

**SCOTTS VALLEY FIRE
PROTECTION DISTRICT**



STANDARD OPERATING PROCEDURES	ARTICLE: II	SOP: 2903
	SECTION: 2900 EMS	
	SUBJECT: PCR Responsibilities and Disposition	
	DATE APPROVED: 12-17-2010	
APPROVED:	<i>Michael P Murray</i>	

Scope

This standard operating procedure (SOP) establishes the disposition of the prehospital care reports (PCR). This SOP applies to all EMT-Ps and EMT's working for the Scotts Valley Fire District.

Purpose

The California Code of Regulations Title 22, Section 100175 (A) (6) specifies the requirements for the initiation, completion, review, evaluation and retention of a patient care record. The PCR is the permanent legal medical record that documents all aspects of prehospital care or refusal of care. The PCR provides pertinent patient information to other health care providers regarding patient presentation and field care provided. In Santa Cruz County, PCRs also serve as the basis for retrospective quality improvement. The PCR is subject to subpoena and may be used as evidence in litigation within the California court system.

Definitions

Transfer of Care Record:

An initial report to be filled out by the First Responder, completed by the transporting paramedic, and signed by the receiving hospital staff at transfer of care on all patients.

Pre-hospital Care Report

A report entered into a data base by Santa Cruz County Paramedics for each patient that has been treated by SVFPD personnel.

Privacy Officer:

An assigned responsibility with Scotts Valley Fire District that oversees the security of confidential patient information and the release of requested reports that may have confidential patient information contained within it.

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Responsibilities

It is the responsibility of all personnel who are involved in the writing of the PCR's, their supervisors, and those who are delivering the PCR's to know and understand this SOP.

Procedure

Transfer of Care (TOC) Form

- A Transfer of Care form will be initiated by the engine company officer and continued by ALS transport providers en route to the receiving hospital for every patient.
- The Transfer of Care form will be sent with the transport paramedics or left with the appropriate hospital personnel receiving the patient.
- The criterion is that the Transfer of Care form will be utilized 100% of the time.

Patient Care Record (PCR)

- A patient care record shall be completed on every EMS response made by paramedics (EMT-Ps), Emergency Medical Technicians EMTs), and/or first responders.
- All PCR's must be completed as soon as possible and must be completed by the end of the 24 hour shift.
- All sections of the PCR will be filled out with appropriate information.
- A separate PCR must be completed for every patient contact.
- Every agency shall complete a PCR for each patient contact, regardless of which agency provided "first-in" care at the initial contact with the patient, continuing care, or transport.
- PCR's shall not be noted as "primary" or "secondary".
- Scotts Valley Fire District paramedics will utilize the County's electronic PCR data reporting system (Web PCR), as the official repository of PCR's.
- "Dry run" PCR's shall be completed for responses which do not result in patient contact. This includes instances where the response was cancelled prior to arrival.
- Complete PCR's shall be filed for every response with a patient contact, including PCR's for patients who sign Against Medical Advise (AMA) release, or Release At Scene (RAS).

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- In the event a BLS reserve engine is put into service during high call volume periods, Scotts Valley Fire District EMT's shall complete a paper TOC for EMS incidents.

PCR Disposition

- After completion of the PCR, the responder will "Print for Signature" in order to save this iteration of the chart, and so that the completion of the chart is recognized by the County EMS auditing process.
- Paramedics are required to print hard copies of PCR's under the following circumstances:
 - Whenever an AMA is completed. AMA should be attached to the PCR and filed.
 - PCRs should be printed out and attached to any ECGs that you actually treated in the field but did not transmit to the hospital. *Example: you treated an SVT with adenosine, whether it was successful in converting the rhythm or not, you should print out the chart, copy the ECG and attach it to the chart.*
 - PCR's should be printed for all codes. Strips should also be copied and attached to the TOC that accompanies the patient to the ED. If you transmitted the strip (STEMI, arrhythmia), then there is no need to attach a hard copy to the chart as we have it saved electronically.
 - PCR's must be printed and attached to controlled substance cards for medication restock and tracking.
 - All probationary paramedics will print 1 hard copy for the SVFD QA coordinator to review for a period of at least 6 months.
- Printed PCR's listed above shall be kept in a locked file cabinet for a period of 7 years.
- Disciplinary action may be taken by the District, EMSIA, or the EMS Medical Director for alteration or falsification of information on the PCR.
- Suspension of PCR's may be necessary during disaster/mass casualty operations. That determination can only be made by the EMSIA Medical Director and must be approved by the EMS Battalion Chief.

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Web PCR

Users utilizing the County's electronic data reporting system shall adhere to the County's Web PCR Internet Usage Policy and shall sign into the secure system with their user name and password. User name, date and time on printed or faxed PCR's constitute an electronic signature. **PCR's may not be e-mailed.**