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POLICY:	200.30 PATIENT CARE REPORTS		
APPROVAL:	VICE PRESIDENT OF PROFESSIONAL SERVICES; MANAGER OF EMS;		
EFFECTIVE DATE: 2/16/2024			ORIGINAL EFFECTIVE DATE: 08/16
DEPARTMENT SPECIFIC		EMERGENCY MEDICAL SERVICES	

I. Purpose:

EMS patient care reports (PCRs) provide details of the patient encounter for handoff to other healthcare providers and data necessary for ambulance coders to create a bill to reimburse for care provided. EMS data is also used in legal investigations, trauma, stroke, and CPR registries, state and national databases, research, and QI initiatives.

II. Definitions:

- A. Electronic Patient Care Report (Ambulance Run Report)**
The Patient Care Report (PCR) generated by the electronic PCR system is the official and confidential patient medical record of the authorized Morris Hospital Emergency Medical Services (EMS) System and transport provider/department rendering care.
- B. EMS Agency**
EMS Agency refers to any municipality/department/department or private ambulance service that has permission to use the electronic PCR software.
- C. EMS Department Coordinator**
The EMS Department Coordinator is the liaison between the EMS Agency and the Morris Hospital EMS System.
- D. EMS Provider**
The EMS Provider refers to any person designated by the EMS Agency to enter patient information.
- E. EMS Provider’s Billing Company**
Billing company refers to any company that is contracted by an agency to bill and collect fees.
- F. System Administrator**
The System Administrator is the person designated by the Morris Hospital EMS System office to monitor and perform necessary duties to maintain the pre-hospital electronic reporting program.

III. Policy:

- Each authorized EMS Provider who participates in the care rendered to a patient must complete an e-PCR based upon the portion of the assessment and treatment they performed.
- A.** One PCR shall be provided (paper or electronic) to the receiving hospital emergency department or health care facility before leaving this facility.
- B.** Each EMS System shall designate or approve the PCR to be used by all of its transport vehicle providers. The report shall contain the minimum requirements listed in Appendix E.

1. All non-transport vehicle providers shall document all medical care provided and shall submit the documentation to the EMS System within one week. The EMS System shall review all medical care provided by non-transport vehicles and shall provide a report to the Department upon request
 2. The transport vehicle provider shall submit PCR data to the EMS System. When an EMS System is unable to import data from one or more providers, those providers may, with EMS System approval, submit their patient care report data directly to the Department. The Department will make the patient care report data available to the EMS System upon request. Every EMS System and EMS provider approved to submit data directly shall electronically submit all patient care report data to the Department by the 15th day of each month. The monthly report shall contain the previous month's patient care report data. Third party software shall be validated by the Department to ensure compatibility with the Department's data specifications. Third party software shall not be used until the Department's validation is complete.
 3. Electronic patient care report: This may be done via printed paper copy, fax, or electronic submission using System-approved processes. Posting a record to the cloud does not satisfy the IDPH rule requirement. Provide a written report directly to a healthcare professional or place in a receptacle specifically noted for EMS PCRs that complies with HIPAA privacy rules.
 4. Paper Short Form: If leaving the approved Short Form prior to completing the ePCR, EMS must also provide copies of ECG and EtCO₂ tracings, medication lists, stroke, sepsis, decisional capacity, or suicide checklists; advance directives/POLST form, and transfer orders as applicable . See above for ways to leave written reports. Make a copy of the completed Short Form before giving the original to the receiving facility. The EMS copy shall be used to generate the ePCR and for QI purposes. EMS has up to two hours to complete, post, and submit a full ePCR to the receiving facility via usual and customary procedures authorized for that agency.
- C. Responsibility for completing the e-PCR is the responsibility of the primary patient care attendant.
- D. The narrative section for a refusal should include a detailed account of the events that took place, a thorough assessment was performed, and the patient refused transport to the hospital for further assessment and treatment by a doctor.
- E. The e-PCR form must be accurately completed. Willful failure to accurately complete an e-PCR form is considered falsification of record and may result in formal investigation and penalty under 77 Ill. Adm. Code § 515.350.
- F. All documentation must be completed as accurately and as completely as possible. Thorough documentation of patient related information is vitally important to the further care of the patient as well as for medical-legal reasons.
- G. Altering or falsifying these documents can compromise patient care as well as Emergency Medical Services (EMS) System credibility. Deliberate failure to document accurately is

considered an offense whereby appropriate disciplinary action can be taken against all personnel named on the Patient Care Report.

Note: Once completed, the ambulance run report becomes a confidential record. The information contained therein cannot be released to anyone, but the system EMS office, without written authorization from the patient, or his/her agent, or unless obtained through appropriate legal channels. The system reserves the right to receive a copy of an ambulance report from any member agency at any time.

Source: IDPH Administrative Code Title 77: Public Health, Chapter I: Department of Public Health, Subchapter f: Emergency Medical Services and Highway Safety Part 515 Emergency Medical Services, Trauma Center, Comprehensive Stroke Center, Primary Stroke Center and Acute Stroke Ready Hospital Code

As taken from 77 Ill. Adm. Code § 515.330 EMS Program Plan - Data collection and evaluation methods must include

1. The process that will facilitate problem identification, evaluation, patient care gaps, disease/injury surveillance, and monitoring in reference to patient care and/or reporting discrepancies from hospital and pre-hospital providers;
2. A policy identifying any additional required data elements that the EMS provider shall include in their PCR;
3. Identified benchmarks or thresholds that should be met; ,
4. A copy of the evaluation tool for the short reporting form, if used, pre-hospital reporting form; and
5. A sample of the required information and data submitted by the provider to be reported to the Department summarizing System activity (see Section 515.350).
6. Pursuant to Sec. 515.310(k), EMS Systems utilizing an approved EMS provider short patient care report form will require, at a minimum, the following data elements to be left at the receiving hospital: Name of patient; Age; Vital Signs; Chief complaint; List of current medications; List of allergies; all treatment rendered; Date; and Time. (Program plan g) 6) (Amended at 46 Ill. Reg. 20898, effective December 16, 2022).

IDPH Rules Section 515.350 Data Collection and Submission; Amended at 25 Ill. Reg. 16386, effective September 20, 2018) 1. A PCR shall be completed by each Illinois-licensed transport vehicle service provider for every inter-hospital transport and pre-hospital emergency call, regardless of the ultimate outcome or disposition of the call.

Approval:

James Kirchner **Date**
Vice President of Professional Services

Kathleen Geiger MSN, RN **Date**
Manager of EMS & Emergency Management