

Methodist Health Services Corporation UnityPoint Health- Proctor	Page # 1 of 1	Section:	Policy #: 10
	Approved by:		Date: 6/2017 Review by: 6/2018
	Supersedes: Date Revised: 6/2017		
	Primary Responsible Parties: Dr. Ashley N. Huff Secondary Responsible Parties:		
	Joint Commission Standard:		
SUBJECT: EMS PATIENT CARE REPORTS			

I. POLICY:

EMS Patient Care Reports

II. PURPOSE AND STANDARD:

Documentation of patient contacts and care is a vital aspect of assuring continuity of care, providing a means of quality assurance and historical documentation of the event. It is just as important as the care itself and should be an accurate reflection of the events that transpired. **It is imperative that written documentation is left with the patient at the receiving facility.**

III. POLICY SCOPE: Departmental

IV. GENERAL INFORMATION:

A. Patient Care Reports

1. All EMS providers must complete a patient care report for each patient contact or *request* for response (e.g. agency is cancelled en route to a call then a “cancelled call” chart must be completed).
2. Ideally, a patient care report will be completed in its entirety and provided to the receiving hospital’s Emergency Department immediately after transferring care to the ED staff and **prior to** departing the hospital.
3. If the patient care report cannot be completed prior to departing the ED, then a UnityPoint Health EMS System short form **must** be completed and left with the ED staff. The patient care report should then be completed and faxed to the ED within 24 hours.
4. Documentation must be completed on System approved forms and/or System approved electronic reporting systems.
5. Failure to leave written documentation will be reported to the EMS Office by ED personnel. Agencies and/or personnel failing to comply with documentation requirements will be reported to the EMS Medical Director

and corrective action may be taken to assure documentation policies and procedures are followed.