Contra Costa County Operations
Patient Focused - Customer Centered - Caregiver Inspired

SOP# 210 Documentation Responsibilities Effective: January 1, 2010 Updated: February 1, 2020	Approved By: Michael Johnson Regional Director

A. General Rules:

1. All paperwork must be legible and complete. All PCRs (Patient Care Reports), must be completed as soon as possible after completion of the call and, without exception, before being released at the end of the crew's shift.

2. The responsibility to complete all required paperwork before the end of the shift rests equally with both crewmembers. (Refer to Standard Operating Procedure 207: Joint Responsibility)

3. A reasonable attempt to obtain a "face sheet" must occur on all transports to hospitals, and at the point of origin on inter-facility transfers. You must obtain all patient information possible, even if the patient is a "John Doe." You must record the patient record number from the hospital and document it on your PCR so that information can be easily recouped if necessary after the call.

4. You are not permitted to clarify billing questions for patients, quote rates or indicate whether their insurance will cover the ambulance transportation bill. Please refer them to the Patient Billing Services.

5. Calls must be transmitted by the end of the shift. Any malfunctions must be reported to the on-duty Supervisor immediately.

6. All requests for legal medical records must go through the custodians of legal records, through Patient Billing Services. Please refer any requests to the on-duty Supervisor so these requests can be properly routed to the PBS office.

7. Remember that the PCR is a legal record of a call. This record is subject to subpoena even years after the event. A complete PCR recollects the facts of the event, confirms the assessment and treatment performed on the patient, and is supporting documentation for billing purposes. It is generally accepted if it was not documented, it was not done. A complete, legible PCR is not only required, it is your best protection.

8. By signing the PCR, BOTH employees are acknowledging that the document accurately reflects the events, conversations, and care provided and descriptions of the events related to the call to the best of their individual knowledge.

9. Be sure to accurately document equipment used and services rendered. We cannot bill for services or recoup the costs to replace equipment unless they are documented.

B. Patient Refusals:

1. It is the policy of AMR to:

   a. Meet every patient's expectations for care and transportation by ambulance.

b. Actively demonstrate to all patients, through words and actions, AMR's commitment to serve as patient advocates for care and transportation to an appropriate healthcare facility when necessary.

c. Follow a standardized process to assure that every patient and/or responsible party who refuses medical transportation understands the risks associated with their decision and, conversely, understands the benefits of seeking definitive care from an appropriate care facility.

d. Respect the Patient's Right to receive assessment, care and transportation upon their request even though the patient's condition may not be judged to meet medical necessity criteria with respect to local protocol or practice.

e. Fully comply with local EMS Agency protocols and these guidelines regarding how to proceed when a non-transport situation arises in the field.

C. Identification of Patients:

1. A patient is identified as any person having a current history of, or perceived or observable condition, of any of the following:

   a. A physical or psychological chief complaint;

   b. Altered level of consciousness;

   c. Alcohol or drug usage;

   d. Medical history that has a potential to worsen or complicate present condition;

   e. A history of an event that had the potential for physical injury; or

   f. Involved in a mechanism which suggests the possibility of injury or illness;

   g. Any person who demonstrates any known or suspected illness or injury;

   h. Any person who requests care or evaluation.

2. Patient Contact defined.

   a. Once the AMR healthcare professional makes verbal contact with an individual as identified in section C above, that individual is considered to be a patient.

D. Release at Scene (RAS):

1. A Release at Scene applies to all individuals who meet ALL of the following criteria:

   a. Exhibits no evidence of altered mental status, including suspected alcohol or drug ingestion that impairs one's ability to make a sound decision regarding medical care/transport;

   b. Does not have a complaint suggestive of potential illness or injury that indicates a need for EMS treatment/transport;

   c. Does not have obvious evidence of illness or injury that indicates a need for EMS treatment/transport;

   d. Has not experienced an acute event that could reasonably lead to illness or injury; and

   e. Is not in a circumstance or situation that could reasonably lead to illness or injury that indicates a need for EMS treatment/transport.

2. Before termination of the Patient/EMT or Paramedic relationship the AMR healthcare professional shall complete all the following:

   a. Complete the “AMA/Released at Scene” Form Section I;

   b. Obtain a signature on the form;

   c. Complete a narrative detailing the circumstances of the RAS;

   d. Upload a copy of the RAS form to the PCR.

3. Multiple Person/Patient Release at Scene

   a. In an event where multiple people sign a “Multi-Person/Patient Release at Scene” Log and complete ONE narrative detailing the circumstances of that event.

E. Against Medical Advice (AMA):

1. Before the termination of the Patient/EMT or Paramedic relationship all of the following will be evaluated. All areas identified on this checklist must be specifically documented on the PCR.

   a. Physical Examination performed to include vital signs.

   b. History of event and prior medical history to include medications obtained

   c. Patient or decision-maker determined to be legally capable of refusing medical care.

   d. If a minor or incompetent adult assure that a legal guardian or person with durable power of attorney for health care is identified.

      i. The phrase “***decision-making capacity***” shall be documented in the narrative to reflect that the patient had the mental capacity to make a sound decision when refusing care/transport.
      ii. Further documentation requirements are outlined in Contra Costa County EMS Standard Policy #4007- *Declining Emergency Medical Care or Transport* section IV.C. and shall be completed for a refusal of care and/or transport.

   e. Risks of refusal of medical care and transportation explained.

   f. Benefits of medical care and transportation explained.

   g. Patient clearly offered medical care and transportation.

   h. Refusal of Care Form on both Patient Care Report and the “AMA/Released at Scene” Form Section II County form shall be prepared, explained, signed and witnessed.

   i. Patient confirmed to have a meaningful understanding of the risks and benefits involved in this medical care decision.

   j. Patient advised to seek medical attention for complaint.

k. Patient advised they could call 911 for medical assistance if condition continues or worsens.

l. Base consultation was obtained if the patient had an ALS suspected medical illness or chief complaint (county dependent).

m. Supervisor was notified if any of the above was not accomplished in the termination of the patient/EMT or paramedic relationship.

n. If any ALS procedures were done before refusal of transport, these must be documented on the PCR. The patient may be billed, but for the ALS services only.

o. If a paramedic unit responds to a call, it is the expectation of the public that the Paramedic will attend the patient, conduct the full assessment, including vital signs, assure the above have been completed, and complete the required paperwork.

    i. This duty must be completed by the Paramedic on a Paramedic/EMT unit and shall not be delegated to a lower level of caregiver.
    ii. In multiple patient situations, the EMT may assist the Paramedic in completion of the documentation. However, in accordance with clinical policy, the highest medical authority must maintain responsibility.

F. <u>Patient Care Report</u>

1. Title 22, Division 9, Article 6 outlines the legal responsibility for the Patient Care Form. This is the minimum legal standard acceptable on a PCR.

2. PCR's are required for all calls in which a run number is assigned, regardless if the call is cancelled.

3. A reasonable attempt to leave copy of the PCR MUST be made at all receiving facilities, prior to the end of the call., All PCRs must be transmitted before being released at the end of the crew's shift. Failure to do so may result in disciplinary action on the first offense.

4. The patient care record shall contain, but not be limited to, the following information when such information is available:

    a. The date and estimated time of the incident.

    b. The time of the receipt of the call

    c. The time of the arrival at scene

    d. The location of the incident

    e. The following patient information:

        i. Name
        ii. Age
        iii. Gender.
        iv. Weight
        v. Ethnicity
        vi. Address
        vii. Chief Complaint; and
        viii. Vital signs

    f. Appropriate physical examination for the patient's presenting condition

g. The care rendered and the patient's response to such treatment (time for care given as well as times for response must be identified).

h. Name of the base hospital physician and/or authorizing registered nurse issuing orders (if applicable)

i. Patient disposition

j. The time of departure from scene

k. The time of arrival at the receiving hospital (if transported)

l. name of the receiving facility (if transported)

m. The name(s), certificate number(s) and signature(s) of the crew member(s)

G. <u>Notice of Privacy Practices</u>

1. As required by the federally mandated HIPAA requirements, **crews must provide patients with a notice describing our privacy practices**: On each patient contact (whether you transport or don't transport), you must:

   a. Provide this notice to the patient or legal guardian at the time of service and obtain a written acknowledgement from the patient of receipt of the notice (ePCR signature).

H. <u>Specific Billing Requirements</u>

1. ***At a minimum***, all patient documentation for billing **should** include: the patient's name, address, date of birth, Social Security number, and a copy of the hospital face sheet (where applicable).

2. A copy of the patient's driver's license or the patient's personal or military ID card **must** be obtained anytime they are available.

3. Document all the pertinent information to justify the use of an ambulance for transport, including the nature of call at the time of dispatch in addition to the chief complaint at time of transport.

4. **All patients or their representative must sign the Assignment of Benefits Screen. If the patient or his/her representative is unable to sign; a hospital representative of the receiving facility will sign along with one of the crew members.**

I. <u>Multiple Patient Calls:</u>

1. PCRs are required for each patient that is transported, unless suspended by IC in a Multi-

   Casualty Incident.

   a. Each PCR should cross reference the number of patients transported (1 of 4, etc.) Childbirth calls: Both mother and child require separate PCRs.

   b. A "Multi-Person/Patient Release at Scene" Log may be completed for MCI's with one PCR narrative detailing the circumstances of that event. A separate narrative for each individual is not required.

J. <u>Patient Care Specifics in Documentation</u>

1. Accurately document patient care events and times.

2. Any time a patient is attached to a cardiac monitor; the EKG shall be downloaded into MEDS. If the functionality of the download fails, a six second strip should be properly labeled (patient's name, date, time) and attached electronically to the PCR.

3. Changes in patient cardiac status require additional strips of the change. EKG strips should be run as a baseline and every time ALS events (defibrillation or drug therapy) have been administered.

4. Cardiac monitor data shall be labeled and transmitted to the appropriate destination site in accordance with Contra Costa County EMS Standard policy #6004- *Transmission of Cardiac Monitor Data*

5. Do not label a patient as "drunk." Describe signs, symptoms and behaviors that would support this conclusion.

6. Do not assume alcohol intoxication, overdose or psychiatric problems without ruling out medically based or traumatic problems like diabetic reactions, head trauma, CVA or allergic reactions.

7. All documentation should be honest and objective. Do not make judgmental statements on a PCR. Subjective opinions or unusual occurrences on the scene not related to patient care or transport should be documented on an Incident Report. Do not cross-reference an IR on the PCR. This makes the IR information discoverable.

K. First Responder Units

1. A PCR and Service Report **must** be filled out for calls.

2. All care must be documented up to and including transfer of care.

3. The transporting unit shall be identified on the PCR along with the First Responder's identifier.

L. Daily Activities Log

1. The following are instructions for completing the *Daily Activities Log* that appears on the Paperwork Submission Envelope. These instructions must be followed for all shifts. All information is mandatory.

   a. Heading

      i. Date at start of shift.
      ii. Radio Identifier.
      iii. Physical Unit at start of shift and any changes during shift. Include the time of the change

   b. Scheduling

      i. **PRINT** Crew Name and Employee Kronos Number
      ii. The time you came on-duty and the time you went off-duty. You can clock in no sooner than seven minutes before your scheduled start time.
      iii. Document reason for extra/less hours in the Reason for Unscheduled Hours field.
      iv. You must sign your name in the Employee signature field for every shift or partial shift you work.
      v. *Ride-Alongs input their information in the "Ride Along" boxes.*

   c. Miscellaneous Information

i. Completely fill information in remaining fields

d. Call Log

i. All calls assigned to your unit by dispatch must be documented. Any rig changes or other “Lost Unit Hours” must be documented on your DAL. Response Code of the run. Any changes must be inputted. Example: A run downgraded from Code 3 to 2 would be imputed as "3/2".
ii. All times must appear without exception.
iii. Incident Location originally dispatched to.
iv. Patient's first initial and last name.
v. Tech." And "Driver" boxes will be inputted with the letter corresponding with the "Crew Names"
vi. Transport Code of the run. Any changes must be imputed. Example: A run upgraded from Code 2 to 3 would be inputted as "2/3".
vii. Destination using common abbreviations such as those used on the paged information.
viii. Input "Y" for PCR left at the hospital, and "N" for no PCR left.
ix. ePCR Transmitted: input “Y” if transmitted; “N” if not. You must contact the duty Supervisor if you cannot transmit your PCR.

2. In addition, the Daily Unit Check-off must be completed for each shift, per AMR Standard Operation Procedures and California Highway Patrol Regulations. Each space must be initialed, and any discrepancies noted and resolved or reported. The numbers indicate the minimum and maximum stocking levels for the start and end of a shift and should not be filled past these levels. The Min column indicates the minimum total amount between both the "cabinet" and "bag/box" needed to run a call per Operations and the Contra Costa County EMS office.

3. The *Daily Activities Log (DAL)* and all associated paperwork must be completed and placed in the envelope and sealed by the end of shift. Confirm that all PCR’s, Face Sheets, and “AMA/Released at Scene” Forms are accounted for, match the information on the envelope, and are, in fact, in the envelope. The crewmember sealing the envelope is required to sign the flap as an indication of this final check, before sealing. In addition, the Daily Unit Check-off must be completed for each shift, as per AMR Standard Operation Procedures and California Highway Patrol Regulations

M. Enforcement of Policy

1. Violations of this policy are subject to corrective action up to and including termination of employment.

American Medical Response :
Contra Costa County Operations
Standard Operating Procedure #210