



PENNSYLVANIA EMERGENCY HEALTH SERVICES COUNCIL

Your Voice In EMS

RECOMMENDATION FOR CONSIDERATION

Board Meeting Date: December 12, 2012

Subject: Required Elements - QRS Patient Care Report Form

VTR#: 1212-01

Committee/Task Force: EMS Information Task Force

Recommended Goal

Recommended Policy Change

Other:

Recommendation:

The Department of Health should publish an Information Bulletin with the attached list specifying the minimum elements required for a QRS patient care report form.

Rationale [Background]:

Documentation requirements of QRS agencies have frequently been a topic of discussion for the EMS Information Task Force. The task force recognizes that documentation requirements for QRS agencies should not be overly burdensome; however, documentation is important to the agency as means of protection in the event of litigation and as a quality improvement performance evaluator.

The authority for the Department of Health to establish the requirements for QRS patient care reporting lies in section 1015.1 of the current regulations.

§ 1015.1. (a) (4) Quick response service.

“The applicant shall satisfy the requirements applicable to ambulance services in § 1001.41 and §1001.42 (relating to data and information requirements for ambulance services; and dissemination of information), for data elements included in an EMS patient care report which the Department designates for completion by a QRS.”

The QRS manual published by the Department of Health (revised in March 2012) offers the following for patient data collection requirements:

All QRS are required to collect, maintain and report reliable patient data and demographic information for calls for assistance in either a paper (see example last page) or electronic format approved by the Department of Health. All patient care reports (PCRs) will be maintained in a secure area and access to these reports must be limited to authorized personnel as stated in the regulation. All patient care reports (PCRs) must be available for inspection by the Department or Regional EMS Council or when otherwise needed.

The manual offers a form very similar to the transfer of care form previously approved by the PEHSC Board of Directors; however, no minimum standards have been established to guide QRS agencies that choose to create their own form. For example, without minimum standards, an agency could meet the requirements set forth with as little as a date, time, and location of the call. The EMS Information Task Force feels this is an inadequate amount of data to protect the interest of the QRS agency and the patient.

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:

No educational concerns exist.

Plan of Implementation:

Upon acceptance of this recommendation, the Department of Health should publish an Information Bulletin specifying the attached list as the minimum elements required for a QRS patient care form and include the information in the Overview of QRS Manual.

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:

No Comments or concerns were expressed.

Signed:  President Date 12/27/12

For PEHSC Use Only – PA Department of Health Response

Accept: ____ Table: ____ Modify: ____ Reject: ____

Comments:

Date of Department Response: _____

Elements required on a QRS patient care form

The following list should be published in an information bulletin for QRS agencies choosing to create their own patient care form.

1. Date
2. EMS Agency Name
3. Patient Name
4. Age
5. Gender
6. Chief Complaint
7. History of Present Illness
8. Vital Signs
 - a. Pulse
 - b. BP
 - c. Respirations
 - d. Pupils
 - e. SpO2
9. Mental Status
10. EMS Treatment
11. Oxygen Administration: LPM
12. EMS Provider Name
13. EMS Provider Signature
14. Care transferred to: Agency Name