



San Benito County Emergency Medical Services Agency

PREHOSPITAL CARE REPORT (PCR) DOCUMENTATION

Policy: 7000
Effective: July 1, 2015
Reviewed: May 2015

I. Purpose

To establish standard criteria for the completion of Prehospital Care Reports (PCR's), which are consistent with the applicable State statutes and regulations.

II. Authority

Health and Safety Code, Division 2.5, Section 1798.200 California Code of Regulations, Title 22, Division 9, Section 100169 & 100170

III. General Information

- A. A Prehospital Care Report (PCR) is completed to the extent that it is finalized AND transmitted to the MEDS Electronic Server
1. A PCR will be completed for every EMS response, including all patient contacts, cancelled calls, no patient found, and false alarms. The primary system for EMS response documentation is the Multi-EMS Data System (MEDS), a software program provided by American Medical Response (AMR).
 2. MEDS is an Electronic Prehospital Care data collection system that receives patient data from the field and generates billing information and reports for the EMS Agency, provider CQI coordinators, hospitals, and other approved entities. Selected users of MEDS are authorized to create and view sensitive patient information in this environment.
 3. All MEDS users are required to be in compliance with AMR policies regarding MEDS and patient care documentation.

IV. Policy

- A. The Prehospital Care Report (PCR) serves as a:
1. Patient care record
 2. Legal document
 3. QI instrument
 4. Billing resource
 5. Record of cancelled calls, conditions where no patient was found and false alarms

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when the 911 System was activated.

- B. Any assessment or treatment provided to, and medical history obtained from, a patient shall be accurately and thoroughly documented on the PCR.
- C. For cancelled calls, no patient found, and false alarms, the provider agency shall complete a PCR for every event.
- D. Intentional failure to complete a PCR when required or fraudulent or false documentation on a PCR may result in formal investigative action under the California Health and Safety Code, 1798.200, and San Benito County EMS Policy.

V. PCR Completion

- A. A completed PCR delivered to the receiving facility is a high priority and must be left for each patient prior to clearing the receiving hospital. However, if ambulance system status is low or in the event of pending 911 emergency calls for service, the AMR field supervisor may allow the ambulance to respond to another code 3 call even though the PCR has not been completed.
- B. Nothing in this policy shall preclude any prehospital provider agency from requiring additional patient care documentation or more stringent PCR completion criteria
- C. A Prehospital Care Report shall be completed for every EMS response.
- D. A partially completed or preliminary PCR, marked as such, shall be left with the patient if a PCR cannot be completed prior to clearing the receiving facility. An acceptable means of leaving a preliminary PCR is by using a San Benito County Transfer of Care Form.
- E. An individual PCR must be completed for each patient assessed.
- F. A completed PCR shall accompany every patient and be delivered to the health care provider receiving the patient upon arrival at the hospital.
- G. Emergency department staff shall have early access to information describing all patient care provided by EMS personnel so that continuity of care can be planned for and maintained.
- H. Care given prior to arrival by bystanders or First Responder personnel shall be documented on a PCR.
- I. In the event that patient care has been transferred from first responders and a patient subsequently declines further treatment or transport, the transport crew is responsible for appropriate documentation as outlined in Policy 1080- Patient Refusal of Emergency Medical Services Against Medical Advice (AMA) & Qualify for Release at Scene (RAS).
- J. PCR's shall be completed and electronically submitted prior to or by the end of shift.

VI. Addendums to PCR's

- A. Once a PCR has been electronically submitted to the MEDS server, it cannot be modified. The provider may, however, add an addendum to the original PCR.
- B. The purpose of the addendum is to permit the provider to add information that was inadvertently missed at the time the provider submitted the PCR. The addendum is not intended as a mechanism to simply create a PCR.
- C. The provider will notify the Base Hospital Prehospital Liaison Nurse (PLN) any time an

addendum is completed to supplement a previously submitted PCR.

VII. Trailing Documents

- A. Trailing Documents providing additional patient information will be scanned and attached to the PCR. Those documents include but are not limited to: Electrocardiogram (ECG) printouts, Transfer of Care Forms, Refusal at Scene (RAS) or Against Medical Advice (AMA) documents.
 - 1. These documents are expected to be included upon transmission of the PCR to the MEDS server whenever possible.
 - 2. They may also be added as an Addendum as described previously.

VIII. Electronic System Failure

- A. Back-up systems to provide for paper PCR documentation must be in place for use should an electronic system fail. Electronic documentation system failure is NOT an exception for providing the required PCR documentation.
- B. The EMS Agency shall be notified of MEDS downtime or transmission difficulties.

IX. Multiple Casualty Incidents (MCI)

- A. A PCR will be submitted for each patient
- B. A Transfer of Care Form may be used to serve as initial documentation and later used as reference to complete PCR's for the patients involved in an MCI

X. Signatures

- A. The transporting paramedic will ensure the EMT's, the patient's and his/her signature is charted in the PCR.
- B. If the patient is unable to sign the PCR and the patient's representative or agent is present, the paramedic will obtain their signature. The paramedic will document this on the PCR and will indicate the reason why the patient is unable to sign.

XI. Health Officer Directive

- A. The EMS Agency may suspend the need for any patient documentation when authorized by the County Health Officer such as in the case of local, state, or federally declared disaster or public health emergency.