

STANDARD OPERATING PROCEDURE

[Completion of Reports & Standards]



Department: Operations

SOP#111

Applicable to: All Staff

Effective Date: 1 Dec 2020

2 Pages

Authority: Chief Of Operations

Applicable CAAS Standard:

Revised Effective Date:

Purpose:

The purpose of this Standard Operating Guideline (SOG) is to outline the position of Brighton Volunteer Ambulance (BVA) regarding medical record completion in accordance with NYS BEMS Policy Statement 12-02.

Scope:

The scope of this document applies to all certified staff members.

Guideline:

1. All calls for service received or initiated by the agency will have a subsequent Prehospital Care Report (PCR) completed, regardless of whether or not a crew was available to respond to the request for service
2. In the event that no crew was available to respond to a call, a member of the duty crew shall complete a PCR prior to the end of shift. The Shift Supervisor should ensure that a crewmember completes this task. If any charts are not reconciled it will be the responsibility of the Shift Supervisor to complete them by end of shift.
3. All PCRs resulting in a transport must be completed and “locked” by the primary caregiver within three (3) hours of arrival at the receiving facility. In the event that the primary caregiver is not able to complete a chart within that three (3) hour window, the chart should be completed as soon as possible. All PCRs shall be completed prior to the end of shift.
4. The review and signature of all crew members participating in the call must appear on the PCR. A “crew member” is defined as any staff member of the agency that participates in patient care, inclusive of the driver and any trainee(s).
5. In the event that the ePCR system is unavailable, crewmembers should immediately report the problem to the Shift Supervisor and complete a chart in the mobile platform to the extent possible. The chart can then be uploaded into the system when it again becomes available.
6. If additional information in regards to a patient or patient care is found or becomes available after the PCR has been “locked” by the primary caregiver, any additional information shall be completed via an addendum. No changes relative to patient care will be made to the original PCR once completed and submitted.

This document supersedes any documents on the topic dated prior to the effective date noted above.

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7. Per NYS Law, all PCRs will be maintained on file for a minimum of six years, or three years after the individual treated and/or transported reaches age 18; whichever is longer.
 8. All supporting and supplemental documentation to the PCR shall be attached to the electronic PCR and properly categorized (as applicable). This includes hospital face sheets, facility documentation, transfer paperwork, medical necessity forms, motor vehicle assignment of benefits forms, and HIPAA authorizations. These attachments are not necessary to “lock” the PCR, however the forms must be attached prior to the end of their shift.
 9. Staff members are expected to obtain and document accurate information, including demographic information and insurance information, in the PCR
 10. Staff members shall refer to the published “Documentation Standard” by the Clinical Care Department. This document is the official chart writing guide.

This document supersedes any documents on the topic dated prior to the effective date noted above.