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## ***Patient Care Record, Electronic Documentation & EMS Information System***

This protocol is to be followed for completion of EMS Patient Care Records (PCR) and the use of an electronic documentation and information system.

### **1. Responsibility**

- A. An electronic EMS PCR must be completed on any request for service to which a life support agency is dispatched. This includes all emergency and non-emergency EMS incidents and patients, ambulance inter-facility transfers, patient refusals, other patient contact, no patient found and cancellations.
- B. All PCR reports will be made available to the receiving facility, the MCA and the Bureau of EMS, Trauma and Preparedness, in electronic format.
- C. If a patient is evaluated and/or treated and is not transported a Refusal of Treatment and/or Transport Evaluation Form shall be completed.

### **2. Documentation**

- A. The PCR shall be created using a National EMS Information System (NEMSIS) and State of Michigan compliant software package allowing for upload to the state repository. All electronic charting software must meet or exceed State of Michigan requirements. To be compliant with MI-EMSIS, agencies must use a NEMSIS Gold Compliant system.
- B. Signed electronic or paper PCRs shall be maintained by the EMS agency as the official medical record for each patient treated and/or transported.
  - a. Each PCR should include:
    - 1. All demographic, response and other general information pertinent to the EMS personnel's actions related to the response or transfer.
    - 2. Patient care information including chronology and clarity of patient care including history, assessment, treatment, response to that treatment, changes in patient's condition upon arrival at destination and transfer of responsibility for care.
  - b. The agency PCR shall be considered a confidential medical record and treated in accordance with state and federal law.
  - c. Each agency's PCR shall be signed by the person documented as the agency's Primary Care Provider for that particular patient/incident.

### **3. Distribution**

- A. The transporting unit shall provide written patient care documentation, along with a verbal report, prior to leaving the receiving facility. An agency may be granted permission from their MCA to transmit a PCR by fax or electronically to the hospital deferring delivery under any of the following circumstances:
  - a. An agency that is transporting out of their primary service area.
  - b. An agency completing the PCR using an MCA approved mobile EMSIS.
  - c. An agency that is dispatched for another emergency call.
  - d. As otherwise approved by the MCA.

### **4. Submission to MI-EMSIS Data Repository**

- A. All agencies using approved EMSIS software shall transfer data monthly. Reporting period begins at 00:00:01 hours on the 1<sup>st</sup> day of the calendar month, ending at midnight on the last day of the calendar month. Data must be uploaded by the 15<sup>th</sup> of the month following the close of the reporting period. MCAs may require data to be transferred more frequently.
- B. Agencies using approved EMSIS software are responsible to ensure that the quality of the data submitted to the MI-EMSIS repository is an accurate reflection of the information entered into their EMS information system.
- C. Agencies entering data from paper PCRs after-the-fact are responsible for entering those PCRs in accordance with the above time frames.

#### **5. Utilizing Data**

- A. Data submitted by the life support agencies shall be reviewed by the medical control authority professional standards review organization for the purpose of providing professional oversight and for improving the quality of medical care within the MCA region.
- B. MCAs may utilize aggregate data that does not identify the patient or agency to support EMS system and public health activities.
- C. MCAs may choose to maintain its own repository and in turn submit the data to the Department of Health and Human Services.
- D. The information accessed by the MCA is confidential in nature and is intended for the medical control professional standards review organization (PSRO). Data protection is critical and is provided for through 1967 PA 270, MCL 331.531 to 331.533, other applicable confidentiality laws, and use and user agreements. The MCA will:
  - a. Only use or disclose data for the purposes described in Part 209 of the Public Health Code and the Michigan Administrative Code R 325.22101 through R 22217. Any other uses or disclosures will be made only as required by applicable laws.
  - b. Use appropriate safeguards to prevent use or disclosure of the information other than as provided by this agreement.
  - c. Limit access to the data to only those employees assigned to perform the functions under the above statute and administrative rules and who have signed a data user agreement.
  - d. Report any actual or suspected breach, intrusion, or unauthorized use or disclosure to the MDHHS EMS and Trauma Systems Section and the affected life support agency within 10 days of becoming aware of such breach, intrusion, or unauthorized use or disclosure or such shorter time period as is reasonable under the circumstances.
  - e. Mitigate the effects of any breach, intrusion, or unauthorized use or disclosure.
  - f. Comply with the Michigan Identity Theft Protection Act notification procedures at MCL 445.61 et seq.
  - g. As a public body subject to the Freedom of Information Act (FOIA), redact all personal identifiers or other information pursuant to applicable FOIA exemptions. 1976 PA 441: MCL 15.231 et seq.