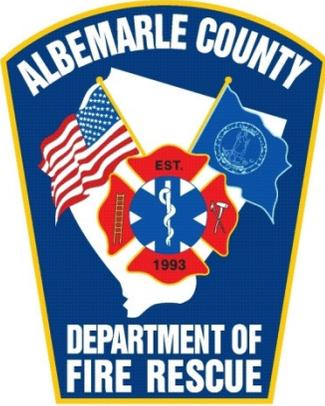


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|  | <b>FIRE RESCUE</b><br>ALBEMARLE COUNTY<br><b>STANDARD OPERATING GUIDELINE</b>                                  |                   |
|   | <b>Subject:</b>  | EMS Documentation |
|   | <b>Reference Number:</b>   | SOG-OPS-021       |
|   | <b>Effective Date:</b>   | 29 January 2007   |
|   | <b>Last Revision Date:</b>   | 01 January 2011   |
| <b>Signature of Approval:</b>   | <br>J. Dan Eggleston, Chief |                   |

**Purpose:**

To provide guidelines for proper documentation of EMS services provided by the Albemarle County Department of Fire Rescue.

**Scope:**

This policy applies to all EMS providers practicing emergency pre-hospital care under the license of the Albemarle County Department of Fire Rescue (ACFR).

**Background:**

As an agency licensed to provide emergency medical services in the Commonwealth of Virginia, Albemarle County Department of Fire Rescue is required to document all EMS incidents and securely maintain these records.

**Definitions**

- **ACFR Staffed:** A Virginia EMS licensed vehicle that is staffed by an ACFR released EMS provider serving as the AIC and operating under the State EMS Agency license number of 00939.
- **Attendant in Charge (AIC):** A certified or licensed person who is qualified and designated to be primarily responsible for the provision of emergency medical care.
- **Field Bridge:** An Image Trend, PC-based, EMS records input client program. This program synchronizes report entries with the *State Bridge* by means of Internet connection. *Field Bridge* typically is used for Toughbook PC applications, and includes user tools that facilitate report preparation.
- **Hospital Bridge:** A *State Bridge* connection available to all Virginia hospitals that allows access to pre-hospital patient care records for individuals transported to that facility.
- **Initial Patient Care Report (Short Form):** A paper report form utilized to provide preliminary information to a receiving hospital prior to completion of the full electronic report in the *State Bridge* (or posted to the *State Bridge* from a *Field Bridge* Client).
- **Patient Contact:** A patient contact occurs anytime an ACFR EMS licensed vehicle arrives on the scene of an incident where a person is visually observed to have, verbally indicates there is, or is assessed for a suspected medical condition or traumatic injury.
- **Posting:** The transfer of *Field Bridge* electronic EMS reports to the *State Bridge* using an Internet connection.
- **Preceptee:** A prehospital care provider undergoing supervised call collection towards release as a Basic or Advanced Life Support *Attendant in Charge*

- Privacy Officer: The Department member designated for the management of medical records and requests for their release
- State Bridge: An Image Trend, web-based, EMS records management program hosted by the Virginia Office of EMS. The State Bridge is used for on-line, direct access to agency records and administrative management of data
- Supplemental Form: A paper report for used for additional documentation space as needed. This form can be used for written comments and/or attachment of printed EKG tracings.
- Syncing: Synchronizing a *Field Bridge* client computer with the *State Bridge* for program and department updates

### **Policy**

1. A *Field Bridge* EMS Medical Record shall be generated for every incident involving response of Department EMS licensed vehicles to an EMS incident call type and/or any patient contact event. This includes all medic units, engine companies and first responder units.
2. *Field Bridge* reports shall be completed and *posted* to the *State Bridge* by the end of shift. Exception may only be made for late calls or other unusual circumstances, in which case the shift Battalion Chief shall be notified, and the report entered at the earliest practical opportunity.
3. To expedite hospital turnaround time, medic units shall prepare an *Initial Patient Care Report (Short Form)* for patient transports. This paper report shall be provided to the receiving hospital for preliminary patient demographics and treatment information. Any unit not transporting a patient to the hospital is not required to prepare a *Short Form*.
4. Patient care records, paper and electronic, shall not be left in plain view or stored in a non-secure location
5. All verbal requests, written requests, and court orders for EMS records shall be forwarded to the Department *Privacy Officer* or, in his/her absence, the Operations Chief.
6. Photographic and video images shall only be taken for documentation, training or other appropriate departmental use. Any incident related images obtained by Department personnel are the property of the Department and are subject to all applicable laws concerning records management; including custodial responsibilities, discoverability and patient privacy. Photographic or video images of EMS incidents shall be attached to the *Field Bridge* report. Under no circumstances, shall any such image be posted by means of social media or other non-departmental display, electronic or otherwise, without the permission of the Fire Chief. Compliance with these practices is an individual and supervisor responsibility.
7. Patient care records are regulated by state and Federal law. Personal copies of these documents with protected patient information shall not be permitted outside of the Department's records system and Quality Assurance review process without appropriate authorization or legal requirement.

### **Procedures(s)**

1. Narrative documentation of patient history and assessment should adhere to the following standard format:
  - Chief Complaint (CC)
  - History of Present Illness/Injury (HPI)
  - Past Medical History (PMH)
  - Physical Examination (PE)
  - Treatment (TX)

Under Physical Examination (PE), a systems approach is encouraged whenever a detailed assessment is indicated, including: Cardiovascular, Pulmonary, Neurological, Musculoskeletal, and GI/GU findings.

2. Any printed ECG strips, capnography tracings, or code summaries that need to be attached to a written report shall be neatly taped to *Supplemental Forms*.
3. The name of the receiving health care provider and the time patient care was turned over shall be documented in the patient report
4. Required Signatures:
  - a. The *Short Form* shall always be signed by the *Attendant in Charge (AIC)*. If another department's report form is utilized, clearly include "Albemarle County Fire Rescue" next to AIC's signature.
  - b. A physician's signature shall be obtained on the *Short Form* for all attempted and/or completed invasive patient care interventions or medication administration other than oxygen or oral glucose. The signing physician's name should be printed next to the physician's signature.
  - c. In the event that controlled substances were administered, and there is residual medication to be discarded (wasted), the Advanced Life Support (ALS) provider shall
    - i. Discard the remaining controlled substance under direct observation of a licensed health care provider - Nurse (RN) or Physician
    - ii. The ALS provider shall document the type and amount of drug wasted on the patient care report
    - iii. The ALS provider and the RN/MD witnessing the waste shall co-sign next to the documented wasted amount of controlled substance.
  - d. *Field Bridge* has electronic signature capture capability
    - i. The Attendant in Charge is required to sign both the *Short Form* and corresponding *Field Bridge* report (electronically)
    - ii. If a written, paper report is not utilized, than all appropriate signatures shall be captured electronically in the *Field Bridge* report
5. Since *Field Bridge* is final and more comprehensive than the *Short Form*, some variation in format and information is expected. The *Attendant in Charge* should attempt to maintain as much consistency between the two versions as possible. Any addition information added to the report(s) after completion should include the member's initials, date and time.
6. Upon start-up of the *Field Bridge* program, the user should *Sync* the computer to the *State Bridge* if an Internet connection is available. This assures that all the program information is up to date.
7. The following *Field Bridge* report templates shall be utilized when generating EMS reports:
  - a. "VA EMS Medical Record – Non-Billing" for all patient contact incidents. (The department's EMS Cost Recovery contractor does not require the "Billing" template)
  - b. "VA EMS Medical Record – Cancellation" for cancelled responses, no patient found, or standbys
8. When creating a *Field Bridge* report, the "call number" and "incident number" shall be the same
9. Mileage (to the tenth of a mile) must be documented for all patients transported to the hospital by ambulance
10. Incident address (including zip code) must be provided. The patient's home address information must also be documented, and should be specific to where they receive their mail.
11. The "PCR#" indicates the "Patient Number" as it relates to a specific incident number. If there are two patients being transported by the same ambulance, the second patient report will have the same incident number, but the PCR number becomes "2"

12. If an advanced airway procedure (such as intubation, King airway or surgical airway) or CPAP was performed or attempted, all relevant information fields must be completed in the corresponding Procedure(s) field in *Field Bridge* for QA and OMD review.
13. A document scanner will be used for the purpose of digitizing all relevant paper documents (*Short Forms*, *Supplemental Forms*, signature authorization forms, registration "face sheets", field notes, refusal forms, etc.) and electronically attaching those documents to the *Field Bridge* patient report. Documents shall be scanned into PDF format. After confirmation of successful scanning and file attachment, the paper documents shall be shredded. In the event of equipment problems that cannot be resolved in a timely fashion, forward paper documents to Fire Administration by interoffice mail.
14. For all patients where a LifePak patient monitor was utilized to document cardiac rhythm, 12-lead EKGs, capnography or serial vital signs, the electronic data from the LifePak shall be uploaded to *Field Bridge* via USB cable or wireless connection.
15. *Field Bridge* report completion should reach 100% validation. A report with less than 97% validation will be considered incomplete. Validation is determined by the amount of state database required information entered. It does not necessary mean that all appropriate information for the incident has been properly documented.
16. Upon close-out of a *Field Bridge* report, the computer will automatically *Post* the report to the *State Bridge*, regardless of level of report completion, if an Internet connection is available. This assures that the report is immediately available to user(s) from any other location with Internet service. In situations where Internet connectivity is not available for *syncing* and/or *posting*, these functions should be performed as soon as opportunity permits.
17. All *Field Bridge* and *State Bridge* report entries, viewing, printing or changes are electronically logged within each program for a security audit trail.
18. Once a *Field Bridge* report has been *posted* to the *State Bridge*, patient receiving hospitals may access the EMS Patient record through the *Hospital Bridge*
19. *Field Bridge* (and *State Bridge*) reports can be amended as necessary. All reports are automatically locked after 7 days. If additions or changes to a report are required after 7 days, the report must first be unlocked by a Battalion Chief, EMS Training Captain (QA officer) or Operations Chief.
20. The Department shall utilize the *State Bridge* for administration of EMS records and Quality Assurance review. Additionally, certain resource documents such as local protocols, contact information, forms, etc., will be available within the *Field Bridge* Document section for user reference.