

Genesee County Medical Control Authority

System Protocols

PATIENT CARE RECORD, ELECTRONIC DOCUMENTATION & EMS INFORMATION SYSTEM –
SUPPLEMENTAL - RUN RECORD GUIDELINES

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**Patient Care Record, Electronic Documentation & EMS Information System –
Supplemental - Run Record Guidelines**

Effective April 1, 2009 all MFR, ALS, LALS and BLS providers will be required to document all runs using an electronic patient care record (ePCR). The following outlines the guidelines for collection and submission of data. The term run record in this protocol refers to either an ePCR file, its corresponding hard copy document or a hard copy document that must be completed by hand because of a failure of the ePCR.

Guidelines:

- A. All agencies are allowed to use any software that is NEMSIS Gold Compliant, and will ensure the software is operating on the most current NEMSIS version when available from the third party vendor. If there is a failure in the electronic system being used by the provider, the agency will use the most recent version of the approved GCMCA Run Record/GCMCA MFR Run Record. In these circumstances the information collected must be transferred into the agency's electronic data base within 24 hours. Agencies will supply and may use any hardware for collection of the ePCR as long it is capable of maintaining the necessary software and adequately collecting the data. No alterations may be made to the run record. Only one record should be completed per responding unit per call. The run record should only document information obtained by, or interventions done by, the crew that is completing the run record unless something that has been done by another crew is clearly documented on the run record form. The agency will be responsible for ensuring that a hard copy version of the run record be submitted to emergency department staff before the crew on the call leaves the hospital unless there are extenuating circumstances that require the provider to leave the hospital, in which case the run sheet must be submitted within 24 hours of completion of the call. Crews are permitted to leave with emergency department staff the GCMCA Short Form with the emergency department staff. If this form is submitted at the time the crew is at the hospital, then the complete run record must be sent electronically (i.e. via e-mail) to the hospital within 24 hours of the completion of the run. For agencies that prefer not to submit run records via the e-mail system described above, they will be required to complete a full, hard copy run record before leaving the hospital (providing a copy to the emergency department staff) and subsequently complete an ePCR for submission to the state database within the timeframe specified for submission in this protocol. While the GCMCA does not require an exact form layout, the general layout of the hard copy run record should be

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- as follows: a) dispatch information; b) crew information; c) patient information; d) call information; e) patient condition/findings; f) treatments and interventions; g) narrative; h) body if available. If additional information needs to be added or changes need to be made to the run record, an electronic addendum must be completed in a way that denotes a change was made.
- B. ALS, LALS, and/or BLS provider are required to complete a run record for calls that have any type of patient care contact – including assessments, any transports terminating in a hospital emergency facility, any DOA patient, any direct admission to a hospital and any transfer. Non-transporting agencies are to provide a copy of the completed run record to the transporting agency.
 - C. MFR providers are required to complete their ePCR some time in advance of submission of the data to the state electronic database. A copy of the MFR ePCR will not have to be submitted to the hospital, but will have to be submitted to the state data repository.
 - D. When using a hard copy document as a back up, the GCMCA Run Records must be in triplicate form (1 copy to Agency, 1 copy to Hospital, 1 copy to GCMCA), unless a drug box is used, in which case a fourth copy must be provided to the pharmacy.
 - E. Completion of the ePCR should be done in compliance with state guidelines, which will include completion of all data fields required by the state and those required by the GCMCA PSRO.
 - F. In cases where an IV is started or medications are used, then the Southeast Michigan Regional Drug Box Use/Replacement Form must be used and a physician signature will be required on the form.
 - G. Agencies may use the GCMCA hard copy Refusal Form to document refusals or may do so electronically. If the agency chooses to document refusals electronically they must have all elements of the GCMCA Refusal Form on the electronic version and an electronic signature must be obtained.
 - H. Agencies licensed in Genesee County have agreed that the GCMCA may view and have access to patient identifiable data through the MIEMIS database.

Submission:

1. Include all runs originating in Genesee County, or runs where a Genesee County-based unit transported to a Genesee County hospital.
2. Electronic data must be submitted to the state on a monthly basis. If there is a failure in the ePCR and a hard copy run record is created, a copy of that run record is to be submitted to the GCMCA at the time data is

MCA Name: Genesee County

MCA Board Approval Date: June 2, 2016

MDCH Approval Date: July 20, 2016

Implementation Date: September 9, 2016

Section 6-27

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transmitted to the state. Run records for the prior month must be submitted by the 15th day of the following month. At least one run record is required for each call and/or transport.