



ELECTRONIC PATIENT CARE RECORD (ePCR) DOCUMENTATION

Effective: January 1, 2020
Replaces: January 22, 2007
Review: January 1, 2023

I. Purpose

The purpose of this policy is to establish minimum standard criteria for the completion and submission of electronic patient care record (ePCR) that is consistent with the applicable Federal, State and County standards and requirements. Which include but are not limited to:

California Health and Safety Code, Division 2.5, Chapter 4, Article 1, Section 1797.227
California EMS Information System (CEMSIS)
National EMS Information System (NEMSIS)
California Code of Regulations, Title 22, Division 9, Chapter 2, §100057.2
California Code of Regulations, Title 22, Division 9, Chapter 2, §100062(d)
California Code of Regulations, Title 22, Division 9, Chapter 4, §100170(a)(6)
California Code of Regulations, Title 22, Division 9, Chapter 4, §100171(e)
California Code of Regulations, Title 22, Division 9, Chapter 12, §100402(a)(1)(C)
California Code of Regulations, Title 22, Division 9, Chapter 12, §100404(a)(1)(C)

II. Definitions

- A. **Emergency Medical Service (EMS) response:** Any of the following scenarios:
1. Response that was canceled enroute, or;
 2. Response that was canceled on scene prior to patient contact, or;
 3. Response that was canceled on scene by the same agency or another responding agency or;
 4. Response that resulted in the assessment and/or treatment of a patient, or;
 5. Response that resulted in a patient refusing treatment and/or transport, or;
 6. Response that resulted in patient transport.
- B. **EMS Provider:** any EMT, paramedic, or RN on any type of EMS vessel, on a EMS response.
- C. **Patient:** An individual for whom emergency medical assessment, care, or emergency ambulance transportation has been requested and who meets at least one of the following criteria:
1. Has a chief complaint or is deceased.
 2. Is accompanied by a witness, or someone with personal knowledge of the individual, who (1) states that the individual has a chief complaint, or (2) makes a request for examination or treatment on the individual's behalf.
 3. Has an obvious symptom or signs of injury or illness.
 4. Has been involved in an event with a mechanism that the average EMS Responder would believe could cause injury.
 5. Appears to be disoriented, have impaired psychiatric function, or suicidal intent.



III. Electronic Patient Care Record

- A. All Santa Clara County EMS providers shall adhere to the standard of documentation as set forth by California Code of Regulations, Title 22, Division 9, Chapter 4, §100171(e), California EMS Information System (CEMSIS), and National EMS Information System (NEMSIS).
- B. All ePCRs shall be submitted electronically to Santa Clara County EMS Agency, via the Santa Clara County EMS Patient Care Data System “EMS Data System”, in near real-time.
- C. An ePCR record shall be completed for every Emergency Medical Services (EMS) response by each responding agency that occurs within the jurisdictional boundaries of Santa Clara County.
- D. Each ePCR submission shall be compliant with the most recent CEMSIS and NEMSIS standards.
- E. EMS providers shall document all required data elements set forth by Santa Clara County EMS, in order to ensure compliance to CEMSIS and NEMSIS standards.
- F. The EMS Agency may request additional specific documentation elements to be collected related to specialty care systems, medical studies, or quality improvement projects.
- G. The compliance and adherence to documentation standards shall be the burden of each EMS provider agency.
- H. An EMS provider agency may set higher documentation standards for EMS providers within their agency, so long as those standards do not contradict any part of Santa Clara County EMS documentation processes.
- I. In order to preserve continuity of care and to maintain patient safety, it is essential that the EMS provider completes the ePCR in a timely manner.
- J. Each responding crew member shall be documented on that agency’s ePCR.
- K. The EMS provider shall only document assessment, findings, care, or treatment into the specific data fields that was performed or rendered by their agency’s crew on their ePCR.
- L. It shall be the responsibility of each EMS provider on the care team to accurately document all aspects of the assessment, care, and treatment provided to any patient on the ePCR.
- M. Any care administered prior to arrival of an EMS provider shall be noted in the narrative.
- N. Each ePCR shall only contain information for a single individual patient.
- O. Students, interns, ride-a-longs, observers on any EMS response shall not participate in the creation or documentation process of any ePCR.



- P. EMS providers utilizing the County provided Image Trend Field Elite shall adhere to the additional requirements as per the Documentation Reference Guide.

IV. ePCR Minimum Documentation Standards for Incidents without Patient Contact

- A. The EMS provider is responsible for accurately completing the patient care record which shall contain, but not limited to, the following information when such information is available:
 - 1. The date and estimated time of incident.
 - 2. The time of receipt of the call.
 - 3. The time of dispatch to the scene.
 - 4. The time of arrival at the scene.
 - 5. The location of the incident (and zip code).
 - 6. Response disposition.
 - 7. The time of cancellation from the response.
 - 8. The name(s) and unique identifier number(s) of the EMS providers.
 - 9. Signature(s) of the EMS primary care provider.

V. ePCR Minimum Documentation Standards for Incidents with Patient Contact

- A. The EMS provider is responsible for accurately completing the patient care record which shall contain, but not limited to, the following information when such information is available:
 - 1. The date and estimated time of incident.
 - 2. The time of receipt of the call.
 - 3. The time of dispatch to the scene.
 - 4. The time of arrival at the scene.
 - 5. The location of the incident (and zip code).
 - 6. The patient's:
 - a. Name;
 - b. Age;
 - c. Gender;
 - d. Weight, if necessary for treatment;
 - e. Address (and zip code);
 - f. Chief complaint;
 - g. Vital signs;
 - h. Past medical history;
 - i. Current medications;
 - 7. Appropriate physical assessment.
 - 8. The emergency care rendered and the patient's response to such treatment.
 - 9. Patient disposition.
 - 10. The time of each transfer of patient care.
 - 11. (Transport Units) The time of departure from scene.
 - 12. (Transport Units) The time of arrival at receiving facility (if transported).
 - 13. (Transport Units) The name of receiving facility (if transported).
 - 14. The name(s) and unique identifier number(s) of the EMS providers.
 - 15. Signature(s) of the EMS primary care provider.



VI. ePCR Completion and Submission Standards

- A. When safe to do so, the first arriving EMS provider will begin capturing preliminary patient assessment data while at the bedside.
- B. For all users of the County provided ePCR solution, the following shall be performed while on scene:
 - 1. Preliminary data collected from the bedside shall be made available by "Post".
 - 2. The first arriving EMS Provider shall make the collected data available to the other responding agencies via the use of the "In the Field Data Transfer Upload".
 - 3. The transport unit shall perform an "In the Field Data Transfer Download".
 - 4. The transport unit shall select an appropriate receiving facility and "Post".
 - 5. The transport unit shall "Post" prior to the departure of the receiving facility.
- C. For all other approved ePCR solutions used, the ePCR shall be left with the receiving facility prior to the departure of the EMS provider from the receiving facility.
- D. All ePCRs must be marked "Complete" and submitted to the County Data System within twenty-four (24) hours from time of call or before the end of the EMS provider's working shift, whichever is less.

VII. Exceptions to Completion and Submission Timelines

- A. The EMS Agency is aware and recognizes the most common unpredictable temporary failure is cellular connection. EMS providers shall advise their chain of command of such failures and work through the issues at that level.
- B. The EMS Agency may temporarily suspend the requirement to complete an ePCR in certain times of mass causality incidents, large scale disasters, or EMS Data System failure. During such times, the EMS Agency shall utilize Standard Dispatch Order # 8 to inform the EMS System of such decision.
- C. Standard Dispatch Order # 8 authorizes the discontinuance of all electronic patient care reports and replaces the ePCR with a triage tag. Only basic patient information and critical information will be collected at the time of the incident.

VIII. Integration of Supplementary Data into the ePCR

- A. Supplementary data from CAD data downloads are strongly encouraged, however it is not mandatory. The burden of ensuring the accuracy of CAD data downloaded shall be with the author of an ePCR.
- B. Supplementary data gathered from an electronic heart monitoring device is required to be included into the ePCR, if any part of the heart monitor data was used in patient care. This may include:
 - 1. 12 Lead ECG waveforms, regardless of the monitor interpretation.
 - 2. ETCO2 numeric values and waveforms, as required by protocol.
 - 3. Heart rate, blood pressure, respiratory rate, pulse oximetry.



- C. All supplementary data into the ePCR shall be organized, reviewed, and authenticated by the author of the ePCR. Any erroneous data collected must be removed from the ePCR by the author prior to submitting the record to the EMS Data System.
- D. Pictures or images taken by the author may be attached to an ePCR so long as they are less than 300 bytes. These pictures or images are normally reserved for a patient's advanced directives, DNR, or patient admission record.
- E. Video and audio recordings are prohibited from being submitted to the EMS Data System.