

<i>KITTITAS COUNTY EMERGENCY MEDICAL SERVICES</i>				
OPERATING PROCEDURE	EFFECTIVE DATE: May 18, 2015	NUMBER: 10	SUPERSEDES NO: August 11, 2011	PAGE: 1
SUBJECT: EMS & HEALTH CARE SERVICES DATA COLLECTION (DOCUMENTATION)				
RECOMMENDED BY KC EMS/TC COUNCIL:		RECOMMENDED BY MEDICAL DIRECTOR:		
Signature: __Signed copy on file._____		Signature: __Signed copy on file._____		
Name: Lee Hadden, Chairman Joshua DeHerrera, Vice Chairman		Name: Jackson S. Horsley, MD		

I. STANDARD

Licensed and Trauma verified Emergency Medical Service (EMS) agencies and health care services shall collect and submit data to the Department of Health per WAC.

II. PURPOSE

- A. The purpose of Data Collection is to have a means to monitor and evaluate patient care best practices, outcomes, and the effectiveness of the EMS and Trauma Care delivery system.
- B. To implement a local procedure for all licensed and/or trauma verified aid and ambulance services on medical incident report (MIR) writing and data submission in accordance with the Washington Administrative Codes (WAC 246-976-330 and 430), South Central Region Patient Care Procedure #10, and the Medical Program Director (MPD).

III. PROCEDURES

- A. EMS agencies will identify trauma, cardiac, and stroke patients using the parameters set by the Washington State Triage Destination Procedures.
- B. Designated services will identify trauma patients using the Trauma Registry inclusion criteria.
- C. Categorized Health Care Services should utilize a nationally, state or locally recognized cardiac and stroke data collection system.

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- D. In accordance with WAC 246-976-330 Ambulance and aid services — Record requirements,
1. Each ambulance and aid service must maintain a record of, and submit to the department, the following information on request:
 - a. Current certification levels of all personnel;
 - b. Any changes in staff affiliation with the ambulance and aid service to include new employees or employee severance; and
 - c. Make, model, and license number of all EMS response vehicles.
 2. The certified EMS provider in charge of patient care must provide the following information to the receiving facility staff:
 - a. At the time of arrival at the receiving facility, a minimum of a brief written or electronic patient report including agency name, EMS personnel, and:
 - i. Date and time of the medical emergency;
 - ii. Time of onset of symptoms;
 - iii. Patient vital signs including serial vital signs where applicable;
 - iv. Patient assessment findings;
 - v. Procedures and therapies provided by EMS personnel;
 - vi. Any changes in patient condition while in the care of the EMS personnel;
 - vii. Mechanism of injury or type of illness.
 - b. Within twenty-four hours of arrival, a complete written or electronic patient care report that includes at a minimum:
 - i. Names and certification levels of all personnel providing patient care;
 - ii. Date and time of medical emergency;
 - iii. Age of patient;
 - iv. Applicable components of system response time;
 - v. Patient vital signs, including serial vital signs if applicable;

Most recent amendment is in **bold**.

Recommended: 1/8/98

Last amended: 5/18/2015 (DOH Approved)

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- vi. Patient assessment findings;
 - vii. Procedures performed and therapies provided to the patient; this includes the times each procedure or therapy was provided;
 - viii. Patient response to procedures and therapies while in the care of the EMS provider;
 - ix. Mechanism of injury or type of illness;
 - x. Patient destination.
 - c. For trauma patients, all other data points identified in WAC 246-976-430 for inclusion in the trauma registry must be submitted within ten days of transporting the patient to the trauma center.
- 3. Licensed services must make all patient care records available for inspection and duplication upon request of the county MPD or the department.
- E. The documentation of patient care is part of the provider's medical duties and may be directed by the MPD through oral or written communication, as long as the direction meets or exceeds state-wide minimum standards (WAC 246-976-330);
 - 1. Appropriate documentation must be maintained as indicated per WAC for all patient contacts (includes patients transported and not transported);
 - a. ill or injured patients
 - b. patients dead on arrival (DOA)
 - c. patients rendered care outside of jurisdiction, for what ever reason, when serving as a Kittitas County EMS Provider
 - 2. All licensed and/or verified EMS aid and ambulance services shall submit documentation in accordance with WAC on a DOH or MPD approved medical incident report form (hard copy or online) to the EMS Office for the MPD's audit of the medical care performance of EMS/TC certified personnel as follows:
 - a. Volunteer agencies – **monthly (when primary patient care)**
Career agencies – monthly

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- b. Defibrillators: Code Summary Critical Event Record (ALS) or Rhythm Strips, copies accepted, shall accompany the MIR or be forwarded for review, as soon as available, for patient care audits in the following cases:
 - (i) ALS-whenver patient is treated with medication or care is discontinued

- 3. A Washington Cardiac Arrest Registry to Enhance Survival (WACARES) form shall be completed by the lead EMS provider whenever resuscitation is attempted or continued on a medical or trauma patient. WACARES forms shall be submitted to the Kittitas County EMS Division ***within one week of the incident.***

- 4. In the plan portion of the narrative, provider should distinguish between treatment on scene and treatment in route.

- 5. For non-transports, EMS providers are advised to record patient care information within 48 hours of incident for accuracy.

- 6. Patient care information shall be documented/verified and signed by the lead EMS provider delivering patient care.

- 7. Aid services:
 - a. Should provide a written initial record of care on an approved field form to the transporting agency upon relinquishing patient care.

Information should include:
 - (i) Vital signs
 - (ii) Chief complaint
 - (iii) Brief history
 - (iv) Treatment
 - (v) Lead provider

 - b. May use short MIR forms (field forms), that meet the minimum data elements per WAC for reporting patient care.

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- c. Aid service personnel are encouraged to only document on their medical incident report patient care provided by their agency.
8. Patient Refusal Forms shall be completed whenever:
- a. EMS provider believes patient should go to a medical facility.
 - b. Patient refuses all or partial recommended treatment and/or transport.
 - c. Patient refuses any assessment necessary for provider to make recommendation or determination on patient care needs.