

PENNSYLVANIA EMERGENCY HEALTH SERVICES COUNCIL

Your Voice In EMS

RECOMMENDATION FOR CONSIDERATION

Board Meeting Date: 6/13/2012

Subject: Essential Transfer of Care Elements

VTR#: 0612-03

Committee/Task Force: EMS Information Task Force

Recommended Goal

Recommended Policy Change

Other:

Recommendation:

The Department should publish a notice in the Pennsylvania Bulletin specifying the attached list of required and recommended elements as the types of patient information that are essential for immediate transmission for patient care.

Rationale [Background]:

The proposed EMS Regulations for Act 37 of 2009 will require that "When an EMS agency transports a patient to a receiving facility, before its ambulance departs from the receiving facility, the EMS agency having primary responsibility for the patient shall verbally, and in writing or other means by which information is recorded, report to the individual at the receiving facility assuming responsibility for the patient, the patient information that is essential for immediate transmission for patient care." The attached list establishes the types of information that are essential for immediate transmission for patient care.

Previously the PEHSC Board of Directors approved VTR 0312-07 Transfer of Care Form. The Transfer of Care Form VTR provided the Department with a recommended Transfer of Care Form, but did not specifically identify the elements that were essential for immediate transmission or patient care. All of the elements included in the attached list are on the previously approved Transfer of Care Form.

Medical Review [Concerns]:

Physician representation is present on the EMS Information Task Force and offered their support of this recommendation. No impact on the provision of medical direction is anticipated.

Fiscal Concerns:

The proposed document carries no financial impact to the Department.

Educational Concerns:

The plan for implementation shall include education for EMS providers and hospital personnel. This education at the agency level must include document retention recommendation guidelines and address QI concerns associated with the submission of the PCR and this document. The EMS Information Task Force offers support for the development of any education components.

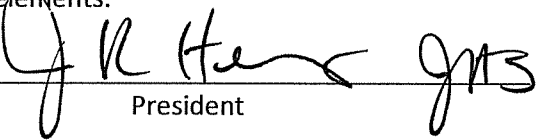
Plan of Implementation:

Upon acceptance of this recommendation, the Department of Health should publish the attached list of required and recommended elements in the Pennsylvania Bulletin.

The PEHSC Committee/Task Force offers consultation to the Department in regard to the content of this Vote to Recommend (VTR) and its attached documents. The PEHSC Committee/Task Force specifically offers staff or member support to participate in Department deliberations regarding this recommendation in an effort to convey committee/task force discussions.

Board Meeting Comments/Concerns:

Director Schmider noted that there was no authority to mandate until 180 days post approval of the Rules and Regs to Act 37, he further stated that under the current regulations the Department of Health cannot publish/mandate written TOC elements.

Signed:  Date 6-13-12
President

For PEHSC Use Only – PA Department of Health Response

Accept: _____ Table: _____ Modify: _____ Reject: _____

Comments:

Date of Department Response: _____

The following elements, if applicable to the patient, are considered essential information for immediate transmission to the receiving facility at the time of patient delivery either in verbal and/or written format.

Element	Required Verbal	Required Written
1. Date		X
2. Time		X
3. EMS Agency Name		X
4. Patient Name	X ¹	X ¹
5. Date of Birth		X ¹
6. Age	X ¹	X ¹
7. Gender		X
8. Chief Complaint	X	X
9. Provider Impression	X	X
10. Pertinent Past Medical History	X ²	X ²
11. History of Present Illness	X	X
12. Onset of Symptoms Date/Time	X	X
13. Allergies	X	X
14. Medications	X ³	X ³
15. Vital Signs: Pulse, BP, Respirations, Pupils, Glucose, SpO2	X	X
16. Mental Status		X
17. ECG: Rhythm, 12 lead Interpretation, ECG Delivered with report?	X	X
18. EMS Treatment: Medication/Dose	X	X
19. IV Site: Size/Location, Fluid Administration		X
20. Oxygen Administration: LPM	X	X
21. Provider Transferring Care Name		X

¹ When available

² Supplemental patient history documentation should be provided if available

³ May be provided via a separate list or by providing the medication containers

The following elements, while not essential for patient care, are recommended for a written transfer of care:

1. Provider Transferring Care Certification #
2. EMS Provider Signature
3. Care Transferred to: Facility/Agency Name, Time of Transfer, Receiving Facility Signature
4. Patient Phone Number