

Patient Care Reports

500.1 PURPOSE AND SCOPE

The purpose of this policy is to establish the requirements for documentation of patient responses, and the related document distribution, storage, and disclosure (ACC § R9-25-201).

500.1.1 DEFINITIONS

Definitions related to this policy include:

Advanced life support base hospital (base hospital) - A health care institution that offers general medical and surgical services, that is certified by the director as an advanced life support base hospital and that is affiliated by written agreement with a licensed ambulance service, municipal rescue service, fire department, fire district or health services district for medical direction, evaluation and control of Emergency Medical Technicians (EMTs) (ARS § 36-2201).

Electronic Pre-Hospital Care Reports (ePCR) - Patient care reports authored and submitted electronically into Pre-Hospital Information & EMS Registry System (AZ-PIERS) which is compliant with the National EMS Information System (NEMSIS).

Emergency medical patient (patient) - A person who is suffering from a condition that requires immediate medical care or hospitalization, or both, in order to preserve the person's health, life or limb (ARS § 41-1831).

Emergency Medical Services (EMS) - Services required following an accident or an emergency medical situation (ARS § 36-2201):

- For on-site emergency medical care.
- For the transportation of the sick or injured by a licensed ground or air ambulance.
- In the use of emergency communications media.
- In the use of emergency receiving facilities.

Emergency receiving facility - A licensed health care institution that offers EMS, is staffed 24 hours a day and has a physician on call (ARS § 36-2201).

Patient - A person who meets any one of the following criteria:

- Has a chief complaint
- Has obvious symptoms or signs of injury or illness
- Has been involved in an event that the average first responder would believe could cause an injury
- Appears to be disoriented or to have impaired psychiatric function
- Has evidence of suicidal intent
- Is deceased

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Patient refusing medical care against medical advice (AMA) - A competent patient who is determined by an Emergency Medical Technician (EMT), an emergency receiving facility, or a base hospital to have a medical problem that requires the immediate treatment and/or transportation capabilities of the Emergency Medical Services (EMS) system, but who declines medical care despite being advised of his/her condition and the risks and possible complications of refusing medical care.

500.2 POLICY

It is the policy of the Blue Ridge Fire District to follow the patient documentation and distribution guidelines developed by the local or regional EMS coordinating systems, the administrative medical director, the Arizona Bureau of Emergency Medical Services & Trauma System (BEMSTS), AZ-PIERS, and Arizona law.

500.3 PROCEDURE

A Patient Care Report (PCR) shall be completed for every patient response. This includes a patient who is released at the scene, meets the criteria for pronouncing death in the field, is an inter-facility transport or is involved in a multi-casualty incident.

A PCR and a patient refusal form must be completed for all patients who refuse evaluation, treatment and/or transport.

Contact with persons who do not meet the criteria required for the definition of a patient should be recorded in the district's incident reporting system to document that assistance was offered and declined. The district's reporting requirements concerning personal identification information, including a person's name, age, date of birth and sex, should be followed.

The PCR should be completed as soon as possible after providing patient care. A brief written or electronic report must be given to the emergency receiving facility after the patient arrives and a completed PCR must be provided as required by the administrative medical director and Arizona law (ACC § R9-25-201).

An EMS evaluation, performed minimally by a qualified district member, may or may not be required for non-medical requests for assistance, such as "service calls" or "back-to-bed" requests. A PCR shall be completed for any person meeting the patient criteria.

For continuous quality improvement, the local or regional EMS coordinating systems, district EMS supervisors, the administrative medical director, and the designated emergency receiving facility and any involved base hospital shall review their copies of the PCR and discuss any areas of concern.

500.4 DISTRIBUTION OF PCR COPIES

- (a) If a patient is transported to an emergency receiving facility, copies should be distributed as follows:
 - 1. Copy retained by the District

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2. Copy sent to the base hospital, if appropriate
 3. Copy left at the emergency receiving facility with the patient
 4. Copy sent to the local EMS coordinating system
- (b) If a patient is not transported or refuses care and leaves against medical advice (AMA), copies should be distributed as follows:
1. Copy retained by the District
 2. Copy sent to the base hospital
 3. Other copies sent per local EMS coordinating system policy
- (c) If a patient is declared dead and is not transported, copies should be distributed as follows:
1. Copy retained by the District
 2. Copy sent to the assigned base hospital
 3. Copy sent to the local EMS coordinating system
 4. Other copies sent per local EMS coordinating system policy

500.5 PCR STORAGE

PCRs shall be maintained and secured in a manner consistent with the Patient Medical Record Security and Privacy Policy.

500.6 OPIOID OVERDOSE REPORTING

Any member who responds to a call where opioid overdose is suspected shall obtain the required information for reporting to the Arizona Department of Health Services (DHS) (AAC § R9-4-602).

The Custodian of Records should ensure that the required information for suspected opioid overdose is submitted to DHS within five business days of the call (AAC § R9-4-602).