (ePCR): An electronically generated record utilized by EMS field personnel to document and transmit patient care events at time of service.
- B. Agency: Identified by the County of San Diego with a unique number called an agency number, for example SDFD and contracted Emergency Ambulance Agencies share the same agency number (506).
- C. Health Information Exchange (HIE): The mobilization of health care information electronically across organizations within a region, community or hospital system.

V. POLICY

- A. All documentation must be done electronically, per [County of San Diego EMS Policy S-601](#).
 - 1. There is no mechanism for non-electronic ePCR.
 - 2. If for any reason the crew is unable to complete an ePCR, they will need to save their information and back-enter.
 - 3. The following signatures are required on all ePCRs:
 - a. Two crew members
 - b. Patient signature or designated decision maker (DDM) or responsible adult
- B. Responsibility
 - 1. Agency Responsibility
 - a. Each agency on scene of an incident is responsible for the submission of an ePCR when they make contact with an emergency patient as defined by [County of San Diego EMS Policy S-412](#).
 - b. SDFD and Emergency Ambulance Provider agencies are considered the same agency and only one ePCR is required on SDFD/Emergency Ambulance Provider incidents.
 - c. SDFD or Emergency Ambulance Provider units responding with other agencies are required to complete an ePCR, in addition to the responding agency's ePCR.
 - 2. Company Officer's Responsibility
 - a. The company officer will ensure that the correct fire crew is logged on to the ePCR device software.
 - b. The following patient information will be entered into the ePCR on scene whenever possible:
 - 1) Incident number

TITLE OPERATIONS MANUAL	STANDARD INSTRUCTION 09		DEPARTMENT F I R E-RESCUE
SUBJECT: EMERGENCY MEDICAL SERVICES ELECTRONIC PATIENT CARE REPORT	SECTION 11	PAGE 2 of 5	EFFECTIVE DATE 27 November 2021

- 2) "At patient side" time
 - 3) Patient first and last name
 - 4) Patient date of birth
 - 5) Patient gender
 - 6) Primary impression
 - 7) Complete set of vital signs
 - 8) Treatments performed by fire crews on scene
 - 9) Add information obtained through HIE
- c. Transfer initial ePCR information to transporting unit prior to leaving scene
 - d. Ensure that a crewmember of SDFD completes all required documentation including against medical advice (AMA), release/transfer of custody, or untreated dead on scene.
 - e. Properly charge and stow the ePCR device, and do not stow in direct sunlight.
3. Paramedic and EMT Responsibility
 - a. The first arriving paramedic ~~fire unit paramedic, designated primary care provider~~, is responsible for completing the ePCR for AMA, release/transfer of custody, elopement, or untreated dead on scene, when required.
 - b. On a fire unit without a paramedic, the EMT designated as the primary care provider is responsible for completing the ePCR for non-transported BLS patients.
 - c. The transport paramedic is responsible for the completion of an ePCR for every patient transported.
 - d. The transport paramedic will have all ePCRs completed and submitted prior to leaving the hospital, whenever possible, but no later than by the end of shift.
 - 1) When the transport EMT is the primary care provider, they will complete an ePCR document, including required signatures.
 - 2) After full paramedic assessment, and the EMT is designated as the primary care provider, the paramedic is responsible for the accuracy of the EMT's ePCR.
 - e. Properly charge and stow the ePCR device, and do not stow in direct sunlight.
- C. Against Medical Advice/Patient Release/Transfer of Custody/Elopement
Refer to [San Diego County EMS Policy S412](#) Prehospital Treatment and Transport of Adults and [San Diego County EMS Policy S415](#) Base Hospital Contact
1. When a patient is refusing treatment or transport, the first arriving paramedic shall determine the need for additional resources and may cancel or reduce the code of any other responding units.
 - a. It is the responsibility of the first arriving paramedic or EMT to document on the ePCR.
 - b. When the ePCR is not available, EMS-18 forms are to be used and an ePCR must be created when the ePCR system becomes available.

TITLE OPERATIONS MANUAL	STANDARD INSTRUCTION 09		DEPARTMENT FIRE-RESCUE
SUBJECT: EMERGENCY MEDICAL SERVICES ELECTRONIC PATIENT CARE REPORT	SECTION 11	PAGE 3 of 5	EFFECTIVE DATE 27 November 2021

- c. Completed paper EMS-18 forms will be attached (photographed or scanned) to the ePCR document prior to submission and the paper EMS-18 form will be destroyed.
 - d. If the patient requests a copy of the electronic EMS-18 form, EMS personnel will copy the information on a paper EMS-18 form. The patient, EMS personnel, and witness (if any) will sign the paper EMS-18.
 - e. If the patient refuses to sign, the paramedic or EMT will document and have it signed by a witness (other than EMS personnel), when possible.
2. If a patient elopes the paramedic or EMT will complete an ePCR with the information available.
 3. Individuals who do not meet the criteria of emergency patient will be documented in the MDC notes when the unit goes available (for example, sleeper only, 3rd party call, no chief complaint, etc.)

D. Lost or Damaged Equipment

1. SDFD personnel will notify their chain of command and contact Duty Medical Support (DMS) via page through ECDC for replacement equipment.
2. Emergency Ambulance Provider personnel will contact their respective field supervisor.

DI. Unauthorized Software and Hardware

1. No software will be loaded on the electronic documentation device nor will the ePCR software program be loaded onto any other equipment.
2. Recommendations for additional applications or software should be routed through the chain of command.

DII. Centers for Medicare and Medicaid Services (CMS) Standards for Documentation

1. **Medical Necessity:** Documentation in the ePCR must provide the appropriate information in the ePCR to meet the requirements of **Medical Necessity**. Listed below are the nine “presumptive criteria” that, when one of the following is met, substantiates the need for medically necessary transportation by ambulance.
 - a. The patient was transported in an emergency situation as a result of an accident, injury, or acute illness
 - b. The patient needed to be restrained by a means other than a lap or seat belt
 - c. The patient was unconscious or in shock
 - d. The patient required oxygen or other emergency treatment on the way to the receiving hospital
 - e. The patient had to remain immobile because of a fracture that had not been set or the crew suspects the possibility of a fracture
 - f. The patient exhibits signs and symptoms of an acute stroke or myocardial infarction
 - g. The patient was experiencing a severe hemorrhage
 - h. The patient was bed confined
 - i. The patient could only be moved by stretcher

TITLE O P E R A T I O N S M A N U A L	STANDARD I N S T R U C T I O N 09	DEPARTMENT F I R E - R E S C U E	
SUBJECT: EMERGENCY MEDICAL SERVICES ELECTRONIC PATIENT CARE REPORT	SECTION 11	PAGE 4 of 5	EFFECTIVE DATE 27 November 2021

2. Every ePCR document of a patient contact must contain a written narrative to document all information not found in a dropdown menu in an “ICHART” narrative.

G. Submission of Records

1. Any additional paper documentation generated during the call (e.g. billing documents, assignment of benefits etc.) will be electronically attached (photograph or scanned) to the ePCR.
2. Non-transported patient records to include AMAs, releases, PD transports, and dead on scene, will be completed as soon as possible and no later than the end of each shift.
3. Any other documents such as child protective services reports, adult protective services reports, etc. shall be appropriately forwarded to the receiving authority in accordance with [San Diego County EMS Policy S-411](#) Reporting of Suspected Child, Dependent Adult, or Elder Abuse/Neglect and not attached to the ePCR.

H. Lost or Corrupt Data

1. Lost or corrupt data must be reproduced or retrieved prior to the end of the shift by contacting the Emergency Ambulance Provider ~~through email at~~ using the ‘help’ button on the ePCR platform.

- I. Personnel are reminded that an ePCR or any other document which may contain Patient Health Information (PHI) should not be left open and in public view, per HIPAA.