



# County of Santa Cruz

## HEALTH SERVICES AGENCY

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EMERGENCY MEDICAL  
SERVICES PROGRAM

**Policy No. 1170**  
**Reviewed 04/01/2010**

### **Emergency Medical Services Program**

Approved

**Medical Director**

**Subject: SANTA CRUZ COUNTY PATIENT CARE RECORD (PCR) AND TRANSFER OF CARE DOCUMENT**

#### **I. Purpose**

A patient care record shall be completed on every EMS response made by paramedics (EMT-Ps), Emergency Medical Technicians (EMTs), and/or first responders. "Dry run" PCRs shall be completed for responses which do not result in a patient contact. Complete PCRs shall be filed for every response with a patient contact, including PCRs for patients who sign Against Medical Advice (AMA) or Release at Scene (RAS) forms. A patient contact is defined as any prehospital provider offer of assistance or care to a person with a medical complaint or the suspicion of a medical/traumatic complaint.

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.

#### **II. Mandatory Charting**

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. PCRs shall **not** be noted as "primary" or "secondary."

Agencies approved by the County to provide Advanced Life Support (ALS) shall utilize the County's electronic PCR data reporting system. Basic Life Support (BLS) agencies and non-ALS first responders may utilize either paper or electronic PCRs.

Users of the County's electronic data reporting system shall adhere to the County's 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 PCRs constitute an electronic signature. **PCRs may not be e-mailed.**

A Transfer of Care DOCUMENT (Attachment A) will be initiated by the first arriving responder and continued by ALS providers en route to the receiving hospital for every patient. The Transfer of Care Document will be left with appropriate hospital personnel receiving the patient. The Transfer of Care Document is considered an important part of the chain of clinical care from field to the hospital and will be utilized 100% of the time.

Responders will attempt to provide the following minimal information:

- Patient's name
- Age
- Address
- Medications
- Itemization of all separate personal belongings (these belongings will be signed for on the transfer of care document when hospital personnel take report)
- Chief complaint
- Relevant vital signs
- History of present illness
- Significant interventions
- Patient's relevant responses to interventions
- Critical contact names/numbers

If the patient's medications are present on scene, the medics will bring the medications to the hospital. This will be documented on the Transfer of Care Document.

Electronic Patient Care Records (ePCRs) will be promptly completed following each call 100% of the time.

During periods of system outages users will utilize paper PCRs until the electronic system is restored. Users will enter data from paper PCRs into the electronic system by the end of their next shift after resumption of service.

Copies of the PCR will be distributed as required by the Emergency Medical Services Integration Authority (EMSIA) and the ambulance provider Continuous Quality Improvement plans approved by the EMS Medical Director.

Disciplinary action may be taken by EMSIA, ambulance provider, or the EMS Medical Director for violation of this policy as well as for alteration or falsification of information on the PCR.