PCR Completion Policy for Agencies Utilizing Dr. Brian Walters

Background:

During past County EMS officer meetings we discussed some variation among agencies with regards to PCR completion and deviation from NYS Bureau of EMS (BEMS) policy requirements. In an effort to standardize efforts across the county and ensure compliance with the applicable state laws and regulations required by all EMS agencies (including BLS-FR), please make all providers in your agency aware of the following NYS requirements as these are my expectations as medical director as well.

Policy:

Title 10 NYCRR Part 800.15 requires all providers acting as part of an organized pre-hospital emergency medical service to complete a PCR for calls. **NYS BEMS Policy 12-02** reinforces that a PCR be completed "each time the EMS agency is dispatched for any type response". This applies to all calls, whether or not an agency responds, is cancelled en route, or does not have crew that responds. This also includes (but is not limited to):

- Patients transported to any location,
- Patients who refuse care and/or transport (including ALL lift assists),
- Patients treated by one agency and transported by another,
- Calls where no patient contact is made, such as :
    - Missed calls where the agency does not have an EMS provider who responds
    - Calls cancelled before reaching the scene
    - Calls where no patient is located
    - When dispatched for a stand by
    - Events

If an agency is dispatched to a stand-by and while there they treat a patient, two PCRs should be completed. One as a record of the event and one for the patient care provided.

All agencies should review and develop agency operating procedures to ensure **all calls** are tracked and documented appropriately on a PCR.

Ambulance from 1 agency, EMT from another

There are times that agencies will utilize assistance from another agency to secure a crew for an EMS call by having an EMT from one agency act as the primary care provider on another agency's ambulance. (Example, agency "X" receives an EMS call, they can't secure an EMT but are able secure a driver. Agency "Y" gets dispatched to assist and has an EMT that responds and rides on agency "X's" ambulance.) This method can be used as a last resort to secure an EMS crew, however PCRs need to be completed properly. As mentioned above, a PCR must be completed each time an agency is dispatched to an EMS call. This means that **each** agency

must generate a PCR when the above situation occurs. There doesn't have to be two fully completed patient care reports generated, however each agency needs to have a PCR with documentation of the call.

The agency that is providing the patient care (the agency that the primary care provider belongs too) must have a fully completed patient care report (PCR) and any pertinent documentation (refusals, etc) on file. This is due to the fact that the EMT that is providing care is providing that care as a member of his/her agency and under his/her agency's medical director , not the agency that the ambulance is from. Anytime an EMT provides care, a PCR for their agency must be completed that documents the care provided and filed with their agency. It is a best practice and strong recommendation that a photocopy of the completed PCR be given to the agency whose ambulance responded.

The agency providing the ambulance must complete and file a PCR for the call as their agency was dispatched and their ambulance responded. At a minimum, only basic information needs to be completed including date of the call, agency ID, call times, call location, nature of the call, location code and a brief narrative explaining what occurred, which agency the primary care provider was from, call disposition, and that the fully completed PCR is on file with the agency that provided the EMT. Patient demographics are recommended, but not required. Documentation of assessments, conditions, treatments, etc isn't required on the PCR for the agency providing the ambulance if the primary care provider was from another EMS agency.

Completion of a PCR by the agency providing an ambulance includes when an agency has an ALS intercept (Olean 10, AlStar, Mercy EMS, etc) act as the primary care provider on their ambulance. The agency who provides the ambulance must have a PCR on file with the basic information of the call completed.

Lift Assists

Lift assists are an area of high risk and are medical calls the EMS agency is dispatched to. As these are medical call the EMS agency is dispatched to, **all lift assists require a medical assessment by an EMS provider**. Patients cannot simply be helped up by non-medical providers and left at the scene. Patients requiring lift assists often fall or cannot get up due to medical problems. The only way to identify these problems such as dehydration, hypotension, bradycardia, etc. is by performing a full medical assessment and obtaining vital signs. Patients who are oriented and understand the risks certainly have the right to sign off and refuse medical treatment. However, prior to a patient signing against medical advice (AMA) providers must compete a full medical assessment, obtain vital signs, and document these in the PCR.

As with all patients refusing care and signing off AMA, the WREMAC Refusal or Evaluation, Treatment, & Transport Policy must be followed and medical control contacted when required. All agencies are encouraged to review this policy and utilize the current updated WREMAC Refusal Form.

Basic Life Support First Response Agencies (BLS-FR)

PCR requirements are the same for all agencies whether or not they are transporting agencies. **Title 10 NYCRR Part 800.15** requires that "every person certified at any level" shall complete a PCR for all patient encounters. In accordance with this, all BLS-FR agencies must complete a PCR similar to all transporting agencies for all calls.

Additional Information on PCR Completion

Per **NYS BEMS Policy 12-02**:

- "EMS services are required to leave a paper copy or transfer the electronic PCR information to the hospital prior to the EMS service leaving the hospital. This document must minimally include, patient demographics, presenting problem, assessment findings, vital signs, and treatment rendered." (ie: drop sheet).
- Failure to leave patient information with the emergency department upon the delivery of the patient may compromise medical treatment and interrupt the continuity of patient care
- "All electronic patient records should be completed and closed prior to the end of the shift during which the patient was treated."
- While volunteer EMS providers typically do not have an assigned shift, it is the expectation that all PCR's will be completed within 24 hours.