



**NORTHWEST
COMMUNITY
EMERGENCY
MEDICAL
SERVICES
SYSTEM**

Northwest Community Hospital
EMS offices (Behavioral Health/901 Kirchoff Center)
800 W. Central
Arlington Heights, IL 60005
Phone: 847-618-4480
Fax: 847-618-4489

System Memo: #407

Date: June 29, 2022
To: All System members
From: Matthew T. Jordan, MD, FACEP
EMS Medical Director
Connie J. Mattera, MS, RN, PM
EMS Administrative Director
RE: **DOCUMENTATION requirements | Orange highlighting in CARS**

PLEASE DISTRIBUTE IMMEDIATELY

We continue operating under IDPH COVID-19 Emergency Guidelines and **Contingency** Capacity. COVID transmission remains high in most of our service area.

Healthcare worker PPE guidelines remain unchanged: Gloves, fit tested N95 masks; and eye protection (goggles) are required on EMS workers during all patient contacts. HEPA filters are required on airway equipment for aerosolization procedures. Place a procedural mask on all patients if possible for source control. Gowns only required for contact precautions (weeping vesicles, watery diarrhea, or blood etc.).

DOCUMENTATION REQUIREMENTS

S: Situation: EMS PCRs are not being left at hospitals before crews leave in some cases creating a critical gap in communication. Some falsely believe that filing their PCR within 2 hours is all that is needed. This is not true and violates EMS law and rules.

B: Background:

The EMS Act and Rules have long required EMS personnel to leave a copy of the EMS PCR at the hospital before they left and this has been noted in our Documentation policy for years.

Emergency Rules filed by IDPH on 12-27-21 in response to pandemic surges and the need for rapid crew turnaround, offered Systems the option of creating a short written report that could be left at the hospital to satisfy the law and offered a way to delay filing of the complete PCR for 2 hours. The System embraced that option and created a form.

On 1-14-22, We issued System memo #402 that announced the following:

“The updated IDPH Emergency EMS and Trauma Center rules allows EMS Systems to create and approve temporary Paper PCRs if crews must leave a hospital prior to posting their final required report as called for in the general EMS Rules. We already had a “Covid-19” paper PCR approved in March of 2020. We’ve updated that report for current use as the temporary PCR allowed in the emergency rules and it was approved yesterday by the System Advisory Board for immediate use. See Attachment.”

During the February CE classes – 3 slides addressed the new documentation option of leaving the abbreviated paper report if a crew had to leave a hospital before the full PCR could be filed.

EMS can depart a hospital without completing & leaving their full ImageTrend PCR while emergency rules in place

MYTH vs. FACT

01 **Myth:** Develop an EMS short patient care report form to be left at the receiving hospital to include, minimally, the following data elements:

- 01 Name of patient
- 02 Age
- 03 Vital Signs
- 04 Chief complaint
- 05 List of current medications
- 06 List of allergies
- 07 All treatment rendered

(Source: Amended by emergency rulemaking at 46 Ill. Reg. 1173, effective December 27, 2021, for a maximum of 150 days)

THE NEW RULES

IDPH Rules require an EMS report of some sort to be left at the receiving facility prior to EMS departure

Purpose of kno2 is to have PCR ready to fax or download while AT the hospital – not after you leave

Our paper form was issued 3/20 as a pandemic response; updated 12/21 to meet req. of emergency rules

Optional to use per agency P&P

In June, IDPH forwarded to EMS MDs and EMSCs refiled Emergency Rules affirming the December language for another 150 days and also filed them for permanent rules at the same time. Based on this, an updated draft of our Documentation policy has been created and will be forwarded shortly to the Advisory Board for their consideration

A: Assessment: It appears that we have misunderstandings about the requirement as practice has become inconsistent with law and policy in some agencies.

When the slide said that the short form was optional to use per agency policy, that meant that an agency could require crews to stay at the hospital until the full report was completed and not use the short form as an option as some paramedics believed that the short-form put them at legal risk. It does not, but perception is reality, and we need to make sure we are on the same page. The main take home point is below:

R: IDPH and System Requirement

ALL EMS Providers must leave some form of an EMS report before leaving the hospital.

This can be done by completing and leaving the approved System short paper form OR their full PCR submitted via kno2, fax, or printed copy while still at the hospital.

If they elect to leave the short paper form and depart, they must send the hospital their complete ePCR via kno2 or fax within 2 hours of the patient being brought to the receiving hospital.

We trust that this will clear up any lingering misunderstanding and regret if we were not clear in our previous communication.

ImageTrend update and ORANGE BOX notations

Since January, we have been rolling out a CARS worksheet to guide assessment of legal and decisional capacity. It has been discussed in previous System memos, e-mails, and System CE. The final version agreed to by all 6 Region IX EMS MDs will be published with the new SOPs.

In addition, the CARS Committee has been discussing since March a new pending option from ImageTrend that can be used to help guide documentation practice changes.

When entries are important and have validity rules written for them, we can code them to shade **ORANGE** if omitted for a span of time agreed to by the CARS Committee and Dr. Jordan without impacting the validation score. This is a friendly reminder that change is here and we want everyone to get used to them before penalties are assigned and the boxes turn **RED**.

Heads up: The DECISIONAL CAPACITY entries that we have been using since March will shade ORANGE (with no reduction in validity score) starting July 1st if they are not entered per protocol. We will leave the orange notations until August 1st, when they will transition to RED and validity scores will drop based on omissions.

Where in the world are the SOPs?

Thanks for your patience! As we have been collaborating with our Region partners and listening to our members, there have been more changes than we originally thought. The time has been well spent in improving the document and including features important to our stakeholders and should serve as strong evidence-based guidelines for several years.

Our next meeting with the Region docs is scheduled for July 20th and we hope to finalize the document then or shortly thereafter. An extensive set of notes has been prepared in a Changes and Rationale document to provide explanation for the updates.

We have already scheduled planned reinforcement of the protocols through the In-station classes all fall and into next winter to ensure understanding and practice changes in a gradual manner that will be easier to manage.

More to come very soon!

Questions or concerns? Please reach out to Matt Jordan: mjordan@nch.org or Connie Mattera cmattera@nch.org