



# PRINCE GEORGE FIRE AND EMS

**Section:** EMS

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**Section No:** 4.6

**Date:** July 15, 2013

**Title:** Patient Care Reporting

**Authorized By:**

**Purpose:** The purpose of this policy is to outline the utilization of the Department's ePCR system for patient care documentation on EMS calls.

## I. General

The ePCR system is designed to reduce paper records used to document EMS responses and streamline all EMS documentation and billing processes. When fully utilized the system provides administrators, supervisors and providers with tools that ultimately can produce better documentation and patient care. This policy is inclusive of all Fire and EMS Personnel that respond to EMS incidents.

## II. Documentation Requirements

This section will outline which units and personnel are responsible for documenting EMS incident responses in the various County reporting systems.

1. County ambulance/medic only response: Ambulance/medic AIC shall complete a full ePCR in the Field Bridge for the call.
2. First Responder and County ambulance/medic response:
  - a. First responder will document care given prior to ambulance/medic arrival on paper MIVT and give the copy to ambulance/medic unit. *\*The first responder AIC may choose to also complete an ePCR in the Field Bridge for assessments and care given prior to ambulance/medic arrival if they so choose.*
  - b. The ambulance/medic unit will complete a full ePCR in the Field Bridge for the call including AIC name(s), all assessments and all treatments performed by first responder unit as documented on the MIVT.



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3. First Responder response only (i.e. cancelled ambulance/medic, patient refusal obtained by first responder, mutual aid ambulance/medic response, etc.)
  - a. First responder shall complete MIVT and Patient Signature Sheet ( if needed) on scene.
  - b. First responder AIC shall complete a full ePCR in the Field Bridge.
  - c. Completed Patient Signature Sheet shall be forwarded to Office of Fire & EMS to be attached to the ePCR.
  - d. County ambulance/medic AIC shall complete a cancelled ePCR in the Field Bridge if applicable.

### III. ePCR Management

1. All ePCR's shall be **completed** in the Field Bridge at the time of service or as soon as possible following completion of the call.
2. All ePCR's shall be POSTED from the Field Bridge to the Virginia State Bridge (VPHIB) immediately upon completion or as soon as the provider has internet access to do so. Completed ePCR's should not be left un-posted on the laptop computers at the completion of any shift or tour of duty.
3. EMS Shift Supervisors shall verify EMS responses from CAD each day and then utilize the Virginia State Bridge (VPHIB) to verify that each response has appropriate ePCR's posted. If any discrepancies are found the respective AIC shall be notified immediately to rectify the discrepancy.



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4. If an ePCR has additions and/or corrections needed after posting, the entering provider shall access the call in the Virginia State Bridge (VPHIB) system and complete an appropriate Addendum to the call sheet.
5. Any paper reports including MIVT's, Signature pages, or other documentation that a provider wishes to have attached to the ePCR shall be marked with the Incident Number for the call and forwarded to the Office of Fire & EMS in the supplied envelopes. Fire and EMS staff will receive all such documents and appropriately attach them to the ePCR.

#### **IV. ePCR System Failure**

1. All EMS units shall carry MIVT's in case of ePCR failure or the unit transports to a facility without printer access for PGFEMS units. Providers should be familiar with the locations on their assigned units.
2. If a laptop computer fails during an incident, the provider should immediately complete all needed documentation on a MIVT.
3. Upon completion of the call the provider shall access another laptop and/or a station desktop computer. The provider shall create and post a complete ePCR from the Field Bridge. The MIVT shall then be forwarded to the Office of Fire & EMS for attachment to the ePCR.
4. All failures should be reported to the on duty EMS Shift Lieutenant as soon as possible.
5. If a unit transports to a hospital without printer access for PGFEMS or the ePCR system fails and a drug box needs to be exchanged. The provider should follow steps 2-4 above and use a MIVT. Upon completion the provider shall forward the completed form to the Office of Fire & EMS for attachment to the ePCR.



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### V. System Security/Account Management

1. Each provider will be issued a User ID and temporary password by PGFEMS for the ePCR system. Upon the issue of the User ID and temporary password the provider shall log into the State Bridge and create a personalized password for their account.
2. All passwords shall be maintained in the strictest of confidence and absolutely shall not be shared by providers to access the ePCR system.
3. If password security is compromised the provider shall immediately access the State Bridge and change the password.
4. Providers should not allow others to use their user account to create reports. If a provider does not have an account, has forgotten a password, or has any other problem accessing the Field or State Bridge, the on duty EMS Shift Lieutenant shall be contacted to correct the issue.
5. Providers should not leave the laptop or desktop computers in accessible places or unattended while they are logged into the Field or State Bridge. Providers should log out of the computers when they have completed their work.
6. Providers should never allow others to read or access their call sheets form the Field or State Bridge unless the person(s) is allowed access under HIPAA guidelines.



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### VI. Signatures, HIPAA and Notice of Privacy Practices

1. Each ePCR generated in the Field Bridge will require the collection of the signature of the provider generating the report and the signature of the patient (if applicable or possible). These should be collected in the designated signature panes.
2. If the patient signature is not collected, then the provider should document in the Invalid Fields box, displayed at the closing of the ePCR, why the signature was not able to be collected.
3. In lieu of patient signatures, providers can collect the signature of the patients authorized representative in the designated signature pane. If this option is used, the provider should document the representatives' relation to the patient.
4. If neither the patient nor an authorized representative are able or available to sign the ePCR, and the patient is transported to a receiving facility, then the provider shall have a hospital/receiving facility representative sign the ePCR in the designated signature pane.
5. When collecting the patient signature or authorized representative signature, the provider shall indicate, by checking the appropriate boxes (Agree, Disagree or Not Applicable) for the HIPAA Consent, the Waiver of Liability and/or the Authorization for Billing sections.
6. The provider shall ensure that every patient receiving service or their representative receives a hard copy of the Prince George County Fire & EMS Notice of Privacy Practices.