POLICY:	**EMS SHORT FORM USE- 200.39**		
APPROVAL:	**ADMINISTRATIVE DIRECTOR OF EMS; EMS SYSTEM COORDINATOR**		
EFFECTIVE DATE: 4/17/2025			**ORIGINAL EFFECTIVE DATE:** 3/19/2025
DEPARTMENT SPECIFIC		**EMERGENCY MEDICAL SERVICES**	

I. PURPOSE:

This policy outlines the guidelines for the use of short forms for transport-related EMS calls within the Morris Hospital EMS System. Short forms are provided when it is not reasonably possible or feasible to submit the final completed Patient Care Report (PCR) immediately. This policy ensures that the short form meets the necessary patient data requirements while adhering to Illinois Department of Public Health (IDPH) regulations.

II. SCOPE:

This policy applies to all EMS providers within the Morris Hospital EMS System, including paramedics, EMTs, and other personnel authorized to complete PCRs for patient transports.

III. PROCEDURE:

1) When Short Forms are used:

a) A short form may be used when it is not reasonably possible or feasible to submit the final completed PCR immediately due to one or more of the following circumstances:

(1) EMS crew time constraints due to multiple calls in progress: When the EMS agency is handling multiple calls simultaneously, preventing the completion of the full PCR before transport.

(2) Limited EMS resources in the area: When there are limited EMS resources available to complete the PCR due to high call volume or other operational factors.

(3) Technical difficulties with PCR software or printing: When there are issues with the PCR software or printing systems that prevent the timely completion or printing of the full PCR.

(4) Other reasonable extenuating circumstances: Situations that would otherwise prevent the EMS crew from leaving with a completed PCR, such as urgent operational needs or safety concerns.

2) **Approval of Short Form:**
   a) The Morris Hospital EMS System will provide an approved short form that meets the patient data requirements outlined in Illinois Administrative Code Section 515.330.
   b) The short form must be completed with essential patient data and submitted in place of the full PCR when the final report cannot be immediately provided.

3) **Required Data Elements:**
   a) The short form will include the following minimum data elements to meet MHEMSS standards:
      (1) Incident & Patient Information: Incident location, patient name, phone number, age, date of birth, address, and legal guardian name (if applicable).
      (2) Clinical Information: list of known allergies, list of known medications, past medical history, chief complaint, vitals, mechanism of injury (if applicable), and treatment provided during transport.
      (3) EMS Actions: Interventions performed, medical control contact (if applicable).
      (4) Transport Details: Hospital destination, time of transport, name of the transporting agency, vehicle unit number, run number, and EMS crew signatures.
      (5) Outcome: The patient's final disposition after transport.

4) **Submission of Short Form:**
   a) The short form must be submitted to the Emergency Department staff prior to leaving the hospital to ensure continuity of patient care.
   b) The short form is a handwritten paper form and should be handed over to the Emergency Department staff when the EMS crew departs.

5) **Submission Timeframe:**
   a) The final, completed PCR must be submitted to the receiving hospital within 12 hours of the patient's arrival, in compliance with Illinois Administrative Code Section 515.350.
   b) The final PCR can be submitted via fax or in person to the Emergency Department within the specified timeframe.

6) **Method of Submission:**
   a) EMS providers are responsible for ensuring that the final PCR is complete, accurate, and submitted on time, following the short form use.

7) **Review and Monitoring:**
   a) All short form submissions will be reviewed as part of the quality assurance process to ensure compliance with IDPH regulations.
   b) Any discrepancies, late submissions, or incomplete forms will be addressed through the system's corrective action protocols.

8) **Corrective Actions:**

a) Non-compliance with the submission requirements or failure to submit a final PCR within the 12-hour window will result in corrective actions, including retraining or other measures as determined by the EMS System Coordinator.

9) **Exceptions**

a) Use of Full PCR:

(1) A full PCR must be completed if a short form is not appropriate or feasible.

(2) If the situation requires additional information beyond what is provided in the short form, the full PCR should be completed immediately.

b) Special Circumstances:

(1) Any delays in submission beyond the 12-hour window due to extenuating circumstances must be reported to the EMS System Coordinator for review.

10) **Enforcement**

a) Consequences for Non-Compliance:

(1) Providers who do not submit a completed PCR within the required timeframe or who fail to meet documentation standards will face corrective actions, including retraining or further disciplinary measures.

FORM:

- Morris Hospital EMS System Approved EMS Short Form

REFERENCES:

- Illinois Administrative Code, **Section 515.330** and **Section 515.350**
- Morris Hospital EMS System Program Plan

APPROVAL:

Anthony Bucki **3/19/25**

Anthony Bucki **Date**
Administrative Director of EMS

Edward Ludwig **3/19/25**

Edward Ludwig **Date**
EMS System Coordinator