ePCR Completion

EMS ADMINISTRATION 601

PURPOSE

I. This policy defines the requirements for patient care documentation and the procedure for completion, distribution and retention of the electronic patient care reports (ePCR) applicable to all EMS transport providers, BLS first responders, and ALS first responders.

POLICY

I. DOCUMENTATION REQUIREMENTS

A. EMS personnel shall complete an ePCR on all EMS responses regardless of outcome. This includes responses where a unit responded and there was no patient contact.

B. All available and relevant information shall be accurately documented in the ePCR.

C. The first response agency's completed ePCR must be sent by facsimile transmission, or hand delivered, to the receiving facility or hospital that received the associated patient within two (2) hours or

D. The first responder agency shall deliver in person, in the form of field notes, to the transport provider a written record of the assessment including vital signs, SpO2 (if applicable), history, physical exam and all aid or treatment rendered prior to arrival of transport provider.

E. The ambulance contractor having ALS jurisdiction shall leave a copy of the ePCR (electronic or printed) at the receiving hospital upon delivery of each patient. Within twenty-four (24) hours, the ambulance contractor shall provide access for the Napa County EMS Agency and receiving hospitals to patient care documentation in computer readable format and suitable for statistical analysis for all ambulance responses.

F. Documentation requirements may be deferred when emergency response is required but must be completed as soon as possible.

II. DOCUMENTATION PROCEDURES

A. Personnel providing patient care are responsible for accurately documenting all available and relevant patient information on the ePCR. This requirement includes transport and first responder personnel.

B. Use of usual and customary abbreviations is permitted in the narrative section of the record or as defined in automated ePCR pre-designated pick lists.

C. An EMS provider's ePCR should include, at a minimum the following information:

1. Complete demographic information.
2. A clear history of the present illness with chief complaint, onset time, associated complaints, pertinent negatives, mechanism of injury, etc. The information should accurately reflect the patient's chief complaint as stated by the patient to the EMS provider and should be sufficient to refresh the clinical situation after it has faded from memory.
3. An appropriate physical assessment that includes all relevant portions of a head-to-toe physical exam. When appropriate, this information may be supplemented in the narrative section of the ePCR.

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4. At least two (2) complete sets of vital signs for every patient including: pulse, respirations, blood pressure and pulse oximetry. These vital signs should be repeated and documented after drug administration, prior to patient transfer and as needed during transport. For children < three (3) years of age, blood pressure measurement is not required for all patients, but should be measured if possible, especially in critically ill patients in whom blood pressure measurement may guide treatment decisions
5. A pain scale shall be documented for all patients with a GCS > 14.
6. The CAD to ePCR interface embedded within the ePCR system should be used to populate all ePCR data fields it supplies. When 9-1-1 center times were improperly recorded, these may be properly edited.
7. When the cardiac monitor is applied, data will be transferred to the ePCR from the device. If transferred automated vital sign values do not correlate with manually obtained values or are not consistent with the patient's clinical condition, providers should manually check vitals and record manual results.
8. For drug administrations, the drug dosage, route, administration time and response shall be documented.
9. A complete list of treatments in chronological order. Response to treatments should also be listed.
10. For patients with extremity injury, neurovascular status must be noted before and after immobilization.
11. For patients with spinal motion restriction, document motor function before and after motion restriction.
12. For IV administration or saline lock placement, the catheter size, site, number of attempts, type of fluid, and flow rate.
13. A cardiac monitor strip should be attached for all patients placed on the cardiac monitor. All 12-Leads should also be included. Any significant rhythm changes should be documented. For cardiac arrests, the initial strip, ending strip, pre and post defibrillation, and pacing attempts, should be attached.
14. Any requested medical control orders, whether approved or denied, should be documented clearly.
15. Any waste of controlled medications should include the quantity wasted, where wasted and name of the person who witnessed the waste. Only agency approved personnel should be utilized to witness controlled substance waste.
16. All personnel information, including signatures.
17. ALL crewmembers are responsible for, and should review, the content of the ePCR for accuracy.

D. The ePCR shall be completed and distributed in accordance with this policy.

E. Once the ePCR is completed and posted, the ePCR may not be modified for any reason. Corrections or additions should be in the form of an addendum to the ePCR.

POLICY

III. ADDITIONAL PROVISIONS

A. Multi-casualty incident:

1. In a MCI, every person who has signs and/or symptoms or complaint of illness or injury shall have a patient assessment completed and documented on an appropriate triage tag.

B. Walk-ins:

1. Any patient, who walks into a station of an ambulance or fire department manned by EMS personnel and is assessed and/or provided treatment, shall receive a complete patient assessment and shall be reported on a ePCR. (The only exception to this is patients who fit into specific EMS Agency approved programs, (e.g. blood pressure testing programs).

C. Deceased patients:

1. The ePCR shall be utilized to document the circumstances related to a deceased patient (no resuscitation attempt).

IV. RECORD REVIEW

A. Each agency/provider, receiving facilities, base hospital and the EMS Agency will review patient care records as required by the Napa County Continuous Quality Improvement (CQI) Committee.

V. RECORD RETENTION

A. Patient care records must be securely retained for at least seven (7) years or for two (2) years after the patient reaches the age of maturity, whichever is longer. Privacy will be protected by compliance with the Health Insurance Portability and Accountability Act (HIPAA).

EMS Event Reporting

EMS ADMINISTRATION 602

PURPOSE

I. To establish a system of patient safety and EMS response-related reporting requirements for the purposes of review, data analysis, patient safety and EMS system performance

II. To define reporting requirements for events which may have the potential to cause community concern or represent a threat to public health and safety

III. To define the reporting and monitoring responsibilities of all EMS system participants

IV. To recognize exemplary prehospital care in the EMS system.

POLICY

I. REPORTING RESPONSIBILITY

A. The reporting requirements established by this policy apply to prehospital care providers, EMS service providers, EMD centers, and hospitals.

B. Providers shall directly report to the Napa County EMS Agency any event that is "required to be reported" by this policy.

II. REPORTING REQUIREMENTS

A. The following events shall be submitted to the Napa County EMS Agency on the **Napa County EMS Event Reporting Form** within twenty-four (24) hours of the incident.

1. Any event that has resulted in or has the potential to lead to an adverse patient outcome.
2. Any deviation from a Napa County EMS Agency policy or protocol that resulted in patient harm, had the potential to result in harm or had a potential threat to public safety;
3. Medication, treatment or clinical errors that resulted in patient harm, had the potential to result in harm or had a potential threat to public safety;
4. Equipment failure or malfunction that resulted in patient harm, had the potential to result in harm or had a potential threat to public safety;
5. Technology or communications systems errors or malfunctions that resulted in patient harm, had the potential to result in harm or had a potential threat to public safety;
6. The collision of any ambulance or EMS response vehicle that results in injury;
7. Any unusual event/occurrence (e.g. MCI, abnormal patient condition, Base Hospital communication failure);
8. Any event or circumstance that is or shall be reported to another regulatory or enforcement agency, including but not limited to the California Emergency Medical Services Authority (EMSA), Napa County Public Health or California Department of Public Health (CDPH), or the Centers for Disease Control and Prevention (CDC).

B. Timely reporting of the following types of events is strongly encouraged:

1. Exemplary care in the field deserving of recognition and/or commendation.
2. Great Catches: A "great catch" includes recognition of provider action that contributes to the prevention of negative or adverse patient outcomes.
3. Any event in which the provider agency determines a case review would be beneficial (e.g. educational component; unusual/abnormal component).

EMS Quality Improvement Program

EMS ADMINISTRATION 603

PURPOSE

I. This policy identifies the primary responsibilities of all participants in the Napa County EMS Quality Improvement Program (EQIP) and to ensure optimal quality of care for all patients who access the EMS system.

POLICY

I. REQUIREMENTS

A. EQIP includes all Napa County EMS provider agencies participating in patient care and delivery.

B. EQIP shall be compliant with the California Code of Regulations, Title XXII, Division 9, Chapter 12 and modeled after the State of California Emergency Medical Services Authority (EMSA) Publication: Emergency Medical Services System QI Program Model Guidelines.

C. The oversight for EQIP will be the responsibility of the Napa County EMS Agency Medical Director, who will solicit input from stakeholders participating in the Prehospital Quality Improvement (QI) Committee.

D. All proceedings, documents and discussions of the Prehospital QI Committee are confidential pursuant to section 1157.7 of the Evidence Code of the State of California.

1. Each member of the Prehospital QI Committee shall sign a confidentially agreement.
2. Each agency shall maintain all records in a confidential manner consistent with current patient privacy laws (HIPAA).

E. Appropriate QI indicators shall be reviewed at the EMS provider agency level on a monthly basis and a report of findings shall be made to the Napa County EMS Agency at agreed upon intervals. Aggregate data for the EMS System will be maintained by the Napa County EMS Agency and reported quarterly to all system stakeholders.

F. Each provider agency shall submit an annual report of QI activities to the Napa County EMS Agency.

Cardiac Monitor Transmission

EMS ADMINISTRATION 604

PURPOSE

I. This policy defines the requirements for transmission of cardiac monitor data and is applicable to all ALS EMS transport providers and ALS first responders. The collection of data is used to improve patient care and is crucial to the progression of the EMS system.

POLICY

I. GENERAL PROVISIONS

A. EMS personnel shall transmit cardiac monitor data in accordance with this policy for EMS patient responses regardless of patient outcome. This includes calls where a unit responded and a patient was not transported.

B. Optimally, a single cardiac monitor should be used to gather data, particularly with regard to cardiac arrest or continuous monitoring of patients with advanced airways.

II. 12-LEAD ECG TRANSMISSION

A. A 12-Lead ECG that indicates that a patient is experiencing a STEMI should be transmitted to the identified STEMI receiving center where the patient is to be transported.

B. For all other 12-Lead ECGs, at least one 12-Lead should be transmitted to the receiving hospital the patient is to be transported to, as well as other monitoring site(s) identified by the provider's agency.

C. At a minimum, 12-Lead ECGs should be electronically labeled with the incident number and initials of the first and last name of the patient. Provider agencies may require additional labeling.

D. Once a STEMI 12-Lead has been transmitted to a STEMI receiving center, the receiving hospital should be notified as soon as possible following the12-Lead transmission to verify receipt and to provide a STEMI alert.

E. A physical copy of 12-Lead ECGs must be provided to the receiving hospital.

III. CARDIAC ARREST AND OTHER CARDIAC MONITOR DATA TRANSMISSION

A. Cardiac monitor data must be transmitted for the following types of patients:

1. Cardiac arrests. All patients in cardiac arrest must be monitored in "paddles mode" to ensure vital data is captured/transmitted.
2. Any patient that is identified to have and/or is treated for a cardiac dysrhythmia.
3. Any patient who is treated using a field treatment guideline that requires an advanced airway and/or EtCO2 monitoring.
4. At a minimum, cardiac arrest and other cardiac monitor data transmission should be electronically labeled with the incident number and initials of the first and last name of the patient. Provider agencies may require additional labeling.

Prehospital Data Collection Program

EMS ADMINISTRATION 605

PURPOSE

I. This policy establishes the requirements for data collection and submission for ambulance providers and first responder agencies to ensure appropriate quality improvement of the EMS system.

POLICY

I. REQUIREMENTS

A. Ambulance providers and first responder agencies shall implement and utilize an electronic patient care report (ePCR) system that is compliant a current version of NEMSIS. Additional requirements include:

1. ePCR systems shall provide the prehospital provider with the ability to complete and transmit an ePCR at the patient's side.
2. ePCR systems shall be capable of bi-directional data exchange that is compliant with Napa County EMS Agency's NEMSIS compliant data repository.

B. Ambulance providers and first responder agencies shall provide the Napa County EMS Agency electronic access to their ePCR system.

C. Ambulance providers and first responder agencies shall connect their ePCR system to the Napa County EMS Agency designated comprehensive data analytic tool. Data reporting from the ePCR system to the designated comprehensive data analytic tool shall be unrestricted and include Protected Health Information.

D. ePCR systems shall meet the data field requirements contained within the EQIP approved by the Napa County EMS Agency Medical Director. The ePCR system must be able to accommodate the addition or modification of data elements which may be specific to the Napa County EMS System or NEMSIS/CEMSIS data sets. Data reporting shall be consistent with NEMSIS, CEMSIS and any local modification requirements.

1. For non-urgent alterations, each ePCR system, ambulance provider and first responder agency must implement modifications or additions to data elements within 30 calendar days of written request by the Napa County EMS Agency.
2. For urgent alterations, each ePCR system, ambulance provider and first responder agency must implement modifications or additions to data elements within 15 calendar days of written request by the Napa County EMS Agency.

Continuous Quality Improvement Committee

EMS ADMINISTRATION 606

PURPOSE

I. To establish an advisory committee to the respective medical control committees and the Napa County EMS Agency to monitor, evaluate and report on the quality of out of hospital care.

II. This committee will not address individual performance or practice issues.

POLICY

I. OBJECTIVES

A. Delineate/evaluate scope of care including policies and treatment guidelines.

B. Set up criteria for identifying potential system problems before patient care is compromised.

C. Identify concurrent system problems involving patient care.

D. Develop and recommend to the medical control committees criteria for correcting potential or real problems.

E. Monitor effectiveness of corrective action strategies through re-audit activities.

F. It shall not be the function of this committee to become directly involved in the certification review process of any specific individual as the authority lies with the State EMS Authority or the Napa County EMS medical director or designee (Division 2.5, Section 1798.200 of the Health and Safety Code).

II. CONFIDENTIALITY

A. All proceedings, documents, and discussions of the County CQI Committee are confidential and are covered under sections 1040, 1157.5 and 1157.7 of the Evidence Code of the State of California. All members shall sign a confidentiality agreement not to divulge or discuss information that has been obtained through County CQI Committee membership.

III. MEMBERSHIP GUIDELINES

A. Membership will be assigned from each provider agency or hospital.

B. Each committee member shall be active in quality improvement (QI) within their agency or hospital.

IV. MEMBERSHIP COMPRISAL

A. Membership shall consist of the following:

1. EMS Agency:
    a. Medical director.
    b. Staff member(s).
2. BLS First Responder Provider(s):
    a. One (1) representative (PLO or designee) from each provider agency.
3. ALS First Responder Provider(s):
    a. One (1) representative (PLO or designee) from each provider agency.
4. ALS Ground Ambulance Provider(s):

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a. One (1) representative (PLO or designee) from each provider agency.

5. Angwin Community Ambulance (ACA).
6. Base Hospital (Queen of the Valley Medical Center – QVMC):
    a. One (1) representative (PLN or designee).
7. Helicopter Providers:
    a. One (1) representative from each helicopter provider.
8. Receiving Hospital(s):
    a. One (1) representative from each facility.
9. Dispatch:
    a. One (1) representative from each EMS dispatch center.

V. SCOPE OF REVIEW

A. Delineate/evaluate scope of care including policies and treatment guidelines.

1. Take an inventory of the most common types of patients served, diagnoses and conditions treated, treatments and activities performed and types of practitioners providing care. This helps assure all aspects of care provided are considered during the evaluation process.
2. This inventory provides a basis for subsequent steps in the monitoring and evaluation process by helping assure that all aspects of the care provided are considered.
3. Utilization statistics collected at the EMS Agency, Dispatch, each facility and EMS provider agency, will help in determining high volume important activities.
4. Identify special cases that may serve to educate or allow the system to develop future contingency plans or changes in policies and/or guidelines.

VI. SENTINEL INDICATORS

A. The following are examples of indicators that may be used on a rotational basis to track trends in out of hospital care:

1. High volume areas-the aspect of care that occurs frequently or affects a large number of patients (e.g., chest pain, dyspnea, seizures).
2. High-risk areas-patients that are at risk for serious consequences or are deprived of substantial benefit if the care is not provided correctly (e.g. STEMI, RAS/AMA, local optional scope of practice [LOSOP] items, SCA management, etc.).
3. The aspect of care has tended to produce problems for prehospital personnel or patients (e.g., MCIs, pediatric patients).
4. Deviations from standards of care (e.g., treatment/procedure variation).
5. Transportation issues (e.g., non-transports, helicopter utilizations, code three (3) transports).
6. Appropriateness of protocol/treatment guideline adherence to specific criteria for a condition or procedure.
7. Adverse patient outcomes-unexpected events.
8. Threshold indicators-from statistical data.