



PENNSYLVANIA EMERGENCY HEALTH SERVICES COUNCIL

Your Voice In EMS

RECOMMENDATION FOR CONSIDERATION

Board Meeting Date: 3/21/2012

Subject: EMS Transfer of Care Form

VTR#: 0312-07

Committee/Task Force: EMS Information Task Force

Recommended Goal

Recommended Policy Change

Other:

Recommendation:

The Department of Health should adopt the attached form titled "PENNSYLVANIA EMS TRANSFER OF CARE FORM" as the official Pennsylvania Department of Health EMS transfer of care form to receiving facilities.

Rationale [Background]:

The EMS Information Task Force has been developing Transfer of Care form for over a year. Recently, the Department completed a pilot with a few agencies to test a transfer of care reporting form. The EMS Information Task Force surveyed those sites and found no compelling changes were needed. The pilot form distributed by the Department was altered slightly by the City of Pittsburgh EMS for their pilot. The committee took into consideration the stylistic changes made by the City of Pittsburgh EMS and incorporated some of those changes in the attached form. This form meets the draft regulation requirements set forth in section 1021.41 subsection C for EMS patient care reports.

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:

1. Distribute the attached document to services via Info Bulletin, hospitals, regional councils and the BEMS website.
2. Communicate with hospitals and software vendors that an electronic version capable of being transmitted at point-of-transfer would be supported as an alternative to this form.
3. Offer guidance to agencies who desire to create their own form to ensure that agency specific form elements are consistent with those contained on the Department of Health Transfer of Care Form.

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:

Discussion was held at the Board of Directors meeting relative to the application of the data elements and how the form could be modified at the service level. Clarification was offered that the elements on the form are intended to be the minimum required and agencies can create their own forms as long as they include the elements on the Department-approved form. There was also discussion regarding the blank area at the bottom of the provided form, and the committee intended for this blank area to accommodate agency customization, e.g. drug exchange documentation. The discussion at the meeting also centered on the draft regulations that state, "...patient information that is essential for immediate transmission for patient care..." The task force will discuss and identify this at their next meeting.

Signed: JK Henry ^{PEM}
President

Date 4/2/12

For PEHSC Use Only – PA Department of Health Response

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

Comments:

Date of Department Response: _____



EMS Transfer of Care Form

Date:		Time:		EMS Agency Name	
Patient Name:			Phone #:		Date of Birth
					Age
					<input type="checkbox"/> Male <input type="checkbox"/> Female
Chief Complaint				Provider Impression:	
History/Exam				For Altered Mental Status, Chest pain, or Stroke	
Symptoms/History (SAMPLE)				Onset of Symptoms /Last Seen Normal	
				Date	Time
Past Medical History					
<input type="checkbox"/> Diabetes <input type="checkbox"/> HTN <input type="checkbox"/> Heart Problems <input type="checkbox"/> Cancer <input type="checkbox"/> Seizures <input type="checkbox"/> Asthma/COPD <input type="checkbox"/> TIA/Stroke <input type="checkbox"/> Other:					

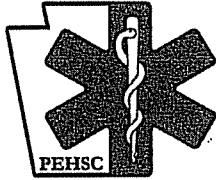
Allergies: <input type="checkbox"/> NKDA Pertinent Physical Exam Findings:	Medications: <table border="1" style="width:100%; height: 100px;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> Patient's medications or medication list delivered with report <input type="checkbox"/> Yes <input type="checkbox"/> No																				

VITAL SIGNS										
Time	Pulse	Blood Pressure	Resp	Pupils	Glucose	SpO2	MENTAL STATUS (AVPU) (Check Best Response)			
							<input type="checkbox"/> Alert	<input type="checkbox"/> Voice	<input type="checkbox"/> Pain	<input type="checkbox"/> Unresponsive
							<input type="checkbox"/> Alert	<input type="checkbox"/> Voice	<input type="checkbox"/> Pain	<input type="checkbox"/> Unresponsive
							<input type="checkbox"/> Alert	<input type="checkbox"/> Voice	<input type="checkbox"/> Pain	<input type="checkbox"/> Unresponsive

ECG (If applicable)		
Rhythm:	12 Lead Interpretation:	ECG delivered with report? Y / N

EMS Treatment					Notes	
Time	Medication/Treatment			Dose		
IV	Y / N	Size/Location:	Total IV Fluid Volume Given:		mL	Oxygen LPM

Provider Transferring Care		Certification Number	Care Transferred To:	
Name (Print)			Receiving Facility/Agency Name	Time of Transfer:
EMS Provider Signature:			Receiving Facility Signature	
			Signature _____ (Print) _____	



PENNSYLVANIA EMERGENCY HEALTH SERVICES COUNCIL

Your Voice In EMS

April 2, 2012

Mr. Joseph Schmider
Director
Pennsylvania Department of Health
Bureau of Emergency Medical Services
Room 606 Health & Welfare Building
625 Forster Street
Harrisburg, PA 17120-0701

Dear Director Schmider:

On behalf of the PEHSC Board of Directors, I am aware of several initiatives since our last meeting that may affect the consideration of the draft transfer of care (TOC) form recommendation. Based on this, I would like to further recommend that the Department expedite the consideration of the Transfer of Care VTR submitted to your office by our Board of Directors.

The issue/events are:

1. A regional council is trialing a transfer of care form that omits elements the task force determined were essential to patient care. In addition to the following elements being omitted, they also provide for space to write the patient's social security number, which the task force has discussed numerous times and feel it is inappropriate for a transfer of care form.
 - a. Past Medical History
 - b. Allergies
 - c. Medications
 - d. Provider Impression
 - e. Pertinent Physical Exam Findings
 - f. Pupils
 - g. Glucose
 - h. Medication/Treatment Doses

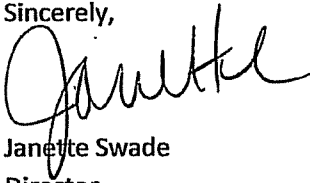
2. Since the task force and Board of Director's approval of the form, a concept has been presented to add a disclaimer at the bottom of the form regarding the differences that may exist between the transfer of care form and the final written PCR, I would recommend the department request internal legal advice to prepare disclaimer language to add to the final draft as submitted by PEHSC.

3. A software vendor is utilizing a transfer of care form that is strikingly familiar to the form submitted to the Department for approval. This vendor was marketing their form at the EMSI Conference with the DOH logo. The version that they are using is not the final draft as approved at our meeting.

I understand the TOC form requirement does not take effect until the new regulations are in place, but I requesting the Department to consider the approval of this form in advance to assist in education and in an effort to minimize duplicative costs and confusion to the system.

Thank you for your consideration, and please contact me directly if the task force or Board of Director's can be of any further assistance with this recommendation.

Sincerely,



Janette Swade
Director



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