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|  |  | SOUTHERN FOX VALLEY<br>EMERGENCY MEDICAL SERVICES SYSTEM<br>POLICY & PROCEDURES |                      |  |  |
| TITLE: SYSTEM PATIENT CARE REPORTS  |  |   |                      |  |  |
| SECTION: QUALITY ASSURANCE &<br>DATA COLLECTION                                   |  |   | POLICY NUMBER: F 2.0 |  |  |
| APPROVED BY: DR. ARTHUR PROUST EMS MEDICAL DIRECTOR                               |  |   |                      |  |  |
| EFFECTIVE DATE: 09/01/2025  |  |   | PAGE NUMBER: 1 OF 3  |  |  |

**PURPOSE:**

To establish a standard for the collection, handling, and security of data within the Southern Fox Valley EMS System (SFVEMSS). This policy applies to all individual providers, provider agencies, paramedic and EMT students, and anyone with permission to access the approved SFVEMSS electronic charting program.

**POLICY:**

1. **Patient contact:** An electronic patient care report (ePCR), approved by the EMS MD, shall be completed for every EMS patient encounter regardless of the ultimate outcome or disposition of the call.
  - a. **Transported patients:** An ePCR must be provided to the receiving health care facility within four hours of the patient's arrival to the hospital. See exceptions.
  - b. **Non-transported patients (including Mobile Integrated Healthcare Patients):** Document all assessments, care given, disclosure of risk provided to the patient or legal decision-maker, and patient refusal statements on the ePCR. EMS agencies may use the written Refusal of Service form approved by the EMS MD if the electronic form is not available to them at the point of patient contact. The ePCR shall be posted within 24 hours of patient contact.
2. Required ePCR software for all SFVEMSS agencies: ESO Solutions, EHR platform
3. Provider agencies are responsible for maintaining the accuracy, integrity, and security of their data under SFVEMSS policies, Illinois Department of Health rules and regulations, and National EMS Information System (NEMSIS) rules and regulations.
  - a. The ePCR must be accurately completed. Willful failure to accurately complete an ePCR can be considered falsification of a medical record and may result in a formal investigation by SFVEMSS and/or IDPH.
  - b. In the case of "dead on arrival", a copy of the ECG shall be attached or uploaded to the ePCR

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- c. In cases of DNR/POA/POLST dictation of care, a copy of the DNR, POA or POLST form shall be attached to the ePCR.
  - d. In cases of school bus accidents, 1 electronic PCR shall be completed with the school bus form attached for patients not transported.
  - e. When the electronic release form is not utilized, the SFVEMSS authorized release form(s) shall be attached or uploaded to the ePCR.
  - f. When a 4 lead ECGs and/or 12 lead ECGs is attained during patient care, they shall be attached or uploaded to the ePCR.
- 4. The Southern Fox Valley EMS System will collect data according to specifications set forth in the Emergency Medical Data Collection System record keeping system.
  - a. 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.
  - b. IDPH will make the patient care report data available to the EMS System upon request.
  - c. Every EMS System and EMS provider approved to submit data directly shall electronically submit all patient care report data IDPH by the 15th day of each month.
    - i. ESO automatically submits data to IDPH.
  - d. The monthly report shall contain the previous month's patient care report data and shall be submitted to IDPH no later than the 15th day of the following month.
  - e. IDPH shall make information about the data errors available to data submitters within one day of receipt of each patient care report submission.
    - i. The reports are submitted through ESO's Analytics
  - f. Data submitters shall correct all data errors within 14 days of the original data submission date.
- 5. Data will be collected and maintained by the EMS Medical Director or his designee in the form of written and/or Computerized EMS record copies filed with the SFVEMSS office.
- 6. A patient care report, in a format approved by the System Medical Director, shall be completed for every EMS patient encounter, inter-hospital transport, and Mobile Integrated Healthcare patients regardless of the outcome or disposition of the incident.
  - a. All invalid assists and refusals shall have an electronic PCR completed, including all necessary signatures.
- 7. A copy of the SFVEMSS record shall be filed with the receiving hospital or healthcare facility for each patient transported to the facility for inclusion in the patient's permanent medical record prior to leaving the facility.

8. All ePCRs will have the receiving hospital nurse's signature of who the patient care was transferred to.
9. All ePCRs shall have the signatures of all EMS personnel involved in the transport of the patient to the receiving facility.
10. All non-transport vehicle providers shall document all medical care provided and shall submit the documentation to the EMS system within 24 hours. The Resource Hospital shall review all medical care provided by non-transport vehicles and shall provide a report to the Department upon request.
11. EMS agencies shall retain patient care reports for a minimum of seven years. Patient care reports may be retained digitally or paper.